

SEP

EMPLOYER ANNUAL CONTRIBUTION

Plan **Simplified Employee Pension Plan**

Name of Employer _____

Name of Employee _____

Contribution for Plan year ending _____

The SEP Plan contribution made to your IRA for the above Plan Year is _____ % of your compensation computed as follows:

Discretionary Contribution \$ _____

Elective Deferral Contribution \$ _____

(Complete only if the Employer is utilizing the Elective Deferral option.)

Total SEP Plan Contribution \$ _____

Authorized Signature for Employer

Date