millennium
pension services inc.

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EMPLOYER INFORMATION REPORT

1. EMPLOYER: _____

   STREET ADDRESS: _____

   CITY, STATE & ZIP: _____

   PHONE: _____ FAX: _____

2. PLAN CONTACT: _____

   PHONE: _____ E-MAIL: _____

3. EMPLOYER EIN: _____ 4. IRS BUSINESS CODE (Please refer to tax return): _____

5. BUSINESS CLASSIFICATION: _____

6. IF LLC OR LLP, SPECIFY FEDERAL TAX ELECTION: _____

7. DATE INCORPORATED: _____ STATE OF INCORPORATION: _____

8. IF SOLE PROPRIETOR, PROVIDE SOCIAL SECURITY NUMBER: _____

9. NATURE OF BUSINESS: _____

   FISCAL YEAR END: _____ PLAN YEAR END: _____

10. FEDERAL INCOME TAX ACCOUNTING BASIS: _____

11. PLAN TRUSTEE(S): _____

    _____

12. OWNERS/PRINCIPALS/OFFICERS:

NAME	TITLE	OWNERSHIP%