Employee Worksheet for "SMALL EMPLOYER EXEMPTION"

This worksheet must be completed for each company or business for which you have a controlling interest, whether or not it is on County premises. Include the names of **ALL** persons employed by each company, and the number of hours worked each month.

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____ Phone No: _____

Employee Name	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL