

Employer Name: \_\_\_\_\_

**Employee Info: (Name Must Match Social Security Card)**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Sec #: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

**Employee Contact Info:**

Address (Line 1): \_\_\_\_\_

Address (Line 2): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Payroll Info:**

Job Title: \_\_\_\_\_

Earnings type:

Annual Salary: \$ \_\_\_\_\_ (or) Hourly Rate: \$ \_\_\_\_\_

Pay Frequency (Circle): Weekly (or) Bi-Weekly (or) Semi-Monthly (or) Monthly

Deductions:	Per Pay Period \$ Amount	Annual Limit \$ Amount
Health Insurance		
Retirement		
Other (specify):		
Other (Specify):		