



Confidential EMPLOYEE CENSUS REQUEST

PERIOD: ____ / ____ / ____ THRU ____ / ____ / ____

PLAN / EMPLOYER:																					
	Last Name	First Name	Social Security #	S e x	DATE OF BIRTH			DATE OF HIRE			DATE OF TERMINATION			% Owned	Officer ?	HCE Comp ?	Title / Relationship/ to Owner	# Hours Worked	Total Salary Deferrals	Safe Harbor / Match	ANNUAL COMPENSATION
					Mo	Da	Yr	Mo	Da	Yr	Mo	Da	Yr								
1																					
2																					
3																					
4																					
5																					
6																					
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INSTRUCTIONS:

- List all persons employed during the period indicated. If an employee is to be excluded from the plan, indicate the reason (e.g. union) under the Title column.
Officer - Please indicate all officers by entering "Y". HCE - Enter "Y" if compensation for the prior year was \$120,000 or more.
- If you know the exact number of hours worked during the period, enter the number above.
If not, use the following code:

- 1 - 1000 or more
- 2 - 501 to 999
- 3 - 500 or less

I hereby certify that the information contained herein is complete and accurate.

(TRUSTEE) (ACCOUNTANT) FOR THE PLAN

Return to: **Kardan Actuarial Services, LLC**
719 Inman Avenue Suite 101
Colonia, NJ 07067
(908) 709-0700

Or Email to: dan@kardanpensions.com