BENEFIT PLANNING, INC.

Retirement Plan Census Form

Name of Company: _____ Contact Person: _____

Year Ending: _____ Contact Phone: _____

Employee name: Last, First	***	Social Security Number	Date of Birth	Date of Hire	Gross Compensation

***A) more than a 5% owner B) more than 1% owner C) officer D) relative of A, B, or C