

EMPLOYEE SHEET: NEW RE-HIRE CHANGE TERMINATE

CLIENT #: _____ CLIENT NAME: _____

EMP #: _____ LAST NAME: _____ FIRST & INIT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

_____ M F
 SOCIAL SECURITY # HIRE DATE BIRTH DATE SEX DIVISION DEPARTMENT

WEEKLY	BIWEEKLY	HOURLY	FIXED DISTRIBUTION SALARY \$ <input type="checkbox"/> YES	SALARY	RATE 1	RATE 2	RATE 3	RATE 4
SEMI-MTHLY	MTHLY							
PAY FREQUENCY		PAY TYPE						

INCOME TAX	STATE CODE
FEDERAL:	
STATE:	

FILING STATUS	FILING # EXEMPTIONS
M OR S	
M OR S	

FLAT OR EXTRA OR % TAX AMOUNT
W2 OR 1099
W2 CODE

NAME OF LOCAL _____ CHECK IF NOT APPLICABLE
 NEW YORK CITY RESIDENT YES NO

WORK STATE / SUI (EMPLOYER'S UNEMPLOYMENT IS PAID TO)

D E D U C T I O N S

NUMBER	DEDUCTION NAME	START DATE	AMOUNT	LIMIT

D I R E C T D E P O S I T		
ACCOUNT	OLD \$ AMOUNT	NEW \$ AMOUNT
DD ACCT 1 (DD1)		
DD ACCT 2 (DD2)		
DD ACCT 3 (DD3)		

P A I D T I M E O F F	
TYPE (VAC, SCK, HOL, PERS)	PLAN #
WORKERS COMP.RISK CODE:	

IF NEW ACCOUNT PLEASE USE AUTHORIZATION FORM
 IF REPLACING EXISTING ACCOUNT NOTE HOW EXISTING IS TO BE HANDLED