

EMPLOYEE INFORMATION FORM

* Denotes required field.

** Required where applicable.

Client Number: **1212** / **4282**

Date: ____/____/____

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

Personal Information

*Social Security Number: ____/____/____ * ☐ W2 employee ☐ 1099 contractor

*Employee name: _____

*Address: _____

*City: _____ *State: _____ * Zip Code: _____

*Sex: ☐ M ☐ F

*Birth Date: ____/____/____

*Hire Date: ____/____/____

Employment Information

*Department Number: _____

** Workers' Comp Class Code: _____

**Salary: _____
(PER PAY PERIOD)

* ☐ Full-time ☐ Part-time

*Rate 1: \$ _____

*Marital Status: ☐ Single

Rate 2: \$ _____

☐ Married

Rate 3: \$ _____

☐ Married withhold at higher rate

*Federal Exemptions: _____

Additional \$ _____ Flat \$ _____ Percentage _____%

Employee Payroll Frequency: ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly

**Which state taxes should be withheld for this employee? _____

**State Exemptions: _____

Additional \$ _____ Flat \$ _____ Percentage _____%

**What state does this employee work in? _____

** What state should be used for Unemployment tax purposes? _____

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

Will direct deposit be sent for this employee? ☐ Yes ☐ No

Special Instructions: _____
