

Census Data Request Form

Company Name: _____

Business Entity Type:	<input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership	<input type="checkbox"/> LLC taxed as a _____
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Current Plan Type: <small>(please provide copy of plan document or SPD)</small>	<input type="checkbox"/> 401(k) / Profit Sharing <input type="checkbox"/> Defined Benefit	<input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> SEP IRA	<input type="checkbox"/> Other _____ <input type="checkbox"/> None
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Last Name	First Name	Date of Birth	Date of Hire	Date of Termination	Annual Compensation	Current (or Desired) Annual 401(k) Deferral %	Annual 401(k) Deferral \$	Annual Hours Worked	Ownership %	Relation to Owner