

*Required fields



Employee Data Sheet

* **Company Name:** _____ **Company Code:** _____

* **Employee Name:** _____ * **SSN:** _____

Address _____ City _____ State _____ Zip _____

Email: _____

Phone: _____

* **Birth Date:** _____

* **Hire Date:** _____ ☐ **Rehire** * **Status:** ☐ **Full-time** ☐ **Part-time** ☐ **Temp**

Marital Status: _____ **Gender:** _____ **Supervisor:** _____

Title: _____ **Dept:** _____

Block from Timekeeping? _____ **Location:** _____

* **Eligible for Benefits?** _____ * **Eligible for Accruals?** _____

* **Pay Information**

* **Pay Rate:** \$ _____ ☐ **Hourly** ☐ **Salary** ☐ **Non-Exempt** ☐ **Exempt**

Direct Deposit / Pay Card [Send DD Form](#) ☐ **Physical check**

* **Tax Information**

Federal Withholding from W4 (or send W4)

Step 1 c

____ Single or Married filing separately

____ Married filing

____ Head of Household

Step 2(c) checked? ____ **yes** ____ **no**

Step 3 Line 3 \$ _____

Step 4

4(a) \$ _____

4(b) \$ _____

4(c) \$ _____

Work State: _____

Please send state withholding form. If we do not get the form, state withholding will default to your federal status.

[Find state forms on the Resources page or contact your processor for more details.](#)

* **Person Completing Form:**

Employer/Supervisor: _____ **Date:** _____