

Employer Name : _____

Contact New Change

SSN			
Name	First	Middle	Last
Address			
Address	City	County	State Zip
Demographic	Male	Female	D.O.B
Phone Number			
Email			

Employment

Salary _____ Hourly _____	Hire Date
Full - Time _____ Part - Time _____	W-4 Date
Regular Rate (\$ Amount)	I-9 Date
Location	W-11 Date
Department	

Employee Taxes

Filing Status	Single _____ Married _____ Married at Single Rate _____
Exemptions	0 1 2 3 4 5 6 7 8 9 Exempt - Report W-4 to IRS
Additional Fed W/H	Dollar Amount
State W/H	Regular _____ Exempt _____ 0 1 2 3 4 5 6 7 8 9
Additional State W/H	Dollar Amount
County as of Jan. 1st	Grant _____ Other _____

Employee Deductions

Child Support	Need Court Order Document
Garnishment	Need Court Order Document

Direct Deposit

Direct Deposit Information	Need the Direct Deposit Form filled out and attached if applicable. Any changes, submit one week in advance of payroll week, and an updated Direct Deposit Form.
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Employee Signature : _____ Date : _____