SOCIAL SECURITY BOARD

EMPLOYEE LIST

(This form is to be filled out by the employer and submitted with ANY R4 or R1 or when applying for contribution cards for person already registered.)

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

BUSINESS NAME: _____

EMPLOYER'S REGISTRATION NUMBER | | | | | | | | | |

SIGNATURE: _____

DATE: _____

EMPLOYEES NAME	ADDRESS	SS NUMBER	DATE OF BIRTH	DATE OF EMPLOYMENT STARTED	YEAR OF CARD REQUIRED

R1A (88 REVISED)

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