

Employee Information - Office Use

Name:	
Address:	
City, State Zip:	
Telephone:	

Social Security Number	
Withholding Exemptions (W4)	<input type="checkbox"/> Attached
Filing Status	<input type="checkbox"/> Married <input type="checkbox"/> Single
I-9	<input type="checkbox"/> Attached
Extra Federal Withholding	\$
Extra State Withholding	\$

Deductions Other	<input type="checkbox"/> Gross <input type="checkbox"/> Net	\$	To:
Additions Other	<input type="checkbox"/> Gross <input type="checkbox"/> Net	\$	To:

Department/Payroll Item	
Salary	\$ _____ per year
Hourly	\$ _____
Overtime (hourly x 1.5)	\$ _____
Double-time (hourly x 2)	\$ _____
Other	\$ _____
Other	\$ _____
Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Monthly	

Company Information (fill out first)

Company Name	
Address	
City, State, Zip	
Federal ID Number	
State ID Number	
State Unemployment	%
State Training Tax	%