EMPLOYEE DATA COLLECTION SHEET

(Census Form)

COMPANY: _____

EMPLOYER ID NO. ______(Tax No.)

CONTACT PERSON:

NOTES: _____

EMPLOYER FISCAL YEAR ENDS:

DATE INCORPORATED:

		DATE OF BIRTH	DATE OF HIRE	% OF BUSINES S OWNED	SOC. SEC. #	JOB TITLE	NO. OF HOURS WORKED IF LESS THAN 1000	COMPENSATION PAID	
(First, Middle, Last)	SEX							Mo/Day/Yr From	Mo/Day/Yr To
	EMPLOYEE NAME (First, Middle, Last)				(First, Middle, Last) SEX BIRTH HIRE BUSINES	(First, Middle, Last) SEX BIRTH HIRE BUSINES SOC. SEC. #	(First, Middle, Last) SEX BIRTH HIRE BUSINES SOC. SEC. # JOB TITLE	(First, Middle, Last) SEX BIRTH HIRE BUSINES SOC. SEC. # JOB TITLE WORKED IF S OWNED S OWNED LESS THAN	EMPLOYEE NAME (First, Middle, Last) DATE OF DATE OF % OF NO. OF HOURS BIRTH HIRE BUSINES SOC. SEC. # JOB TITLE NO. OF HOURS WORKED IF BIRTH HIRE BUSINES SOWNED JOB TITLE Mo/Day/Yr

PALMER PENSION SERVICES, INC.

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