PLAN NAME:
CORPORATION NAME:
PLAN YEAR:
EST CORP CONTRIBUTION:

NOTE: IF THERE IS COMMON OWNERSHIP OF MORE THAN ONE COMPANY, ALL EMPLOYEES (INCL OWNERS) MUST BE LISTED.

First Name	Last Name	Sex	Date of Birth	Date of Hire	Date of Termination	Date of Rehire	Y-T-D Hours	Employee Deferral	Employer Match	W2 Gross Compensation	Excluded Compensation	Owner? %	Family Member?
Joe	Sample	M	1/1/1950	1/1/1995	12/15/1998	1/1/1999	2000	10,000.00	10,000.00	160,000.00	10,000.00	50	