

Advisor:

Company Name:

*County/Zip Code(s):* 

**Related Entities:** 

Request Effective Date: SID Code: Nature of Business: Type of Entity:

LAST NAME	<u>FIRST NAME</u>	COMPENSATION	<u>GENDER</u>	DOB	<u>HIRE DATE</u>	<u>POSITION</u>	HOURLY WAGE	<u>OWNERSHIP</u>	ESTIMATED GROSS ANNUAL COMPENSATION	<u>ESTIMATED</u> <u>WORK</u> <u>HOURS</u>
		(Salary or Hourly)	M or F	(mm/dd/yyyy)	(mm/dd/yyyy)		(Non-Salary Employees)	(Percentage)	(Gross, in U.S. Dollars)	(Weekly)
Doe	John	Salary	М	01/01/1980	01/01/2010	Owner	-	50%	\$120,000.00	40
Smith	Amanda	Hourly	F	03/20/1995	06/01/2019	Manager	\$20.00	0%	\$41,600	40

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