

Deduction #2

Deduction #3

Flat

Flat

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** Please do not forward W-4's, I-9's, State New Hire Forms or any other internal paperwork **			
Company	Client Code		
Contact	Phone		
New Employee Update to Current Employee Employee ID			
SSN		Status:	FT PT
Last	First		M.I
Street			Zip
City	State	Gender	Birth Date
Hire Date	WC Code D	Department	Location
Rate of Pay	Hourly	Salary	efault Hours
Benefit Class Code	Email	F	Phone
Work State	Tax Form: W-2	1099 If W2	, please complete below:
Fed Tax (1c): S M	H Multip	ble Jobs (2): Ext	ra W/H (4c): \$
Income (4a): \$	Deductions (4b): \$	Claim Depend	dents (2): \$
State Filing: S M	Exemptions	Additior	nal Amount _\$
Accrual Eligibility: Vacation	Sick	РТО	Other
Emergency Contact	Relation	nshipF	Phone
Deductions			
Deduction #1	Am	ount	Flat %

Direct Deposit

Amount

Amount

If the employee will have direct deposit, please forward a direct deposit agreement to Payday with this form.