

# Solo 401(k) Questionnaire



## CLIENT INFORMATION

1. Client Name:

2. Contact Info: Phone   
 Email

3. Client Address:

**Washington**  
 732 Broadway, Suite 201  
 Tacoma, WA 98402  
 Fax: 253.238.0003

**Nevada**  
 3225 McLeod Drive  
 Las Vegas, NV 89121  
 Fax: 702.664.0549

800.706.4741  
[www.andersonadvisors.com](http://www.andersonadvisors.com)

## PLAN SPONSOR INFORMATION

4. Legal Name & Address of Entity Sponsoring Plan: (The Corporation / LLC, etc.)

Entity Name:	
Street Address:	
City:	State:
County:	ZIP:

5. Type of Business: C-Corporation  S-Corporation  LLC / PLLC  Non-Profit  Sole Proprietor

6. Date of Formation:  7. State of Formation:

8. Month and Day of Fiscal Year End:  9. EIN:

10. What does the sponsor do?: (Explain business activities.)

Real Estate      Trading      Management      Other:

## SPONSOR OWNERSHIP & CONTROL

11. Name of Officers / Managers:	Position:	Ownership %
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**SPONSOR OWNERSHIP & CONTROL (cont.)**

12. Name of Plan Trustee: (The individual(s) who will be in charge of investments, etc. If you are married and want both you and your spouse as trustee enter both names in the box below.)

13. Trustee's SSN:

14. Plan Effective Date:

15. Plans are set up with 100% vesting and automatic participation at age 18.

• Do you wish to make eligibility more strict? Yes  No

16. Will non-family members be employees? Yes  No

17. Number of employees: 

You & Spouse	Other	Full-time	Part-time	TOTAL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 +  [  vs.  ] =

18. Does the sponsoring business have, or has it ever had, another retirement plan? Yes  No

19. Sponsoring Business Employee Information:

Name	Gender	Birth Date	Hire Date	Hours Worked
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECONDARY BUSINESS**

20. Do any of the owners own more than 50% in another business that has different owners and or employees?

Yes  No  If you answered YES, then complete the information on the following page otherwise STOP HERE!

**SECONDARY BUSINESS CONT...**

21. If Yes:

- Types of businesses: C-Corporation  S-Corporation  LLC / PLLC   
 Non-Profit  Sole Proprietor  LP

• Your family's ownership in each:

• Do the businesses have retirement plans: Yes  No

• Number of employees: You & Spouse Other Full-time Part-time TOTAL  
 +  [  vs.  ] =

22. Please complete the following employee information:

(Attach additional pages if necessary.)

Name	Gender	Birth Date	Hire Date	Annual Compensation	Hours Worked
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



!  
Dear Client:

Please sign the below statement:

By signing this document, I am hereby authorizing any representative of Anderson Business Advisors, PLLC to obtain my employer identification number and discuss my account on my behalf.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_!

