

New/Rehire  
Change

### EMPLOYEE INPUT FORM

EMPLOYEE INFORMATION

Company Name \_\_\_\_\_  
SSN: \_\_\_\_\_  
EE ID: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ MI \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Division: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Department: \_\_\_\_\_  
Hire Date: \_\_\_\_\_

TAX INFORMATION

Federal Filing Status: **Married** **Single**  
# of Dependents: \_\_\_\_\_  
Fixed or Additional Amount  
\$ \_\_\_\_\_ % \_\_\_\_\_  
State Filing Status: **Married** **Single**  
# of Dependents: \_\_\_\_\_  
Fixed or Additional Amount  
\$ \_\_\_\_\_ % \_\_\_\_\_  
Withholding State: \_\_\_\_\_  
Disability State: \_\_\_\_\_  
Unemployment State: \_\_\_\_\_  
Local Taxes **Y N**  
Locality \_\_\_\_\_  
Earned Income Credit: **Y N**  
**Married/Single**  
**1099 or Employee**

PAYROLL INFORMATION

Pay Frequency: **Weekly** **Bi-Weekly** **SemiMonthly** **Monthly** **Full Time** **Part Time**

Pay Period Salary: \_\_\_\_\_  
Hourly Rate: \_\_\_\_\_  
Rate 2: \_\_\_\_\_  
Rate 3: \_\_\_\_\_  
Work Comp Code: \_\_\_\_\_  
Time off Accrual: **Y N**  
Vacation Effective: \_\_\_\_\_  
Sick Effective: \_\_\_\_\_  
Personal Effective: \_\_\_\_\_  
Other Effective: \_\_\_\_\_

Recurring Earnings & Deductions

Name: _____	Amt or % _____	Freq: _____	Target: _____	Pretax/Aftertax
Name: _____	Amt or % _____	Freq: _____	Target: _____	Pretax/Aftertax
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Other Notes: \_\_\_\_\_