

EMPLOYEE CENSUS FILE / COMPANY QUESTIONNAIRE INSTRUCTIONS

CENSUS FILE

COLUMNS D-K

Employees: Who to include

- Anyone who received W-2 wages during the year
- Part-time employees, terminated employees, deceased employees, all leased employees
- Independent contractors that are treated as common law employees, any other party that is treated as a common law employee
- Rehired employees, note anyone who is a rehire
- Employees who were hired and terminated in the same year-enter termination date AND date of hire
- All new employees including employees not yet eligible for the plan
- Employees not making salary contributions

New Employees: What to report

- Name, full social security number, gender, date of birth, date of hire, date of termination if applicable, compensation and total hours worked for the year

Terminated and Deceased Employees: What to report

- Termination date, compensation and total hours worked during the year

COLUMN L

Gross Compensation: What to report

- Total annual wages paid during the year that are Social Security/Medicare taxed
- Include salary deferrals to 401(k) and 125 plans, bonuses, vacation pay, overtime pay, etc.
- Report pay for employees who are not yet eligible for the plan
- Report pay for part time, terminated, deceased, rehired and leased employees
- DO NOT report severance pay (this is not includable wages)

COLUMN M

Annual Hours Worked: What to indicate

- Enter the exact number of hours worked for anyone who worked during the year including part time, terminated, deceased, or rehired employees. Hours include paid vacation time and sick pay, etc. Siegel must have total hours and cannot assume hours based on weekly, monthly, etc.

COLUMNS N-O

Employee Contributions: What to report

- Supply the total dollar amount the employee deducted out of their paycheck for the employer to deposit into the retirement account. This would be both pre-tax and Roth contributions.

COLUMN P

Safe Harbor Contributions during the Plan Year: What to report

- If the employer deposits safe harbor contributions throughout the year, supply the total the total dollar amount.

COLUMN Q

Employer Contributions during the Plan Year: What to report

- If the employer deposits contributions throughout the year, supply the total dollar amount. This includes employer matching and any other contributions.

COLUMN R

Loan Payments: What to report

- If your plan allows loans and participants are making loan repayments, supply the total dollar amount of loan payments made for the plan year.

Data Corrections: Review and correct any erroneous data previously reported

PLEASE RETURN THE CENSUS FILE IN EXCEL FORMAT.

ADDITIONAL FEES MAY APPLY FOR FILES RETURNED NOT IN ACCORDANCE WITH THE ABOVE INSTRUCTIONS.

COMPANY QUESTIONNAIRE

1. Plan Information
2. How is your company taxed? Please mark how your business is currently taxed on business tax returns
3. Does the company maintain any additional retirement plans? Example: 401(k), Defined Benefit or Cash Balance Plan -Please answer YES or NO

ERISA FIDELITY BOND

4. Please mark the amount of your ERISA Fidelity Bond that covers the plan assets. Please provide a dollar amount or specify 10% of the assets if the plan has an automatic increase. If no bond, write NONE.

OWNERSHIP INFORMATION

5. Please list the owners and ownership percentages for the company. If any family members of any of the owners are employed by the company, they need to be listed along with their relation to the owner.
6. Were there any ownership changes during the plan year? If so, please provide the date of the change.

CONTROLLED/AFFILIATED SERVICE GROUP INFORMATION

7. Is your company part of a controlled or affiliated service group? Please list any companies that are a part of a controlled/affiliated service group.

LEASED/UNION EMPLOYEES

8. Did the company employ any leased employees during the plan year?
9. Did the company employ any union employees during the plan year?

EMPLOYEE CONTRIBUTIONS

10. Were all employee contributions deposited within 7 business days of the payroll date?
11. Please list the payroll date of the last payroll for the plan year
12. Please list the actual date the contributions were deposited

OTHER EMPLOYER CONTRIBUTIONS SIEGEL IS TO CALCULATE

13. Employer Matching

Please complete this section if the plan sponsor intends to make an employer matching contribution for the plan year. If not, select NO. If left blank, Siegel will NOT calculate matching.

14. Profit Sharing

Please complete this section if the plan sponsor intends to make a profit-sharing contribution for the plan year. If not, select NO. If left blank, Siegel will NOT calculate profit sharing.

FORFEITURES

15. Please complete this section to indicate how any forfeitures will be used according to the plan sponsor's intentions for the plan year.