

COMPANY NAME:	
YEAR END:	

					LESS THAN 1000 HOURS	GROSS	NOTES			
	NAME	SEX	DATE OF BIRTH	DATE OF HIRE	YES/NO	WAGES	Please indicate any Family Members and relationship.			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
	Please include any employees who terminated during the year and include their termination date									
	NAME	SEX	DATE OF BIRTH	DATE OF HIRE	HOURS	WAGES	DATE OF TERMINATION			
1										
2										
3										
4										
5										
6										

PLEASE RETURN TO: Mark D. Swedelson, CPA mds@gsapension.com