



California Dentists' Guild Questionnaire / Census

Preferred Mailing Address: Business Residence _____

Name: _____ Company Name: _____

Office Address: _____

Office Phone: _____ Office Fax: _____

Home Address: _____

Home Phone: _____ E-mail: _____

What is the best time to contact you? _____

Best Location: Home or Business? _____ Fiscal Year End: _____

[] Sole Proprietor [] Partnership [] Corporation [] S-Corp [] LLC [] LLP

All Information Supplied is Confidential and is ONLY used to Determine Plan Design.

Do you have a Desired Annual Contribution Amount? _____ If so, what is the Desired Amount? _____

Would you like to Maximize your Contribution? [] Y [] N

Plan Objective: _____

Existing Or Prior Plans? [] Y [] N Name of Plan _____ [] Active [] Terminated

Employee	Percent Owned	Date of Birth	Date of Hire	Annual* Compensation	Does Employee work 1,000 hrs/yr?	
Dr.					[] Y [] N	[] Yes, in a prior year
					[] Y [] N	[] Yes, in a prior year
					[] Y [] N	[] Yes, in a prior year
					[] Y [] N	[] Yes, in a prior year
					[] Y [] N	[] Yes, in a prior year
					[] Y [] N	[] Yes, in a prior year
					[] Y [] N	[] Yes, in a prior year
					[] Y [] N	[] Yes, in a prior year
					[] Y [] N	[] Yes, in a prior year
					[] Y [] N	[] Yes, in a prior year
					[] Y [] N	[] Yes, in a prior year
					[] Y [] N	[] Yes, in a prior year

***COMPENSATION:**

- 1) Sole Proprietor – Owners: Bottom line Schedule C Income Before Deduction for Employee Contribution
Employees: Plan Year W-2 Compensation
- 2) Corporation (C & sub S) – All Employees: Plan Year W-2 Compensation
- 3) Partnership – Partners: Earned Income Including Guarantee Payments
Employees: Plan Year W-2 Compensation