

Name of Owners % of Stock Owned % of Business Owned

_____	_____	_____
_____	_____	_____
_____	_____	_____

For Corporations Only:

Directors (If same as stockholders, indicate name)

_____	_____
_____	_____

President_____

Secretary_____

Vice President: _____

10. Is this a member of a controlled group of Entities:_____

11. If Controlled Group, Corporate tax returns are filed

Consolidated_____ Separately_____

12. If there are related companies please attach a list with name and address of companies, nature of business.

(a) Does the Employer have union employees ____yes ____no

If yes, how many_____

(b) Have pensions been the subject of collective bargaining

____yes ____no

(c) Does the Employer contribute to a union pension plan

_____yes _____no

13. Information for our records:

Accountant Name: _____

Firm Name: _____

Address: _____

Telephone #: _____

Attorney Name: _____

Firm Name: _____

Address: _____

Telephone #: _____

14. Who should we contact if more information is needed?:

Address: _____

Telephone#: _____