Tax-Optimized Planning Solutions, LLC

Plan Design Case Submission Checklist

Submit all available documents at intake. This checklist must accompany the Client Intake Form.

REQUIRED — Must be submitted to begin case review

- [ ] Completed and signed Client Intake Form
- [ ] Current Employee Census (use the attached Census Template)
  - [ ] *Full name, date of birth, date of hire, compensation, ownership %, and hours worked*
- [ ] Most recent year-end payroll summary or payroll register
- [ ] If a 401(k) or other employer-sponsored plan is currently in place:
  - [ ] *Current Adoption Agreement*
  - [ ] *Current Summary Plan Description (SPD)*
  - [ ] *Most recent Form 5500 (if available)*

RECOMMENDED — Strengthens feasibility analysis and plan design accuracy

- [ ] Year-to-date Profit and Loss Statement
- [ ] Most recent Balance Sheet
- [ ] Last 2 years of business tax returns (Form 1120S, 1065, or Schedule C)
- [ ] Owner personal tax returns (last 2 years)
- [ ] Most recent K-1s for each owner
- [ ] Current investment or plan account statements (if applicable)

AS NEEDED — May be requested depending on case complexity

- [ ] Prior retirement plan documents (if a plan was previously terminated or frozen)
  - [ ] *Brief description and reason for termination or freeze*
- [ ] Documentation of anticipated staffing changes in the next 3 to 5 years
- [ ] Documentation of any pending merger, acquisition, or business sale
- [ ] Prior actuarial valuation reports (for existing Defined Benefit or Cash Balance plans)
- [ ] Corporate bylaws or operating agreement (may be required for certain entity types)

AT RENEWAL — Required annually for ongoing plan administration

- [ ] Updated Employee Census as of plan year-end
- [ ] Updated payroll data for all eligible employees
- [ ] Year-end Profit and Loss Statement and Balance Sheet
- [ ] Final business tax return for the plan year
- [ ] Documentation of any changes to ownership, compensation, or employee status
- [ ] Updated investment or plan account statements
- [ ] Confirmation of owner contribution amounts funded for the plan year

Questions? Contact our team: info@topstpa.com • 505-273-7702

CLIENT INTAKE FORM

Tax-Optimized Planning Solutions, LLC · Client Information & Consent

Confidential · For Internal Use Only

REFERRAL INFORMATION

Referring Advisor / CPA / Attorney Name

Firm / Company Name

Phone | **Email**

Date of Referral | **Relationship to Client**

CLIENT / BUSINESS INFORMATION

Business Legal Name

DBA (if applicable) | **Year Established**

Business Address

City | **State** | **ZIP**

Entity Type: ☐ LLC ☐ S-Corp ☐ C-Corp ☐ Partnership ☐ Sole Proprietorship

Primary Contact Name & Title

Phone | **Email**

Website (optional) | **Preferred Contact** | **Best Time to Reach**

OWNERSHIP INFORMATION

Owner Name	Title	Ownership %	Date of Birth	Personal Email

PAYROLL & COMPENSATION

Payroll Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

Payroll Provider / Software | **Total Annual Payroll (Estimated) $**

For each owner and highly compensated employee, please provide:

Name	Title	Annual Comp ($)	Bonus / Variable Comp ($)	Hire Date

BUSINESS PROFILE

Nature of Business / Industry | **# of Total Employees** | **# Owners Active in Business**

Est. Annual Net Business Income $ | **Projected Revenue Growth (3–5 yrs)** | **# of Non-Owner Full-time W-2 Employees**

Current Retirement Plan? ☐ YES, type: ☐ 401(k) ☐ SEP ☐ SIMPLE ☐ Defined Benefit ☐ Cash Balance ☐ None

PLAN DESIGN & GOALS

Primary reason for exploring a Cash Balance / DB Plan:

- ☐ Maximize tax deductions
- ☐ Accelerate retirement savings
- ☐ Attract / retain key employees
- ☐ Succession / exit planning
- ☐ Business sale preparation
- ☐ Other (describe in notes)

Desired Owner Annual Contribution $

Desired Key Employee Contribution $

Est. Taxable Revenue $

Est. Tax Liability $

Target Owner Retirement Age

Investment Risk Tolerance

CURRENT BENEFITS & PLAN HISTORY

Terminated or frozen a retirement plan in the past? *If yes, describe below.*	☐ YES	☐ NO
Significant staffing changes expected in next 3–5 years?	☐ YES	☐ NO
Any owner within 10 years of retirement?	☐ YES	☐ NO
Business considering merger, acquisition, or sale?	☐ YES	☐ NO

If yes to any above, please explain:

EMPLOYEE CENSUS

Attach your most recent employee census. Included but not limited to: Full Name - Date of Birth - Date of Hire - Compensation - Ownership % - Hours.

▶ **Open / download the Census Template (Excel)**

- ☐ Census attached as separate document
- ☐ Will provide census at a later date

FINANCIAL & TAX DOCS (ATTACH IF AVAILABLE)

- ☐ Last 2 years business tax returns
- ☐ Year-to-date Profit & Loss statement
- ☐ Prior retirement plan documents
- ☐ Current investment / plan statements
- ☐ Owner personal tax returns (2 yrs)
- ☐ Most recent K-1s for each owner

ADVISOR & PROFESSIONAL TEAM

Role	Full Name	Firm / Company	Phone	Email

Roles: Financial Advisor · CPA / Tax Professional · Attorney · Other Advisor

ADDITIONAL NOTES / SPECIAL CONSIDERATIONS

AUTHORIZATION & CONSENT

I certify that the information provided in this Client Intake Form is accurate and complete to the best of my knowledge. I understand this information will be used solely for plan design, feasibility analysis, and retirement planning recommendations by Tax-Optimized Planning Solutions, LLC.

Printed Name: **Title:**

Signature: **Date:**

This form and all attachments are strictly confidential. Tax-Optimized Planning Solutions, LLC will not share your information with third parties without written consent, except as required by law or to provide the requested planning services.