

## Company Information Form

Firm's Exact Legal Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

County \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Employer ID# \_\_\_\_\_

Fiscal Year End: \_\_\_\_\_

Type of Entity:

Corporation

Professional Service Corporation

S Corporation

Limited Liability Company Taxed As:

Sole Proprietorship

A Partnership or Sole Proprietorship

Partnership (Including Limited Liability)

A Corporation

Other: \_\_\_\_\_

An S Corporation

Nature of Business: \_\_\_\_\_

Date Business Began: \_\_\_\_\_

Date Incorporated: \_\_\_\_\_

Name of Corporate Secretary: \_\_\_\_\_

Plan Contact: \_\_\_\_\_

List of Officers, Stockholders or Partners of the Company:

	Name	Title	Officer/Partner	% Ownership
A			Yes No	
B			Yes No	
C			Yes No	
D			Yes No	
E			Yes No	
F			Yes No	

Accountant

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

**Do you have any interest in another corporation or entity?** \_\_\_\_\_

**(if so, complete same form for other business and indicate approximately how many employees.)**

Do you have a Cafeteria/Section 125 Plan? \_\_\_\_\_

Current # of Employees \_\_\_\_\_

PALMER PENSION SERVICES, INC.  
4343 Shallowford Road Suite 320  
Marietta, GA 30062  
Phone: (678) 215-0909  
Fax: (678) 215-0999

Completed By: \_\_\_\_\_ Date Completed: \_\_\_\_\_