EMPLOYEE MASTER FILE SET-UP FORM

PayXact
right to the penny

COMPANY NAME _____

Name And Social Security Number MUST Match Social Security Card

First Name　　　　　　　**M.I.**　　　　　**Time Card Number**

Last Name

Dept. Name or Number
_____

Address 1 (Number, Street)

Address 2 (Apt., Building, Room)

City, Town　　　　　　　　**State**

Ethnic Code
- ☐ W—White
- ☐ B—Black/African-American
- ☐ H—Hispanic/Latino
- ☐ A—Asian
- ☐ P—Hawaian/Pacific Islander
- ☐ I—American Indian/Alaskan
- ☐ T—Two or more Races
- ☐ N—Not Reported

Zip + 4　　　　　　　**Phone Number**

Social Security Number　　**Gender**: Male ☐ Female ☐ Non-Binary ☐

Job Title

/ / **Date Of Birth**　　　　　　/ / **Date Of Hire**

Pay Rate Information

Rate 1　　　.　

Rate 2　　　.　

Rate 3　　　.　

,　　.　
Salary

FOR PAYXACT USE ONLY

EMPLOYEE NO.

TC _____　　PC _____

W-4 Withholding Information
[Complete Form W-4 before completing this section]

<u>Federal Witholding</u>

Status: Single ☐　Married ☐　Head of Houlsehold ☐

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Claim Dependents
[Form W-4 Step 3 Amount]

.

Other Income
[Form W-4 Step 4(a) Amount]

.

Deductions
[Form W-4 Step 4(b) Amount]

.

Extra Withholdings
[Form W-4 Step 4(c) Amount]

<u>State Withholding</u>

Status: ☐　☐　☐
Single　Married　Non-Binary

No. of Exemptions

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Additional Amount Or Percentage To Be Withheld

E-Mail Address _____