EMPLOYEE CENSUS INFORMATION REQUEST

(Initial Census Use)

Name of Company ______________________

Type of Plan ______________________

Plan Year Beginning ______________ and Ending ______________

Instructions:

(1) Complete form for all employees of the Company, including ineligible employees.

(2) Eligible Compensation and Hours of Service are for the Plan Year shown above.

(3) Hours of Service may be entered by indicating one of the following:
500 or less; 501 to 999; or 1,000 or more.

Social Security Number	Name of Employee (Last/First/Initial)	Birthdate	Hire Date	Termination Date	401(k) Deferral %	(2) Eligible Compensation	(2,3) Hours of Service	Owner's Percent of Stock	Relative of owner (specify)	New comp job class
					Total:					

Please return to:

The Paragon Alliance Group LLC
64 North County Line Road
Souderton, PA 18964
Phone # 215.703.0844
Fax # 215.723.1265