



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 ____ - ____ - ____
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Pay Type hourly <input type="checkbox"/> salary	Pay Frequency <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> semimonthly <input type="checkbox"/> monthly
Hourly Rate _____ per hour	Department (if applicable)
Salary _____ per <input type="checkbox"/> week <input type="checkbox"/> biweek <input type="checkbox"/> semimonth <input type="checkbox"/> month <input type="checkbox"/> year	

Marital Status Single Married Married using single rate (higher withholding)

Exemptions (0,1,2...) Federal _____ State _____

Additional withholding Federal \$ _____ State \$ _____

Earned income credit certificates No Yes (if yes, include copy of W-5)

Active Pension No Yes

Special Instructions:

Prepared By:	Date:
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