

EMPLOYEE CENSUS INFORMATION REQUEST

(Initial Census Use)

Name of Company _____

Type of Plan _____

Plan Year Beginning _____ and Ending _____

Instructions:

- (1) Complete form for all employees of the Company, including ineligible employees.
- (2) Eligible Compensation and Hours of Service are for the Plan Year shown above.
- (3) Hours of Service may be entered by indicating one of the following:
500 or less; 501 to 999; or 1,000 or more.

Social Security Number	Name of Employee (Last/First/Initial)	Birthdate	Hire Date	Termination Date	401(k) Deferral %	(2) Eligible Compensation	(2,3) Hours of Service	Owner's Percent of Stock	Relative of owner (specify)	New comp job class

Total:

Please return to:
The Paragon Alliance Group LLC
 300 Harleysville Pike
 Souderton, PA 18964
 Phone # 215.703.0844
 Fax # 215.723.1265