



INSTRUCTIONS: Please DUPLICATE this form if necessary. Complete all the information on this form to add new employees to your payroll and to make changes to existing employees.

Send to Your Payroll Department via fax **847-395-6222** or email **payroll@yourpayrollddept.com**

Employee Information Form

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| Company Name: | |
| Social Security #: | |
| Employee Name*: <small><i>*Please write EXACTLY as it appears on Social Security card to prevent SSA penalty</i></small> | First: _____ Middle Initial: _____ Last: _____ |
| Street Address: | |
| City, State, Zip: | |
| Dates of: | Birth: _____ Hire: _____ |
| Federal W-4**: <small><i>**The employee must fill out the Federal W-4 to keep with your employment records. Please recap the information here or attach a copy of the W-4.</i></small> | <input type="checkbox"/> Single/Married filing separately <input type="checkbox"/> Married filing Jointly <input type="checkbox"/> Head of Household Step 2c: Multiple Jobs is checked (circle one) Yes No \$ _____ Step 3: Dependents Credit \$ _____ Step 4a: Other Income \$ _____ Step 4b: Deductions \$ _____ Step 4c: Extra Withholding |
| State W-4: | Married or Single _____ # of Exemptions: _____ |
| Add'l State Withholding: | State: \$ _____ or % _____ |
| Department: | |
| Rate of Pay – Hourly: | \$ _____ / per hour |
| Rate of Pay – Salaried: | \$ _____ / per pay period or \$ _____ / yearly |
| ACA Status: | Full Time___ Part Time___ Variable___ Seasonal___ Seasonal < 120 ___ |