

Diocese of Ogdensburg – Lay Employees’ Retirement Fund – Annual Census Form

d Employees Social Security Number	5 Medicare Wages
Section 125 Plan	
e Employees name, address, and ZIP code	
<p>Form W-2 Wage and Tax Statement 2011 This information is being furnished to the Internal Revenue Service</p>	

REMEMBER TO INDICATE OTHER DIOCESAN EMPLOYMENT DURING 2011 AND ADDITIONAL INCOME SUCH AS ANNUITIES AND SECTION 125 PLANS.

Type of work _____
 Place of work _____
 Employee's date of birth _____/_____/_____
 Date employment started _____/_____/_____
 Employment terminated _____/_____/_____
 We provide this person with living accommodations (room and board) _____
 We provide the following meals per day: 1 2 3
 Married _____ Single _____
 If married, maiden name _____
 Average number of hours worked/week _____
 Total number of hours worked/year _____
 Other Diocesan Employment _____
 Any breaks in service? _____
 If yes, please indicate time period employee did not work _____

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LOCATION _____
 (Number) _____ (Name) _____

EMPLOYER'S IDENTIFICATION NUMBER (Item b on W-2 form) _____