

EMPLOYEE INFORMATION FORM

Client Number: ___ / ___ / ___

Date: ___ / ___ / ___

Check only one: New employee Change of information on current employee
 Rehire of previous employee on Paychex system

Personal Information

Employee Number: _____ Social Security Number: ___ / ___ / ___

Employee Name: _____
LAST FIRST MIDDLE INITIAL

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Sex: M F

Employment Information

Department Number: _____ Workers' Comp Class Code: _____

Salary: _____ Full-time Part-time
(PER PAY PERIOD)

Rate 1: \$ _____

Marital Status:
(CIRCLE ONE)

Rate 2: \$ _____ Single Married Married withhold at higher rate

Rate 3: \$ _____

Federal Exemptions: _____ Additional \$ _____ Flat \$ _____

Employee Payroll Frequency: Weekly Bi-weekly Semi-monthly Monthly
(CIRCLE ONE)

Hire Date: ___ / ___ / ___

Birth Date: ___ / ___ / ___

Which state taxes should be withheld for this employee? _____
(PRINT STATE NAME)

State Exemptions: _____ Additional \$ _____ Flat \$ _____

What state does this employee work in? _____
(PRINT STATE NAME)

Are local taxes required? Yes No If yes, which town/city/county? _____

Will direct deposit be sent for this employee? Yes No

Emergency Contact Information

Name: _____ Relationship: _____

Emergency Telephone: _____