

# Small Business Payroll Services, LLC

*\*Professional \*Personal \*Reliable*

614-829-6598

[www.payroll4sb.com](http://www.payroll4sb.com)

## EMPLOYEE PROFILE

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ School District: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cell phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Nonresident Alien:  Yes  No

Email address: \_\_\_\_\_

Start date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Status: W2 / 1099

Dept: \_\_\_\_\_

Direct Deposit:  Yes  No

***Voided check and authorization must be attached***

Please check all that apply and list amount:

Salary :  \$ \_\_\_\_\_ Annual / Other \_\_\_\_\_

Hourly 1  \$ \_\_\_\_\_

Hourly 2  \$ \_\_\_\_\_

OT  \$ \_\_\_\_\_

Filing Status: Federal: \_\_\_\_\_ State: \_\_\_\_\_

Exemptions: \_\_\_\_\_

Add'l W/H: \_\_\_\_\_

Please check if a New Hire report is required

**Special Instructions:** (i.e. Garnishments, SD & Local Tax)

SD# \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*To be completed by SBPS, LLC:*

**Reported as New Hire**

Date: \_\_\_\_\_

Initial: \_\_\_\_\_