



Employee Information Form

Client Number: 3013227

Date: \_\_\_ / \_\_\_ / \_\_\_

Check only one:

- [ ] New employee
[ ] Change of information on current employee
[ ] Rehire of previous employee on Paychex system

Personal Information

Employee Number: \_\_\_\_\_ Social Security Number: \_\_\_ - \_\_\_ - \_\_\_ / \_\_\_ - \_\_\_ / \_\_\_ - \_\_\_

Employee Name: \_\_\_\_\_ LAST FIRST MIDDLE INITIAL

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Sex: [ ] M [ ] F

Employment Information

Department Number: \_\_\_\_\_ Workers' Comp Class Code: \_\_\_\_\_

Salary: \_\_\_\_\_ (PER PAY PERIOD) [ ] Full-time [ ] Part-time

Rate 1: \$ \_\_\_\_\_

Marital Status: (CIRCLE ONE)

Rate 2: \$ \_\_\_\_\_

Single Married Married withhold at higher rate

Rate 3: \$ \_\_\_\_\_

Federal Exemptions: \_\_\_\_\_ Additional \$ \_\_\_\_\_ Flat \$ \_\_\_\_\_

Employee Payroll Frequency: (CIRCLE ONE) Weekly Bi-weekly Semi-monthly Monthly

Hire Date: \_\_\_ / \_\_\_ / \_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_

Which state taxes should be withheld for this employee? \_\_\_\_\_ (PRINT STATE NAME)

State Exemptions: \_\_\_\_\_ Additional \$ \_\_\_\_\_ Flat \$ \_\_\_\_\_

What state does this employee work in? \_\_\_\_\_ (PRINT STATE NAME)

Are local taxes required? [ ] Yes [ ] No If yes, which town/city/county? \_\_\_\_\_

Will direct deposit be sent for this employee? [ ] Yes [ ] No