



EMPLOYEE DATA SHEET

COMPANY NAME: _____ EMPLOYEE # (if applicable) _____

EMPLOYEE NAME: LAST _____ FIRST _____ MI _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SSN: _____ DOB _____ Male Female

HIRE DATE _____ EMAIL _____

Job Code (SOC) _____ LOCATION _____ DEPARTMENT _____

PAY FREQUENCY: (circle one) WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY QUARTERLY
SALARY PER PAY PERIOD \$ _____
HOURLY RATE(S) (IF APPLICABLE) rate 1:\$ _____ rate 2:\$ _____ rate 3: \$ _____ per hour
CONTRACT EMPLOYEE (1099) CHECK HERE _____ Amount per pay period \$ _____

TAX WITHHOLDING STATUS - Employees Only (transfer from W-4 / L-4):

Federal Tax Status: Married Single _____ # of Allowances Withhold Extra \$ _____

State Tax Status: Married Single _____ # of Exemptions _____ # of Dependents Withhold Extra \$ _____

DEDUCTIONS / REIMBURSEMENTS: (attach court orders for child support)
Ded./ Reimb.Name _____ Amount per check \$ _____ Pre-tax Yes No
Ded./ Reimb.Name _____ Amount per check \$ _____ Pre-tax Yes No

DIRECT DEPOSIT: (attach voided check or bank authorization)

checking savings Account # _____ Routing # _____ % or \$ _____

checking savings Account # _____ Routing # _____ % or \$ _____

I _____ authorize Payroll Rx to initiate credit entries for payroll to the above account(s). I also authorize debt entries or adjustments in the event of an error in connection with my payroll. This is to remain in effect until I cancel this authorization in writing.

Signature: _____ Date: _____

