

Start Simple

First Name:			Last Na	ame: _				
Address:			City:			State:	Zip:	
Phone Number	:		Social Secu	ırity Numbe	r:			
Gender:	□ Male	□ Female	Email Address:					
Pay Info:	□ Hourly	□ Salary	Birth Date:	/_	/	Hire Date:	/	_/
Employee Type	: 🗆	Full Time	□ Tempora	ry	□ 1099	□ Part	Time	
Employee Status:		Active	☐ Terminated		□ New Hire □ Inactive			
Benefit Tracking:			Opening Ba	Opening Balance		Earned Per Period		alance
		□ Vacation		Hours		Hours		Hours
		□ Sick		Hours		Hours		Hours
		□ Personal		Hours		Hours		Hours
Department Tra	acking:	Code#:		%				
		Code#:	%					
		Code#:		%				
Pay Type:	□ Live Ch	neck 🗆 [Direct Deposit					
Direct Deposit Info:		\$ or %*	Routing Number (9 digits)		Account Number		Bank Name	
Account #1								
Account #2								
,	Account #3							
,	*With fixed dollar	amount or percentage,	the "remainder" will be	e deposited ii	nto the last account	entered.		
Regular Pay Rat	:e: \$	Per H	Per Hour/Pay Period					
Overtime Rate: \$		Per Hour/Pay Period						
Other Rate: \$		Per H	lour/Pay Period					
Federal Tax Info	o: Fi	iling Status 🗆 🛭	Married □ S	ingle				
		llowances		_	Amount \$			
State Tax Info:	Tr	ncome Tay Filing 9	State	Unemn	lovment Filing	State		
State Tax IIIIO.		$oxdot{ come Tax Filing State } ____ Unem \ oxdot{ ling Status } oxdot{ } oxdot{ Married } oxdot{ } oxdot{ Single }$			☐ Head of F			
		llowances		_			_ 00.	
Local Taxes:		Name						
Deductions:		Name:			\$ Pe	er Payroll		
Deductions.		Name:				er Payroll		
		Name:			•	er Payroll		
		Name:			\$ P6	er Payroll		
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