

## EMPLOYEE MASTER FILE

Employer:	
☐ New Employee	☐ Change to existing
Employee Name: (last, first, mi)	
Street	City, State, Zip
Home Phone Cell Phone	email address
Birth Date	Social Security Number
Hire Date	Termination Date = =
Pay Type	Pay Frequency
hourly Salary Hourly Rate	weekly biweekly semimonthly monthly  Department (if applicable)
per hour	Department (ii applicable)
Salary  per	
Marital Status ☐ Single ☐ Married ☐ Married using single rate (higher withholding)	
Maritai Status □ Sirigie □ Marrieu □ Marriet	dusting strigle rate (riigher withholding)
Exemptions (0,1,2) Federal	State
Additional withholding Federal \$	State <b>\$</b>
Earned income credit certificates $\Box$ No	☐ Yes (if yes, include copy of W-5)
Active Pension	
Special Instructions:	
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Prepared By:	Date:
rev 1/14	Phone: 757 500 950

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