

New Hire Employee
Terminated Employee
Termination Date
Information Change



EMPLOYEE DEMOGRAPHIC INFORMATION

Client Name _____ Client Number _____

ID/EE Number _____ Last Name _____ First Name _____ Middle _____

Address _____ Apt/Unit _____

City _____ State _____ Zip Code _____

Sex _____ Birth Date _____ Social Security Number _____

DEPARTMENT AND STATUS INFORMATION

Status _____ Hire Date _____ Work Comp Code _____

Department _____

RATE INFORMATION

Auto Pay: Hours Rate: \$ _____ /hour Default Hours: _____ /pay period
Salary: \$ _____
None Base rate or salary will be setup later

Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

TAX SUMMARY

Tax Form: W2-IRS form W2: Employee 1099M-IRS Form 1099: Non Emp Comp

Federal Tax: FITW-Federal Income Tax

State Tax: _____ SUI Tax _____

Work State: _____ (work state does not affect taxes)

Add'l Federal amount or percentage: _____ Flat % Local Tax 1: _____

Add'l State amount or percentage: _____ Flat % Local Tax 2: _____

FEDERAL TAX DETAILS

Filing Status: Single Married

Exemptions: _____

STATE TAX DETAILS

Filing Status: Single Married

Exemptions: _____

Local Tax 1: _____ Local Tax 2: _____

ADDITIONAL DEMOGRAPHICS

Phone Number: _____ Alternate Number: _____

Email Address: _____