



Raymond, Reeves & Stout
Pension and Insurance Services

ANNUAL ADMINISTRATION QUESTIONNAIRE

(Company Name)

RETIREMENT PLAN INFORMATION FOR 12 MONTHS ENDED _____

This questionnaire, along with the census request form, is designed to meet the criteria of several plan types, and when properly completed, will provide us with most of the information required to accurately complete the annual administration for your retirement Plan. **Please review and complete each section, as it applies to your Plan.**

Section I: General Plan Information

Accountant

Name: _____

Address: _____

Phone: (____) _____ - _____

Fax: (____) _____ - _____

Attorney

Name: _____

Address: _____

Phone: (____) _____ - _____

Fax: (____) _____ - _____

1) Have you acquired an interest in another business during the year? " Yes " No

2) Has the tax status of your company changed during the year? " Yes " No

If yes, mark the current status: C-Corp S-Corp PC Sole Proprietor Partnership LLC

If LLC, the company is taxed as: a Partnership / Sole Proprietor a C-Corp an S-Corp

3) Is your company affiliated with other companies or service groups? " Yes " No

4) Do you have a pension plan Fidelity Bond? " Yes " No

Name of bonding company _____

Amount of bond coverage _____

5) Has the Plan been amended during the year? " Yes " No

6) Do you have a Section 125 (c) Cafeteria Plan? " Yes " No

7) Do you have a group life insurance plan? " Yes " No

The information in this entire questionnaire represents to the best of my knowledge the status of the Plan and its assets and liabilities as of the year-end indicated above. Also, I have read and understand the Statement of Administrative Responsibilities.

Signature of preparer _____

Date ____/____/____

Section II: Contributions and Funding

We need to know all the deposits that have been made, if any, to your Plan trust, for the applicable administration year.

“ Check here if there will be no contributions made for the applicable administration year.

List all contributions that have been deposited into your Plan trust for the applicable administration year¹.

Amount	Date Deposited	Allocable to	
\$ _____	____/____/____	“ Current Year	“ Prior Year
\$ _____	____/____/____	“ Current Year	“ Prior Year
\$ _____	____/____/____	“ Current Year	“ Prior Year
\$ _____	____/____/____	“ Current Year	“ Prior Year
\$ _____	____/____/____	“ Current Year	“ Prior Year

¹ For 401(k) Plans, if you are not currently sending them to us, we prefer that you supply our office with a copy of each deposit schedule made throughout the year along with a year end summary.

Please see the 401(k) Annual Administration Checklist that accompanies this questionnaire.

For 401(k) plans with a discretionary match, what matching formula was used for the current year?

Often times, our clients have made deposits during the applicable administration year and are not sure if more deposits are required or if the maximum range will allow for additional funding. Please answer the following,

- 1) Are the deposits listed above all that will be funded for the applicable administration year? “ Yes “ No
- 2) Are you waiting for us to provide you with the contribution information for the applicable administration year? “ Yes “ No
- 3) Do you plan to maximize your contribution to your Plan for the applicable administration year? “ Yes “ No

If no, Specific dollar amount: \$ _____

Specific percentage: _____%

Other: _____

Section III: Distributions

List below, any plan participant who received a distribution from the Plan during the applicable administration year.

" Check here if no distributions occurred

Note: This section **confirms** the 1099-R worksheet that is to be completed and sent to us as each distribution occurs. The 1099-R worksheet contains all the necessary information to properly prepare IRS Form 1099-R. *(Please contact our office if you are unfamiliar with the 1099-R worksheet)*

Name	Gross Distribution	Federal Tax Withholding (if any)	Net Distribution	Rollover to IRA or qualified plan		Date Paid
				" Yes	" No	____/____/____
_____	\$ _____	\$ _____	\$ _____	" Yes	" No	____/____/____
_____	\$ _____	\$ _____	\$ _____	" Yes	" No	____/____/____
_____	\$ _____	\$ _____	\$ _____	" Yes	" No	____/____/____
_____	\$ _____	\$ _____	\$ _____	" Yes	" No	____/____/____
_____	\$ _____	\$ _____	\$ _____	" Yes	" No	____/____/____
_____	\$ _____	\$ _____	\$ _____	" Yes	" No	____/____/____
_____	\$ _____	\$ _____	\$ _____	" Yes	" No	____/____/____
_____	\$ _____	\$ _____	\$ _____	" Yes	" No	____/____/____
_____	\$ _____	\$ _____	\$ _____	" Yes	" No	____/____/____
_____	\$ _____	\$ _____	\$ _____	" Yes	" No	____/____/____
_____	\$ _____	\$ _____	\$ _____	" Yes	" No	____/____/____
_____	\$ _____	\$ _____	\$ _____	" Yes	" No	____/____/____
_____	\$ _____	\$ _____	\$ _____	" Yes	" No	____/____/____

Section IV: Market Value of Retirement Plan Trust

Please list the total market value of all assets owned by the Plan trust on the last day of the applicable administration year.

Note: The IRS requires independent appraisals of property such as real estate, collectibles, closely held stock, and interests in partnerships. For Defined Contribution plans, this appraisal is required annually. For Defined Benefit plans, this appraisal is required every three years.

Description <i>(cash, stocks, mutual fund, receivable, etc.)</i>	Financial Institution <i>(required information for the Summary Annual Report)</i>	Date of Valuation or Appraisal	Market Value
_____	_____	____/____/____	\$ _____
_____	_____	____/____/____	\$ _____
_____	_____	____/____/____	\$ _____
_____	_____	____/____/____	\$ _____
_____	_____	____/____/____	\$ _____
_____	_____	____/____/____	\$ _____
_____	_____	____/____/____	\$ _____
		Total Assets	\$ _____
Liabilities			
_____	_____	Minus Total Liabilities	\$ _____
_____	_____	Equals Net Assets	\$ _____

Section V: Plan Income & Expenses

Please list all income & expenses that occurred within the Plan trust for the applicable administration year.

For example: earnings from investments, realized & unrealized gains/losses, life insurance premiums, plan expenses, etc...

Description	Date	Income	Expense
_____	____/____/____	\$ _____	\$ _____
_____	____/____/____	\$ _____	\$ _____
_____	____/____/____	\$ _____	\$ _____
_____	____/____/____	\$ _____	\$ _____
_____	____/____/____	\$ _____	\$ _____
_____	____/____/____	\$ _____	\$ _____

Section VI: Reconciliation

Last year's ending balance, plus total income, minus total expenses from the applicable administration year should equal the net assets from Section IV. *(The Form 5500 is filed using an accrual method. If your Plan had a contribution receivable in the prior plan year it will be included in the year end balance on the prior Form 5500)*

Last year's ending balance	(\$)	_____
Plus total income	(+)	_____
Minus total expenses	(-)	_____
Equals current year's ending balance	(=)	_____

Section VII: Notes & Comments
