

# EMPLOYEE CENSUS

For Fiscal Year \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_

Employee	Sex	% Owner	Social Security Number	Date of Birth	Date of Hire	Date of Termination	Compensation Amount	Hours Worked	125 Plan Contribution

**Please Return Completed Forms to The Price Company**  
5151 North Palm Avenue, Suite 920; Fresno, CA 93704  
Fax: (559) 224.3509 / E-Mail: info@thepricecompany.com