Employee Census Data *(please print)*

Name: _____

Date: _____

Employer Name: _____

Employer Fiscal Year: _____ to _____

	Last Name	First Name	Date of Birth MM/DD/YY	Date of Hire MM/DD/YY	Total Annual Compensation	Bonuses	% of Ownership	Officer	Employee Hours A, B or C	Family Member S, C or P
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
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16										
17										
18										
19										
20										