RETIREMENT PLAN - EMPLOYEE CENSUS SHEET

For Fiscal Year ____/___/____ through ___/___/

Employer: _____ Employer ID#: _____

Employee	Sex	% Owner	Social Security Number	Date of Birth	Date of Hire	Date of Termination	Compensation Amount	Hours Worked	125 Plan Contribution

Please Return Completed Form(s)
By Mail: The Price Company; 5151 North Palm Avenue, Ste. 920; Fresno, CA 93704
By Fax: 559.224.3509