ALERION
BUSINESS SOLUTIONS

# EMPLOYEE MASTER PROFILE

**COMPANY NAME:**

___ New Hire ___ Active Employee Change ___ Terminated Employee

Employee: _____
Last Name First Name MI

Address: _____
Street Address

_____
City State Zip code

SSN: _____ Hire Date: ___/____/____ Birth Date: ___/____/____ M/F

Email Address:_____

If you opt to view paystubs online. You will be emailed web link, user ID, and temporary password

Division: _____ Location: _____ Department: _____

Cycle: W/B/S/M (circle one) Hourly/Salary (circle one)

Salary Per Pay Period: _____

Hourly Rate 1: _____ Rate 2 _____ Rate 3 _____

| Tax Withholdings | Filing Status (circle one) | Multiple Jobs or Spouse Work Yes/No | Number of Qualifying Children Under Age 17 | Number of Other Dependents or Dependents(LA) | Number of Exemptions | Flat Dollar Amount or Extra Dollar Amount or Percentage to Withhold |
|---|---|---|---|---|---|---|
| **New W4 Federal** | Single/ Married/ Head of Household | | | | | |
| **Old W4 Federal** | Single/ Married / Head of Household | | | | | |
| **State** | Single / Married | | | | | |
| | **Recurring Earnings:** | | | | | |
| | **Description** | | | | **Dollar Amount** | **Per Pay Period / Per Month** |
| | | | | | | |
| | | | | | | |
| | **Recurring Deductions:** | | | | | |
| **Pre-Tax or Post Tax** | **Description** | | | | **Dollar Amount** | **Per Pay Period / Per Month** |
| | | | | | | |
| | | | | | | |