



Employee Payroll Setup and Changes

Company Name: _____

- New Employee Rehire Address Change
- Termination Rate/Salary Change Tax Information Change
- Name Change*

EMPLOYEE SECTION

Print legibly **exactly** as on social security card - verify by calling 1-800-772-1213

First Name: _____ MI: _____ Last Name: _____

Address: _____ Apt #: _____

City: _____ ST: _____ Zip: _____

Email address: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____

*Old Name: _____

Tax Withholding - (same as on W-4)

Marital Status: Married Single

Allowances (line 5): _____; and plus or
(minus) \$ _____; or flat amt \$ _____
or % of gross wages _____

State Withholding - (if different)

State: _____

Allowances: _____; and plus or
(minus) \$ _____; or flat amt \$ _____
or % of gross wages _____

- 1099 (no taxes withheld, must complete W-9 form)
- Exempt (no federal or state taxes withheld)

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: ____/____/____ (if rehired, please provide rehire date)

Date Terminated: ____/____/____ Reason for Termination: _____

Approved By: _____ Date Submitted: ____/____/____

Fax to (801) 446-9889