



Employer Use Only Company #: _____
 Company Name _____

EMPLOYEE DATA FORM

* MANDATORY DATA NEEDED

New Hire Re-Hire Change

* Social Security# _____ * Birth Date _____ * Hire Date _____

* First Name _____ * M.I. _____ * Last Name _____

Address _____ Apt # _____ City _____ State _____ Zip _____

* Federal Filing Status and Exemptions Exempt Married Single # of Dependents _____

Extra Federal W/H _____ Fixed Federal W/H _____ Medicare Exempt OASDI Exempt FUTA Exempt

* State Filing Status and Exemptions Exempt Married Single # of Dependents _____

Extra State W/H _____ Fixed State W/H _____ Disability Exempt

Phone # _____ Pay Frequency: Weekly Bi-Weekly Semi-Monthly Monthly _____

* Hourly Rate _____
 OR Rate #2 (optional) _____ Rate #3 (optional) _____

* Salary _____

Which Accruals Apply? Vacation _____ Sick _____ Personal _____
 Rate?