



New Employee Payroll Information or Employee Changes

Employer:_____

Employee Name:_____

Mailing Address:_____

City/State:_____

ZIP:_____

Phone #:_____

DOB ___/___/___

Social Security#:_____

Marital Status:_____

Male

Female

Date of Hire:___/___/___

Additional Withholding:

Federal:_____

State:_____

Rate of Pay:_____

Hourly

Salary

Division:_____

Branch:_____

Department:_____

Special Information:_____

Deduction changes:

Cancel deduction listed below:

401K _____%
