

**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 Job Title/Description _____	<input type="checkbox"/> <b>Hire</b> Date: _____ <input type="checkbox"/> <b>Termination</b> Date: _____ <input type="checkbox"/> <b>Change</b> Date: _____ SOC Code: _____  Auth. Signature _____
<b>LOCATION</b>	
Default Location _____ Other _____ Default Department _____ Other _____	

**PAYROLL ITEMS**

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

**WITHHOLDING INFORMATION**

<b>W-4 FEDERAL</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married withhold at Single rate Total Allowances (Box 5) _____ Additional w/h _____	<b>WH-4 STATE</b> Personal Exemption (Line 5) _____ Dependent Exemption (Line 6) _____ Additional State w/h _____
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**DIRECT DEPOSIT**

<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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**NOTES**

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