



Date
Client Name
Client ID
Client PIN

### EMPLOYEE INFORMATION

<b>Employee Is:</b> <input type="radio"/> New Hire <input type="radio"/> Re-Hire <input type="radio"/> Terminated <input type="radio"/> Changing Info		
First Date of Pay: _____		Last Date of Pay: _____
*If Term or Rehire:   Stop Current Deduction(s) <input type="radio"/> Yes <input type="radio"/> No   Stop Direct Deposit(s) <input type="radio"/> Yes <input type="radio"/> No		
LAST Name: _____	FIRST Name: _____	Middle Initial: _____
STREET ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	Workers Comp Code _____	
BIRTH Date:   ___ / ___ / ___	SOCIAL SECURITY #   ___ - ___ - ___	
EMAIL ADDRESS: _____		
HIRE Date:   ___ / ___ / ___	Department Name/#: _____	
RATE of Pay:	Salary (Annual) \$ _____	
Hourly: \$ _____	Salary(per pay) \$ _____	Pay Frequency:   52   26   24   12
<b><u>Tax Status</u></b>		
FEDERAL: Step 1 (c) Personal Information: Married / Single		
Step 2 (c) Multiple Jobs/Spouse Works: Please check box if there are only two jobs total <input type="checkbox"/>		
Step 3 Claim Dependents: \$ _____		
Step 4 (Optional) Other Adjustments:		
4(a) Other income (not from jobs) \$ _____		
4(b) Deductions \$ _____		
4(c) Extra withholding \$ _____		
<i>Note: Please refer to the 2020 W4 for any questions on how to complete this section</i>		
STATE:   Married / Single	# of Exemptions _____	Additional \$ _____
LOCAL: (If Applicable)   Married / Single	# of Exemptions _____	County: _____
CURRENT Payroll Information:	Rate: _____	Hours: _____   O/T: _____   Tips:\$ _____
SPECIAL INSTRUCTIONS / NOTES:		