EIP, INC.
10740 Nall Avenue • Suite 350 • Overland Park, Kansas 66211
(913) 385-2565 • Fax (913) 385-0262
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401 (k) DEPOSIT DATA

Employer _____
Plan Year End: _____

In order for EIP to be able to provide the ADP, ACP, and other non-discrimination testing in a timely manner, this form and the the Census Data Sheet must be completed and furnished to EIP no later than 45 days after the plan year-end.

Employee Name	Employee Salary Reduction Dollar amount (If 0, so state)	Employer Match Dollar Amount (If any)