EMPLOYEE INFORMATION

Payroll Solutions | Payroll & Human Resource Services

Employee Name:

Street Address:

City, State, ZIP:

Email Address:

Phone Number:

Social Security Number:

Date of Birth:

Date of Hire:

Location: Department:

Position Class Status: ☐ Full Time ☐ Part Time ☐ Seasonal

Wage Rate per Hour or Salary per Payroll:

WITHHOLDING INFORMATION

Federal (attach appropriate W-4 form)

Filing Status:

No. of Allowances:

Extra $ Amount or %

State (attach appropriate state form)

Filing Status:

No. of Allowances:

Extra $ Amount or %

Eligible for health insurance this year? ☐ Yes ☐ No

Direct Deposit? ☐ Yes ☐ No

If yes, include the Employee Direct Deposit Data Form and a voided check or bank documentation.

Contains sensitive personal information. Return only through the secure method provided by your employer.