

**Denotes Required Field **Required Where Applicable*

Date: _____ Client Name/Number _____

***Check only one:** New Employee Change of information on current employee Rehire of previous employee on Paychex system

Personal Information

* W2 Employee 1099 Contractor *SSN: _____ Employee ID: _____

*Employee Name: _____ *Birthdate: _____

*Address: _____ *Sex: Female Male

*City: _____ *State: _____ *Zip Code: _____

Employee Email Address: _____

Employment Information

*Hire Date: _____ Pay Frequency: Weekly Bi-weekly Semi-monthly Monthly

Termination Date: _____

Hourly Hourly Rate 1 _____ Hourly Rate 2 _____ Salary Per Pay Period _____

Work State: _____ Org Unit (Department Number): _____ Worker's Comp Code: _____

Full Time Part Time Standard Hours: _____ Insurance/ESR Standard Hours: _____

Fed Filing Status: Single or Married filing separately Married filing jointly Head of Household

Line 2: Multiple Jobs Line 3 Dependent (\$) _____ Line 4a Other Income (\$) _____

Line 4b Deductions (\$) _____ Line 4c Extra Withholding (\$) _____

State Filing Status: Single Married Married at a Single Rate

State Exemptions/Allowances: _____ Additional Flat:\$ _____ Additional %: _____

Are local taxes required? If yes, list work Municipality (City, Borough or Township): _____

Yes No Employee live Municipality (City, Borough or Township): _____

Local Health Insurance Required? Yes No

Will Direct Deposit be set up for this employee? Yes No If yes, complete the [Direct Deposit Form](#).

Will the employee have Earnings & Deductions? Check all that apply:

Health Insurance Pretax Post-tax \$ _____ Per Pay Period / Monthly (Circle One)

Dental Insurance Pretax Post-tax \$ _____ Per Pay Period / Monthly (Circle One)

Retirement Plan _____

Garnishment (Provide order when submitting)

Time Off Accrual Policy Policy Name: _____

Rate: _____ Override Rate: _____

Other: _____