Company Name: _____

Employee Census

for pay period: _____ ***through*** _____

									401(k) Plans	
Emp SS#	Employee Name	Gender	Date of Birth	Date of Hire	Date of Term.	Date of Rehire	Gross Compensation*	Hours Worked**	Salary Deferral	ER Match
							TOTAL			

Please fill out accurately and completely. Make corrections where necessary

If an employee has termed, include their date of termination.

If there are NEW employees in the year, write them in including their SS# and their dates of birth and hire.

* Please note that Section 125 deferrals, as well as deferrals to 401(k) Plans, SEP's, Tax Sheltered Annuities and deferrals to government type plans (if applicable) must be added back into the income as shown on Box 1 of the W-2's.

** Please use whole numbers for hours.

Confidential information has been compiled from our records and is complete and accurate to the best of our knowledge

_____
Signature of Employer

_____
Date

Please direct any questions to your plan administrator at:

Davey Administration Group
3451 W. Shaw Avenue, Suite 101
Fresno, CA 93711
Phone: (559) 436-6606 Fax: (559) 436-4679