403(b) Maximum Annual Contribution for 2006: \$20,000

Prepared for John J. Sample

| 1. 415(c) general limitation from Worksheet 1 2. 415(c) cap for 2006 3. Over Age 50 Catch Up from Worksheet 3 4. Add Line 3 to the least of Lines 1 and 2 5. Elective deferral limit from Worksheet 2 6. Add amount from Worksheet 4 1. Can Service Limit Increase 1. Can Service Li | Formula for Elective Deferra | uls | |
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| 5. Elective deferral limit from Worksheet 2 | ` ' L | t 3 | |
| 6. Add amount from Worksheet 4 Long Service Limit Increase \$0, 20,000 **Add Lines 3, 5 and 6 \$20,000 **Elective Deferrals plus Employer Contributions cannot exceed this amount.** **Worksheet 1** 1. Gross annual salary for most recent year of service \$50,000 2. Pre-tax annual contributions to defined benefit plans (6.00% of Salary) \$3,000 3. **Mandatory pre-tax annual contributions to defined contribution plans, other than 403(b) plans \$3,000 4. **Add Lines 2 and 3 **Pre-Tax Deductions \$3,000 **Subtract Line 4 from Line 1, not to exceed \$42,000 Includable Compensation \$42,000 **Worksheet 2** 1. Elective deferrals to this employer's defined contribution plans, other than 403(b) or 457 plans \$0.000 3. Elective deferrals to another employer's defined contribution plans other than 403(b) or 457 plans \$0.000 3. Elective deferrals to another employer's defined contribution plans other than 403(b) or 457 plans \$0.000 3. Elective deferrals to another employer's defined contribution plans \$0.000 4. **Add Lines 2 and 3 **Pre-Tax Retrement Plan Contributions \$0.000 3. **Butract Line 4 from Line 1 **Elective Deferral Limit \$15,000 **Worksheet 3** 1. **Age 50 or older catch up contribution amount for 2006 \$5,000 2. **Participant's age on December 31, 2006 based on January 1, 1954 date of birth \$5.000 2. **Participant's age on December 31, 2006 based on January 1, 1954 date of birth \$5.000 4. **Years of full-time service with present employer from September 1, 1988 through December 31, 2006 \$5,000 2. **Multiply line 1 by \$5,000 (if less than 15 years of service, enter \$0) \$91,250 3. Total prior employee elective contributions to defined contribution plans \$103,000 4. **Subtract line 3 from \$15,000 \$6,000 5. **All prior year long service limit increases with present employer \$0.000 6. **Subtract line 3 from \$15,000 \$0.000 7. **Annual limit Third Limitation \$0.000 5. **All prior year long service limit increases with present employer propension \$1.0000 8. **Control limitation \$1.0000 8. **Control li | 4. Add Line 3 to the <i>least</i> of Lines 1 and 2 | Maximum Annual Addition* | \$47,000 |
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| 2. Multiply line 1 by \$5,000 (if less than 15 years of service, enter \$0) \$91,250 3. Total prior employee elective contributions to defined contribution plans \$103,000 4. Subtract line 3 from line 2 First Limitation \$0 5. All prior year long service limit increases with present employer \$9,000 6. Subtract line 5 from \$15,000 Second Limitation \$6,000 7. Annual limit Third Limitation \$3,000 Least of line 4, 6, and 7 Long Service Limit Increase* \$0 *Must be an employee of an educational institution, hospital, home health services agency, health and welfare agency, or religious organization. I understand that this report and the calculations therein are based on information that I provided and accept responsibility for any calculation errors that may result from inaccurate information. I recognize that my maximum 403(b) contribution should be calculated each year to ensure that my contributions do not exceed the legal limit. Date John J. Sample (Signature) Michael J. Prestwich (Signature) | | employer from September 1, 1988 through December 31, 2006 | 18.25 |
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| 6. Subtract line 5 from \$15,000 7. Annual limit Third Limitation \$3,000 Least of line 4, 6, and 7 Long Service Limit Increase* *Must be an employee of an educational institution, hospital, home health services agency, health and welfare agency, or religious organization. I understand that this report and the calculations therein are based on information that I provided and accept responsibility for any calculation errors that may result from inaccurate information. I recognize that my maximum 403(b) contribution should be calculated each year to ensure that my contributions do not exceed the legal limit. Date John J. Sample (Signature) Michael J. Prestwich (Signature) | | | |
| 7. Annual limit Least of line 4, 6, and 7 Long Service Limit Increase* *Must be an employee of an educational institution, hospital, home health services agency, health and welfare agency, or religious organization. I understand that this report and the calculations therein are based on information that I provided and accept responsibility for any calculation errors that may result from inaccurate information. I recognize that my maximum 403(b) contribution should be calculated each year to ensure that my contributions do not exceed the legal limit. Date John J. Sample (Signature) Michael J. Prestwich (Signature) | 5. All prior year long service limit increas | es with present employer | \$9,000 |
| *Must be an employee of an educational institution, hospital, home health services agency, health and welfare agency, or religious organization. I understand that this report and the calculations therein are based on <i>information that I provided</i> and accept responsibility for any calculation errors that may result from inaccurate information. I recognize that my maximum 403(b) contribution should be calculated <i>each year</i> to ensure that my contributions do not exceed the legal limit. Date John J. Sample (Signature) Michael J. Prestwich (Signature) | 6. Subtract line 5 from \$15,000 | Second Limitation | \$6,000 |
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| I understand that this report and the calculations therein are based on <i>information that I provided</i> and accept responsibility for any calculation errors that may result from inaccurate information. I recognize that my maximum 403(b) contribution should be calculated <i>each year</i> to ensure that my contributions do not exceed the legal limit. Date John J. Sample (Signature) Michael J. Prestwich (Signature) | | | |
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| 403(b) contribution should be calculated <i>each year</i> to ensure that my contributions do not exceed the legal limit. Date John J. Sample (Signature) Michael J. Prestwich (Signature) | | | |
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| | Date John J. Sample (Signature) | Michael J. Prestwich (Signature) | |
| Office: 877-510-4702 Fmail: mike@imagisoft.com | r (**8 | ImagiSOFT, Inc PO Box 13208 - Albuquerque, NM 87192-3208 | |

Office: 877-510-4702 Email: mike@imagisoft.com