# Application for Employer Identification Number

OMB No. 1545-0003

**(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)**

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

<b>Type or print clearly.</b>	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested																		
	<b>2</b>	Trade name of business (if different from name on line 1)	<b>3</b> Executor, administrator, trustee, "care of" name																
	<b>4a</b>	Mailing address (room, apt., suite no. and street, or P.O. box)	<b>5a</b> Street address (if different) (Do not enter a P.O. box.)																
	<b>4b</b>	City, state, and ZIP code (if foreign, see instructions)	<b>5b</b> City, state, and ZIP code (if foreign, see instructions)																
	<b>6</b>	County and state where principal business is located																	
	<b>7a</b>	Name of responsible party	<b>7b</b> SSN, ITIN, or EIN																
<b>8a</b>	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8b</b> If 8a is "Yes," enter the number of LLC members ▶																
<b>8c</b>	If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
<b>9a</b>	<b>Type of entity</b> (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check. <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"><input type="checkbox"/> Sole proprietor (SSN) _____</td> <td style="width:50%; border:none;"><input type="checkbox"/> Estate (SSN of decedent) _____</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> Partnership</td> <td style="border:none;"><input type="checkbox"/> Plan administrator (TIN) _____</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____</td> <td style="border:none;"><input type="checkbox"/> Trust (TIN of grantor) _____</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> Personal service corporation</td> <td style="border:none;"><input type="checkbox"/> National Guard <input type="checkbox"/> State/local government</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> Church or church-controlled organization</td> <td style="border:none;"><input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> Other nonprofit organization (specify) ▶ _____</td> <td style="border:none;"><input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> Other (specify) ▶ _____</td> <td style="border:none;">Group Exemption Number (GEN) if any ▶ _____</td> </tr> </table>			<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (TIN) _____	<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/> Trust (TIN of grantor) _____	<input type="checkbox"/> Personal service corporation	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military	<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	<input type="checkbox"/> Other (specify) ▶ _____	Group Exemption Number (GEN) if any ▶ _____		
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<b>9b</b>	If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country																
<b>10</b>	<b>Reason for applying</b> (check only one box) <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"><input type="checkbox"/> Started new business (specify type) ▶ _____</td> <td style="width:50%; border:none;"><input type="checkbox"/> Banking purpose (specify purpose) ▶ _____</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> Hired employees (Check the box and see line 13.)</td> <td style="border:none;"><input type="checkbox"/> Changed type of organization (specify new type) ▶ _____</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td style="border:none;"><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> Other (specify) ▶ _____</td> <td style="border:none;"><input type="checkbox"/> Created a trust (specify type) ▶ _____</td> </tr> <tr> <td></td> <td style="border:none;"><input type="checkbox"/> Created a pension plan (specify type) ▶ _____</td> </tr> </table>			<input type="checkbox"/> Started new business (specify type) ▶ _____	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____	<input type="checkbox"/> Hired employees (Check the box and see line 13.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____	<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Created a trust (specify type) ▶ _____		<input type="checkbox"/> Created a pension plan (specify type) ▶ _____						
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<b>11</b>	Date business started or acquired (month, day, year). See instructions.		<b>12</b> Closing month of accounting year																
<b>13</b>	Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table style="width:100%; border:none;"> <tr> <td style="width:33%; border:none;">Agricultural</td> <td style="width:33%; border:none;">Household</td> <td style="width:33%; border:none;">Other</td> </tr> </table>		Agricultural	Household	Other	<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year <b>and</b> want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>													
Agricultural	Household	Other																	
<b>15</b>	First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) . . . . . ▶																		
<b>16</b>	Check <b>one</b> box that best describes the principal activity of your business. <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;"><input type="checkbox"/> Construction</td> <td style="width:25%; border:none;"><input type="checkbox"/> Rental &amp; leasing</td> <td style="width:25%; border:none;"><input type="checkbox"/> Transportation &amp; warehousing</td> <td style="width:25%; border:none;"><input type="checkbox"/> Health care &amp; social assistance</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> Real estate</td> <td style="border:none;"><input type="checkbox"/> Manufacturing</td> <td style="border:none;"><input type="checkbox"/> Finance &amp; insurance</td> <td style="border:none;"><input type="checkbox"/> Accommodation &amp; food service</td> </tr> <tr> <td colspan="3" style="border:none;"><input type="checkbox"/> Other (specify)</td> <td style="border:none;"><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td colspan="3" style="border:none;"></td> <td style="border:none;"><input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail</td> </tr> </table>			<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Other (specify)			<input type="checkbox"/> Wholesale-agent/broker				<input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail
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			<input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail																
<b>17</b>	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.																		
<b>18</b>	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶ _____																		
<b>Third Party Designee</b>	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.																		
	Designee's name		Designee's telephone number (include area code) ( )																
	Address and ZIP code		Designee's fax number (include area code) ( )																
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code) ( )																
Name and title (type or print clearly) ▶			Applicant's fax number (include area code) ( )																
Signature ▶			Date ▶																