



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