

NAME OF EMPLOYER:

PLAN YEAR ENDS:

12/31/08

Return to: TIGER'S EYE BENEFITS CONSULTING  
THEODORE G. REEDER, III, C.P.A., P.C.  
147 West Washington Street  
Hagerstown, Maryland 21740  
Phone: (301)733-4669  
FAX: (301)733-5863

Please see attached cover letter for further instruction to complete this census form. Thank You!

**EMPLOYEE CENSUS FORM\***

	Last, First MI NAME OF EMPLOYEE	MM/DD/YYYY DATE OF BIRTH	MM/DD/YYYY DATE OF HIRE	MM/DD/YYYY DATE OF TERMINATION	MM/DD/YYYY DATE OF REHIRE	FAMILY TIES*	SOCIAL SECURITY NO.	TOTAL ANNUAL COMPENSATION	HOURS ** WORKED PER YEAR	SECTION 125 REDUCTIONS, if any DURING YEAR	401(k) PRE-TAX EE DEFERRALS PD DURING YEAR	ROTH AFTER- TAX DEFERRALS PD DURING YEAR	EMPLOYER MATCH PAID DURING YEAR
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2													
3													
4													
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\* Please indicate family relationships (i.e. spouses, children, etc.) of individuals involved in the business who are related to 5% or greater stockholders, or to Corporate officers earning over \$50,000 (if any).

TO MY KNOWLEDGE, DATA IS COMPLETE FOR ALL EMPLOYEES

SIGNED BY:

(Employer or Plan Administrator)

\*\*Hours Worked - Actual hours can be entered or simply code A (>1000); B (501-999); C (<501)

DATE PREPARED: