



New Employee Payroll Information or Employee Changes

Employer: _____

Social Security#: _____ Employee #: _____

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ DOB: ____/____/____

Male Female

Date of Hire: ____/____/____

Division: _____
Branch: _____
Department: _____
Team: _____

Pay Frequency: Weekly
 Bi-Weekly
 Semi-monthly
 Monthly

Rate of Pay: _____ Hourly Salary

Worker's Comp Code: _____

Marital Status: Federal _____ State: _____

Dependents: Federal _____ State: _____

Additional Withholding: Federal: _____ State: _____

Other Deductions and Pay Items: _____

401 (k) _____%

Simple IRA _____%