



Employee Payroll Setup and Changes

- New Employee Termination
- Name or Personal Information Change Tax Information Change Rate/Salary Change

Company/Employer Name: _____

EMPLOYEE SECTION

Print legibly <u>exactly</u> as on social security card - verify by calling 1-800-772-1213	
First Name: _____ MI: _____ Last Name: _____	
Address: _____ Apt #: _____	
City: _____ ST: _____ Zip: _____	
Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____	
<p><u>Tax Withholding</u> - (same as on W-4)</p> <p>Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single</p> <p>Allowances (line 5): _____; and plus or (minus) \$ _____; or flat amt \$ _____ or % of gross wages _____</p>	<p><u>State Withholding</u> - (if different)</p> <p>State: _____</p> <p>Allowances: _____; and plus or (minus) \$ _____; or flat amt \$ _____ or % of gross wages _____</p>
<input type="checkbox"/> 1099 Employee <input type="checkbox"/> Exempt	

EMPLOYER SECTION

Employee #: _____ Rate Per Hour: \$ _____ or Salary (per pay period) \$ _____	
Department: _____ Workers Comp code or description _____	
Deduction/Garnishment Comments: (attach paperwork if necessary) _____ _____ _____	
Date of Hire: ____/____/____	Date Terminated: ____/____/____
Approved By: _____	Date Submitted: ____/____/____

Fax to (801) 446-9889