



Employee Payroll Setup and Changes

Company Name: _____

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

Federal Tax Withholding (WH) - (same as on W-4)

Marital Status: Married Single
 Head of Household

Step 2 Option (c)

Claim Dependents (3) \$ _____

Oth. Income Adjust. (4a) \$ _____

Deduction Adjust. (4b) \$ _____

Extra WH (4c) \$ _____

Flat WH Amount \$ _____

Percent of Taxable Wage _____ %

State Tax Withholding (WH)

** If state has its own W-4 form, please attach a copy. Otherwise, state WH will be calculated based on Federal W-4 form. If you require special State WH amounts, please provide information below. **

State: _____

Extra St WH Amount \$ _____

Flat St WH Amount \$ _____

Percent of Taxable Wage _____ %

Local Tax Withholding (WH)

No Yes, Jurisdiction(s) _____

EMPLOYER SECTION

Employee #: _____ Rate Per Hour: \$ _____ or Salary (*per pay period*) \$ _____

Department: _____ Workers Comp code or description _____

Date of Hire/Rehire: _____

Date Terminated: _____ Reason for Termination: _____

Approved By: _____ Date Submitted: _____