



Sponsor Information Form

Date: _____

Primary Contact:		Secondary Contact:	
Email Address:		Email Address:	
Legal Business Name:		Type of Business:	
Date Business Formed:	Fiscal Year End:	Business Code:	
Taxpayer (EIN) ID#:		Member of a (check if applicable):	
Do you have leased Employees? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Controlled group	<input type="checkbox"/> Affiliated Service Group

If the company is a member of a Controlled Group or Affiliated Service Group, please complete this form for each member of the group. If unsure, please complete a form for each entity. If spouse of majority owner is the majority owner of another company, please complete a sponsor form for such company.

Street Address:		Mailing Address:	Billing Address:
Telephone:	Ext#:	Fax:	Cell Phone:
Payroll Contact Name:		Large Filer (more than 100 employees). If so, complete:	
Payroll Provider:		Auditor Name:	
Email Address:		Auditor Company Name:	
Frequency (Weekly/Biweekly/Monthly/etc.):		Auditor Email Address:	
		Auditor Telephone #:	

Type of Business Entity	Names of Stockholders and Officers or Partners or Sole Proprietors	Title	Plan Trustee	Ownership Percentage
<input type="checkbox"/> C Corp		<input type="checkbox"/> Pres / Sole Proprietor / Partner	<input type="checkbox"/>	_____ %
<input type="checkbox"/> S Corp		<input type="checkbox"/> VP / Partner	<input type="checkbox"/>	_____ %
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Secretary / Partner	<input type="checkbox"/>	_____ %
<input type="checkbox"/> Professional Association taxed as: _____		<input type="checkbox"/> Treasurer / Partner	<input type="checkbox"/>	_____ %
<input type="checkbox"/> Professional Corporation		<input type="checkbox"/> Stockholder	<input type="checkbox"/>	_____ %
<input type="checkbox"/> LP <input type="checkbox"/> LLP		<input type="checkbox"/> Stockholder	<input type="checkbox"/>	_____ %
<input type="checkbox"/> LLC taxed as: _____		<input type="checkbox"/> Stockholder	<input type="checkbox"/>	_____ %
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Stockholder	<input type="checkbox"/>	_____ %

Name of CPA:	Mailing Address:		
E-mail Address:			
Company Name:	Telephone:	Fax:	

Name of Investment Advisor-Broker:	Mailing Address:		
E-mail Address:			
Company Name:	Telephone:	Fax:	

Please Complete and Return to: Stark Company | 10750 Rockley Road, Houston, Texas 77099
 Email Address: dstark@ldco.com | Telephone: 281.498.5777 | Facsimile: 281.879.1204