

EMPLOYEE INFORMATION

Company Name: _____

Employee ID: _____

SSN: _____

Last Name: _____

First Name: _____

Middle Initial: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Birthdate: _____

Hire Date: _____

Gender: _____

Email Address: _____

Does employee need access to employee portal? Y N

Does employee need access to Swipeclock Time Keeping? Y N

Department Assigned: _____

Work Comp Code: _____

TAX INFORMATION

Federal Filing Status: Married Single

Number of Allowances: _____

Additional amount or percentage to be taken out? \$ _____ % _____

State Filing Status: Married Single

Number of Allowances: _____

Additional amount or percentage to be taken out? \$ _____ % _____

Local Taxes: Y N Locality: _____

PAYROLL INFORMATION

Pay Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

Full Time Part Time

Pay Period Salary: _____

Primary Rate: _____

Second Rate: _____

List Earnings & Deduction Codes Below: