millennium
pension services inc.

194 Santa Anita Court
Sierra Madre, CA 91024
Tel 626-355-3039
fax 626-355-3713
www.mpssm.com

CENSUS REQUEST FORM

Name of Employer: _____ As of _____

PLEASE INCLUDE ALL EMPLOYEES EMPLOYED DURING THE YEAR. ENTER THE INFORMATION EVEN THOUGH THE EMPLOYEE WAS HIRED IN A PRIOR PERIOD OR MAY NOT APPEAR TO BE ELIGIBLE TO PARTICIPATE IN THE PLAN.

SS No.	Employee	Emp. Code	DATE OF BIRTH	DATE OF HIRE	DATE OF TERM	HOUR	Compensation			Contributions	
							Base Salary	Commission Bonus Overtime	Total Annual Salary	Employee Deferrals	Employer Match

Please indicate any family relationships (i.e. spouse, son, daughter, mother, father, brother, sister, in-laws, etc.)

EMPLOYEE CODES:
O – Officer
S1 – Stockholder 5% or more ownership
S2 – Stockholder with less than 5% ownership
U – Employee covered by Collective Bargaining (Union)
PT – Part-time Employee or Seasonal
L – Leased Employee

Prepared by: _____

Date: _____