

PRELIMINARY CENSUS REQUEST

Company Name: _____

Name	Ownership %	Officer Title	Sex	Birth Date	Hire Date	Term Date	Prior Year		Current Year	
							Compensation *	Hours **	Compensation *	Hours **

Include ALL employees - even part time and temporary who were paid income in this year.

* Compensation: If this is a sole proprietor, the Net Schedule C income.
 If this is a Corporation, Box 1 on Form W-2.
Note: Sub S cannot use the surplus distribution as pensionable compensation.
 ** < 500 = less than 500
 > 500 = 500 - 1,000 hours a year
 1,000 = more than 1,000 hours a year

 Officer Signature

 Date