

Coleman Consulting Corp.
PO Box 220
Jericho NY 11753

(212) 629-8940

_____ , _____

RE: _____

Dear Client:

The above mentioned plan has come up for annual administration. In order for us to provide the required services, the following information is needed:

- o Statement of Plan Assets
for the period ending : ___/___/___
(complete the enclosed form)

- o Employee Census Data
for the period ending : ___/___/___
(complete the enclosed form)

- o Date(s) and Amount(s)
of Contributions
for the period ending : ___/___/___

If you have any questions or need any additional information, please feel free to contact us.

Sincerely,

COLEMAN CONSULTING CORP.
Systems Coordinator

TRUSTEE(S) STATEMENT OF PLAN ASSETS AND LIABILITIES

	Year Ending	___/___/___
	Market Value Beginning of Plan Year	Market Value End of Plan Year
A. ASSETS		
1. Cash, Savings Accounts, Savings Certificates	\$_____	\$_____
2. Bank Accounts	_____	_____
3. Stock and Corporate Bonds	_____	_____
4. Government Securities	_____	_____
5. Mutual Funds	_____	_____
6. Loans	_____	_____
7. Contributions Receivable	_____	_____
8. Other (please specify)	_____	_____
TOTAL ASSETS add 1 through 8	\$=====	\$=====
B. LIABILITIES		
1. Policy Loans	\$_____	\$_____
2. Payables	_____	_____
3. Other Liabilities	_____	_____
TOTAL LIABILITIES (1+2+3)	\$=====	\$=====
C. NET ASSETS (Total Assets minus Total Liabilities)	\$=====	\$=====

Trustee

Date Signed

INCOME

A. EMPLOYER CONTRIBUTIONS (Include premiums paid by employer)

DATE	LIFE INSURANCE PREMIUMS	DEPOSITS TO FUND
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTALS	\$_____	\$_____

B. EMPLOYEE CONTRIBUTIONS

DATE	VOLUNTARY OR MANDATORY	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTALS	\$_____	\$_____

C. EARNINGS FROM INVESTMENTS

INTEREST AND DIVIDENDS

DATE	SOURCE	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL	\$_____

GAIN OR (LOSS) ON SALE OF ASSETS

DATE	ASSET	GAIN(LOSS)
_____	_____	_____
_____	_____	_____
	TOTAL	\$_____

D. TOTAL INCOME (A+B+C) \$=====

EXPENSES

A. INSURANCE PREMIUM PAYMENTS (Include premiums paid by Pension Trust)

DATE	INSURANCE COMPANY	PREMIUM DUE DATE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL			\$ _____

B. PAYMENTS TO PARTICIPANTS OR THEIR BENEFICIARIES

DATE	RECIPIENT	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL		\$ _____

C. OTHER PAYMENTS FROM FUND

DATE	REASON	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL		\$ _____

D. TOTAL EXPENSES (A+B+C) \$=====

ADDITIONAL PLAN INFORMATION

PAGE 4.

(Use back of page, if needed)

YES

NO

1) Did the plan at any time during the plan year hold 20% or more of its assets in any single stock, bond, mortgage, parcel of real estate, partnership, or joint venture interest? If yes, please describe the value along with its market value at the end of the year.

2) Did the plan engage in any transaction during the plan year involving 20% or more of the value of the plan assets? If yes, describe the transaction and the amount involved. Transactions such as employer contributions to the plan and benefit payments from the plan are excluded for purposes of this question.

3) Are the trustees of this plan bonded by a fidelity bond? If yes, please indicate the name of the insurance company and the amount of the bond coverage.

4) Are there life insurance policies in this plan? If yes, please indicate the cash surrender value for each policy as of the end of the plan year.

5) Were there any loans or mortgages made by the plan to any stockholder of the employer or to any participant in the plan? If yes, please describe the amount of each loan; the interest rate, the repayment schedule, and whether all scheduled repayments have been made on a timely basis.

6) Does the employer have any individuals who performed services for more than 1,500 hours in the plan year, but who were employed by an "employee leasing organization"? If yes, please indicate the number of these "leased employees" and the date of employment for each of them.

7) Did the employer or any stockholder of the employer acquire a 10% or more interest in any related business or a 50% or more interest in any business during the plan year? If yes, please describe the relationship between the business and the ownership breakdown for each business.

PLAN YEAR BEGINNING ____/____/____

PLAN YEAR ENDING ____/____/____

EMPLOYEE NAME	SEX	SOC.SEC.NO.	DATE OF BIRTH	DATE EMPLOYED	COMPENSATION
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_____	___	____-____-____	____/____/____	____/____/____	_____
_____	___	____-____-____	____/____/____	____/____/____	_____
_____	___	____-____-____	____/____/____	____/____/____	_____
_____	___	____-____-____	____/____/____	____/____/____	_____
_____	___	____-____-____	____/____/____	____/____/____	_____
_____	___	____-____-____	____/____/____	____/____/____	_____
_____	___	____-____-____	____/____/____	____/____/____	_____
_____	___	____-____-____	____/____/____	____/____/____	_____
_____	___	____-____-____	____/____/____	____/____/____	_____
_____	___	____-____-____	____/____/____	____/____/____	_____

- INSTRUCTIONS:** (1) Please enter compensation for the Year ending / /
(2) Indicate who are company officers and/or Owners
(3) Provide the percent of ownership
(4) Provide complete information for all new employees hired.

This list includes all persons who were employees, as defined in the plan, during this plan year. The information supplied here is complete and accurate to the best of my knowledge and may be Relied upon for all purposes of this plan.

Trustee or Plan Administrator

Date Signed