# CONFIDENTIAL EMPLOYEE CENSUS

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Employer Name

For period: From _____To _____

| Name - Last, First & Initial Social Security # | DIV Code | Family Member Y/N* | Sex | Date of Birth | Date of Employment | Actual Hours Worked Per Yr. | % of Stock or Business Owned | Annual Comp. Regular | Other Comp. (Bonus, O/T, Comm., Etc.) | Policy Making Officer Y/N** |
|---|---|---|---|---|---|---|---|---|---|---|
| **1.** | | | | | | | | | | |
| **2.** | | | | | | | | | | |
| **3.** | | | | | | | | | | |
| **4.** | | | | | | | | | | |
| **5.** | | | | | | | | | | |
| **6.** | | | | | | | | | | |
| **7.** | | | | | | | | | | |
| **8.** | | | | | | | | | | |
| **9.** | | | | | | | | | | |
| **10.** | | | | | | | | | | |
| **11.** | | | | | | | | | | |
| **12.** | | | | | | | | | | |
| **13.** | | | | | | | | | | |

** If yes, please provide the corresponding number of each family member related to a 5% or more owner and/or Highly Compensated Employee*
*1=Spouse 2=Parents 3=Children 4=Grandchildren ** If Yes, insert title*