# The **Pension** Specialists, Inc.

**Employee Census Information**

PLAN NAME: _____

PLAN YEAR END: _____ (12/31, 6/30) TAX STATUS: _____ (C-CORP., PARTNERSHIP, S-CORP.)

| *EMPLOYEE NAME* | *SOCIAL SECURITY NUMBER* | *BIRTH DATE* | *HIRE DATE* | *TITLE/ POSITION* | *ANNUAL COMPENSATION* | *ANNUAL HOURS WORKED* | *WORK STATUS* | *TERMINATION DATE* | *OWNER %* | *OFFICER YES / NO* |
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## **Instructions for Employee Census**:

| ***WORK Status:*** | ***Excluded from benefiting:*** | ***Excluded from testing & Benefiting:*** |
|---|---|---|
| O=ACTIVE | C=COMMSSIONED | U=UNION |
| T=TERMINATED | Y=HOURLY | A=NONRESIDENT ALIEN |
| I=INACTIVE | X=EXCLUDED CLASS | P=OTHER |
| R=RETIRED | N=COVERED IN ANOTHER PLAN | |
| E=DEAD/DISABLE | | |

OFFICER: IS THE EMPLOYEE AN OFFICER OF THE COMPANY (YES/NO)? MUST HAVE TRUE EXECUTION POWERS; PRES., V.P., TREAS., SEC., ETC. NOT A TITLE ONLY) WITH COMPENSATION IN EXCESS OF $60,000 DURING THE PLAN YEAR BEGINNING IN 1996.