

Marshall J. Kass
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GROUP CENSUS SHEET FOR:

DECISION MAKER: _____
 CONTACT PERSON: _____
 TELEPHONE NUMBER: () _____
 DATE: _____

#	NAME OF EMPLOYEE	RESIDENCE		D.O.B.	SEX	MARITAL STATUS	Dependent Status # OF Deps	DATE OF EMPLOYMENT	JOB TITLE	GROSS ** ANNUAL INCOME		Smoker?
		COUNTY	ZIP							1	2	
	John Doe	Broward	33066	03/23/1962	M	S / M / D	3	12/21/1994	Human Res	\$34,212	1 2	N
1											1 2	
2											1 2	
3											1 2	
4											1 2	
5											1 2	
6											1 2	
7											1 2	
8											1 2	
9											1 2	
10											1 2	
11											1 2	
12											1 2	
13											1 2	
14											1 2	
15											1 2	