

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 SSN \_\_\_\_\_ DOB \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Marital Status:  Married  Single      Gender:  Male  Female

**LOCATION**

Default Location \_\_\_\_\_ Department \_\_\_\_\_  
 Default Location \_\_\_\_\_ Department \_\_\_\_\_

**PAYROLL ITEMS**

**PAY TYPE** (select one):  Salary  Hourly

**Salary:** Annual Salary \$ \_\_\_\_\_

**Hourly:** Rate Type \_\_\_\_\_ Rate Amount \$ \_\_\_\_\_  
 Rate Type \_\_\_\_\_ Rate Amount \$ \_\_\_\_\_  
 Rate Type \_\_\_\_\_ Rate Amount \$ \_\_\_\_\_  
 Rate Type \_\_\_\_\_ Rate Amount \$ \_\_\_\_\_

**DEDUCTION ITEMS**

**Pre-Tax Items:** Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_  
 Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_  
 Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_  
 Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_

**After-Tax Items:** Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_  
 Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_  
 Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_

**Retirement Plan Employer Match:**  Yes  No      Match % \_\_\_\_\_

**WITHHOLDING INFORMATION**

<p><b>W-4 FEDERAL</b></p> <p><input type="checkbox"/> Single <input type="checkbox"/> Married</p> <p>Married withhold at Single rate</p> <p>Total Allowances (Box 5) _____ Additional w/h _____</p> <p><b>*Please provide copy of Form W-4</b></p>	<p><b>STATE WITHHOLDING</b></p> <p>Description _____</p> <p>_____</p> <p>_____</p> <p><b>*Please provide copy of state withholding form</b></p>
--	---

**DIRECT DEPOSIT**

Please attach voided check for each account (no deposit tickets)  
 Please attach Direct Deposit Authorization form

**NOTES**