Employee Information Form

Employer to Complete

Client Number _____   Date _____

Select One   ❑ New Employee
              ❑ Update Current Employee Information
              ❑ Rehire Previous Employee on Paychex System

Employee Number _____   Department Number _____

Job Title_____

Hire Date _____   Birth Date _____

Workers' Compensation Class Code _____   ❑ Full-time ❑ Part-time ❑ Seasonal

Salary (Per Pay Period) _____

     OR

Hourly Rate 1 $ _____   Hourly Rate 2 $ _____   Hourly Rate 3 $ _____

Payroll Frequency   ❑ Weekly   ❑ Bi-weekly   ❑ Semi-monthly   ❑ Monthly

Federal Exemptions _____   Additional $ _____   Flat $ _____

What state does this employee work in? _____

What state should be withholding for this employer? _____

State Exemptions _____   Additional $ _____   Flat $ _____

Are local taxes required? ❑ Yes - Town/City/County _____   ❑ No

Will direct deposit be sent to this employee? ❑ Yes ❑ No

Employee to Complete

Last Name_____ First Name _____ Initial_____

Address _____   County _____

City _____   State _____   Zip Code _____

Telephone Number (_____) _____   Sex ❑ Male   ❑ Female

Work E-mail Address _____

Personal E-mail Address (optional) _____

Marital Status ❑ Single ❑ Married ❑ Married, but Withhold at Higher Single Rate

Social Security Number_____

Emergency Contact Information

Name_____   Relationship _____

Emergency Telephone (_____) _____

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