

Company Information Form

Firm's Exact Legal Name

Street Address

Mailing Address

City State Zip County

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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 D-2
 Marietta, GA 30062
 Phone: (678) 215-0909
 Fax: (678) 215-0999

Completed By: _____ Date Completed: _____