

Employer _____ Date Submitted: _____

First Name _____ M.I. _____ Last Name _____ Address _____ City _____ State _____ Zip _____ County _____ SSN _____ DOB _____ E-Mail _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hire Date: _____ <input type="checkbox"/> Termination Date: _____ <input type="checkbox"/> Change Date: _____ Auth. Signature _____
<p>LOCATION</p> Default Location _____ Other _____ Default Department _____ Other _____	

PAYROLL ITEMS

PAY TYPE (select one): <input type="checkbox"/> Salary <input type="checkbox"/> Hourly	
Salary: Annual Salary \$ _____	
Hourly: Rate Type _____ Rate Amount \$ _____ Rate Type _____ Rate Amount \$ _____ Rate Type _____ Rate Amount \$ _____ Rate Type _____ Rate Amount \$ _____	
<p>DEDUCTION ITEMS</p> Pre-Tax Items: Item Type _____ Item Amount \$ _____ Item Type _____ Item Amount \$ _____ Item Type _____ Item Amount \$ _____ Item Type _____ Item Amount \$ _____	
After-Tax Items: Item Type _____ Item Amount \$ _____ Item Type _____ Item Amount \$ _____ Item Type _____ Item Amount \$ _____ Item Type _____ Item Amount \$ _____	
Retirement Plan Employer Match: <input type="checkbox"/> Yes <input type="checkbox"/> No Match % _____	

WITHHOLDING INFORMATION

<p>W-4 FEDERAL</p> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married withhold at Single rate Total Allowances (Box 5) _____ Additional w/h _____	<p>A-4 STATE</p> Total Exemptions (Line 6) _____ Additional State w/h (Line 5) _____
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DIRECT DEPOSIT

NOTES

<input type="checkbox"/> Please attach voided check for each account (no deposit tickets) <input type="checkbox"/> Please attach Direct Deposit Authorization form
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