

PLEASE MAKE ADDITIONAL COPIES OF THIS FORM TO PROVIDE SUFFICIENT SPACE FOR LISTING ALL EMPLOYEES.

**It is very important to fill out this form completely so we may prepare an illustration showing the amount of contributions due each employee that is eligible.
The form you are filling out will be kept in the strictest confidence and not shared with anyone except you.**

Page ____ of ____

Name of Employer: _____

Date Completed: _____

1. Complete all columns in full for the current fiscal year, which ends on ____/____/____.
2. Please list all employees employed during the year whether eligible or not.
3. For each owner, whether employed or not, attach a list of all "relatives" who are themselves owners or are employed by the company and state relationship. "Relatives" are defined as spouse, grandparents, parents, children, grandchildren, or spouses of any of the preceding.
4. For each of the top ten compensated employees, list all "relatives" who are also employed and state relationship.

OR PROVIDE

W2 Comp

Employee Name	SS No.	Officer Y/N	% Owned	Date of Birth	Date of Hire	Hours of Svc.		Estimated Total 2008 Compensation
						PT	FT	
						-999	1,000	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								