



Form 5500 Request for Information

Please complete a form for each Plan Year for which an IRS Form 5500 will be filed, making sure to include Participant Numbers. Return this form along with the appropriate Schedules.

Email

5500@tasconline.com

CLIENT/EMPLOYER INFORMATION

Company Name:			TASC ID (12-digit):		
Contact Name:			Contact Email:		
Company Address: <i>(Address used for legal letters; preferably not a PO Box)</i>	Address:				
	City:				
	State:		ZIP Code:		+4:

PLAN INFORMATION

Plan Name:			Plan Year:		
Original Effective Date:			3-Digit Plan Number:		
Check all that apply:	<input type="checkbox"/> A Multi-Employer Plan		<input type="checkbox"/> Multiple-Employer Plan		
	<input type="checkbox"/> Single Employer Plan		<input type="checkbox"/> Direct Filing Entity (DFE) Specify:		
	<input type="checkbox"/> The first return/report filed for the Plan.		<input type="checkbox"/> The final return/report filed for the Plan.		
	<input type="checkbox"/> An amended return/report.		<input type="checkbox"/> A short Plan Year return/report (less than 12 months).		
Plan Administrator Information <i>(If different from employer; enter SAME if same as above)</i>	Name:				
	Address:				
	EIN:		Phone Number:		
Participant Numbers	5	Total number of participants at the beginning of the plan year			
	6a(1)	Total number of active participants at the beginning of the plan year			
	6a(2)	Total number of active participants at the end of the plan year			
	6b	Retired or separated participants receiving benefits			
	6c	Other retired or separated participants entitled to future benefits			
Funding <i>(Check all that apply)</i>	<input type="checkbox"/> Insurance <i>(Insurance contracts used to provide any or all benefits.)</i>				
	<input type="checkbox"/> General Assets <i>(Benefits or contributions made from general assets, no segregated fund.)</i>				
	<input type="checkbox"/> Trust <i>(Trust has been set up for Plan funds.)</i>				
Individual(s) Signing Return <i>(Requires only one individual signing as Plan Administrator)</i>	Name:			Email:	
	Name:			Email:	
List all ERISA Welfare Benefits to be included in this filing:					