

Name of Employer: _____

2017 Annual Return Questionnaire

Please provide a complete list of employees who were officers and/or owners at any time during the plan year. Please complete this section even if there has been no change from the prior year. Attach additional sheets if necessary.

Officer: Whether an individual is considered an officer is determined by the source of authority, the term for which elected or appointed, and the nature and extent of duties. An employee who merely has the title of an officer but not the authority of an officer is not considered an officer for this purpose. Similarly, an employee who does not have the title of an officer but has the authority of an officer is considered to be an officer.

Officer	Title	Will this officer earn \$175,000 or more in 2017

Owner: Please include any employee with greater than one half of one percent (0.5%) ownership interest at any time during the plan year. In determining an employee's ownership interest, stock owned through lineal family members, trust or estate is considered owned by the employee. Lineal family members include parent(s), spouse, children and grandchildren. Stock options are counted in determining ownership.

Owner	Percent Of Ownership

Please list all employees who have a lineal family relationship to an employee with any amount of ownership. Lineal family members include parent(s), spouse, children, and grandchildren.

Employee Name	Related To	Relationship

Type of Organization: Please confirm type of employer entity. Only employees may participate in a Section 125/132 Plan. While partnerships and S corps may sponsor the plan, the following individuals may not participate: partners and more than 2% owners of S corps.

<input type="checkbox"/>	'C' Corporation	<input type="checkbox"/>	Limited Liability Corporation
<input type="checkbox"/>	'S' Corporation	<input type="checkbox"/>	Government Entity
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Other: _____

Is this employer a member of a Controlled Group of Companies? No Yes If Yes, List other members:

Name of the person providing data

Signature	Date:
Completed by:	Phone No.