

EMPLOYEE DATA COLLECTION SHEET
(Census Form)

COMPANY: _____

EMPLOYER ID NO. _____
(Tax No.)

CONTACT PERSON: _____

EMPLOYER FISCAL YEAR ENDS: _____

NOTES: _____

DATE INCORPORATED: _____

FOR IN-HOUSE USE ONLY	EMPLOYEE NAME (First, Middle, Last)	SEX	DATE OF BIRTH	DATE OF HIRE	% OF BUSINES S OWNED	SOC. SEC. #	JOB TITLE	NO. OF HOURS WORKED IF LESS THAN 1000	COMPENSATION PAID	
									Mo/Day/Yr From	Mo/Day/Yr To