## EMPLOYEE DATA COLLECTION SHEET (Census Form)

COMPANY:		EMPLOYER ID NO					
CONTACT PERSON:							
NOTES:			DATE INCORPORATED:				
					COMPENSATION PAID		

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

PALMER PENSION SERVICES, INC.

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