



Company Name: _____

- New Employee
- Update Existing Employee

Employee Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

- Male
- Female

Email Address: _____

- Family Member of Owner

Hire Date: ____ / ____ / ____ Birthdate: ____ / ____ / ____

Pay Items

Pay Type Hourly Salary

Pay Type Hourly Salary

Pay Rate: _____

Pay Rate: _____

Location Name: _____

Location Name: _____

Department Name: _____

Department Name: _____

Deduction Items

Use this section to report any **recurring** payroll deductions such as 401K, AFLAC, Health Insurance, etc.

Deduction Name: _____

Amount or % _____ Co. Match Amount or % _____

Deduction Name: _____

Amount or % _____ Co. Match Amount or % _____

Deduction Name: _____

Amount or % _____ Co. Match Amount or % _____

Benefit Information (if applicable)

- This employee qualifies for accruable benefits according to our regular accrual policy beginning on ____ / ____ / ____