

EMPLOYEE INFORMATION

EMPLOYEE DEMOGRAPHIC INFORMATION

Employee ID _____

EIN/SSN # _____

First Name _____

Middle Initial _____

Last Name _____

TAXING (HOME) ADDRESS:

Address _____

City _____ State _____ Zip _____

MAILING ADDRESS: (if different from Taxing Address)

Address _____

City _____ State _____ Zip _____

ADDITIONAL ADDRESS INFORMATION:

County _____ School District _____

Municipality _____

PHONE, EMAIL and PAYROLL INFORMATION

Home Phone _____ Mobile Phone _____

Email _____

Payroll Schedule _____

Location(s)/Department(s) _____

EMPLOYMENT/PERSONAL INFORMATION

Hire Date: _____ Last Raise Date: _____

Job Title _____

Birth Date: _____ Gender _____ Race: _____

Family of Owner: ___ Officer: ___ Seasonal: ___

PAYROLL ITEMS/ACCRUABLE BENEFITS

Pay Item(s):	Rate/Salary Amount:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Deduction Item(s):	Amount or %:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Accrual Item(s):	Accrual Details:
_____	_____
_____	_____

Place Additional Pay/Deduction/Accrual Items on Back

PAYROLL TAX INFORMATION

Federal

Form W-4 Attached (Required): _____ Filing Status: _____ Add'l Amount or %: _____

Fixed Amount or %: _____ Federal Tax Exempt: _____ EIC Advance: _____

State(s): _____

State(s) W4 Attached (If different from Federal): _____

State Withholding Information: _____

DIRECT DEPOSIT INFORMATION

Direct Deposit: Yes _____ No _____

(If YES, request Employee Direct Deposit Form from ProPay)