

Employee Information Form

* Denotes required field First Name *					МІ	Owner/Officer	
Last Name *							
Address 1 *					Gender *		
					Male	Female	
Address 2							
City *					State *	Zip *	
Social Security Number *		Date of Birth *		Date of Hire	• *		
		/ /		pate of fine	/		
Email Address							
Pay Rate (check one) *		Amount *		Department	Tax St	Tax Status (check one) *	
Hourly	Salary	\$				W-2 1099	
Pay Frequency (check or	ne) *						
Weekly E	Bi-weekly	Semi-monthly	Monthly	Quarterly	Annually		
Federal Filing Status (che	eck one) *						
Single Married - single rate		Married	Head of Hous	sehold			
Additional Federal Withholding *							
Multiple Jobs or Spouse Works		Dependents age 17 & younger				Deductions	
Other Income		Other Dependents			Additional Withholding		
State Filing Status (check Same as Fed	k one) * Single	Married - singl	le rate Ma	arried Head	of Household		
Additional State Tax Info Additional Amount Withhe		\$ or %	,	Allowances		PA PSD Lived In	
Additional Amount Withheld:		ψ 01 70		Allowances		PA PSD Lived III PA PSD Worked In	
Direct Deposit Information Bank Routing # * Bank Routing #							
Bank Routing # "				Bank Routing #			
Bank Account # *			Bank Account #				
Account Type (check one) *				Account Type (check	one)		
Checking	Savings			Checking	Savings		
Deposit Amount (check one) *			Deposit Amount (chec	k one)			
Full Amount	Partial \$			Remainder	Partial \$		
	Partial %				Partial %		
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