

# CENSUS INFORMATION FORM

**NAME OF EMPLOYER:** \_\_\_\_\_

**CENSUS FOR THE PERIOD BEGINNING:** \_\_\_\_\_ **AND ENDING:** \_\_\_\_\_

INCLUDE ALL EMPLOYEES EMPLOYED DURING THE YEAR. ENTER THE INFORMATION EVEN THOUGH THE EMPLOYEE WAS HIRED IN A PRIOR PERIOD OR MAY NOT APPEAR TO BE ELIGIBLE TO PARTICIPATE IN THE PLAN. DO NOT ATTEMPT TO DETERMINE WHO IS ELIGIBLE. WE NEED A COMPLETE RECORD OF EVERY INDIVIDUAL EMPLOYED BY YOUR FIRM DURING THE PLAN YEAR.

TOTAL COMPENSATION SHOULD INCLUDE GROSS COMPENSATION EARNED DURING THE YEAR BEFORE THE APPLICATION OF SALARY REDUCTIONS SUCH AS CONTRIBUTIONS TO A 401(K) OR 403(B) PLAN, CONTRIBUTIONS TO A SECTION 125 CAFETERIA PLAN (HSA/FSA) AND PRETAX HEALTH PREMIUMS. TOTAL COMPENSATION INCLUDES PAID TIME OFF FOR SICK, VACATION & HOLIDAYS.

POST YEAR END SEVERANCE PAY IS COMPENSATION PAID TO TERMINATED EMPLOYEES AFTER THE YEAR AND WITHIN 2 1/2 MONTHS AFTER AN EMPLOYEE'S SEVERANCE FROM EMPLOYMENT. DO NOT INCLUDE POST YEAR END SEVERANCE PAY IN TOTAL COMPENSATION

SOCIAL SECURITY NUMBER	EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	EMP. CODE (BELOW)	Job Title	S E X	DATE OF BIRTH (mm/dd/yy)	DATE OF HIRE (mm/dd/yy)	DATE OF TERM (mm/dd/yy)	HOUR CODE (BELOW)	TOTAL COMPENSATION	POST YEAR END SEVERANCE PAY	Non-Roth 401(k) Deferral	Roth 401(k) Deferral

**EMPLOYEE CODES**  
 O = Officer  
 S1 = Stockholder 5% or more ownership  
 S2 = Stockholder with less than 5% ownership  
 U = Covered by Collective Bargaining (Union)  
 PT = Part-Time Employee or Seasonal  
 R = Rehired Employee  
 L = Leased Employee  
 F = Family Member (Indicate family relationships i.e. spouse, child, parent, sibling, in-laws, etc)

**HOUR CODES** - Hours/Days include holiday, sick, & vacation time used during the year. For terminees, include the hours/days for which paid upon severance.  
 A = Hourly Employee with ≥ 1000 Hours of service during the plan year OR Salaried Employee with ≥ 100 Days of service during the plan year  
 B = Hourly Employee with > 500 and < 1000 hours of service during the plan year OR Salaried Employee with > 50 and < 100 days of service during the plan year  
 C = Hourly Employee with < 500 hours of service during the plan year OR Salaried Employee with < 50 days of service during the plan year

I hereby certify that I have completed this form in its entirety, and to the best of my knowledge the information contained in this form is true and correct.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**