



Payroll

Phone (267) 803-1213

Fax (267) 803-1214

CO. ID # _____ COMPANY NAME _____

EE ID# _____ NEW REHIRE CHANGE

LAST NAME _____ FIRST NAME _____ M. I. _____

ADDRESS 1 _____

ADDRESS 2 _____

ZIP _____ CITY _____ STATE _____

SOCIAL SECURITY # _____ - _____ - _____ BIRTH DATE ____ / ____ / ____

HIRE DATE ____ / ____ / ____

DEPARTMENT _____ BRANCH _____

HOURLY RATE _____ OR SALARY (PER PAY) _____

PAY FREQ: WEEKLY BIWEEKLY SEMI MONTHLY

EMPLOYEE TYPE: W2 Employee or 1099 Employee

STATUS AS CLAIMED ON W 4: MARRIED SINGLE # of Dependents _____

WORK STATE _____ UNEMPLOYMENT STATE _____ (IF NOT PA TAX)

WORK LOCATION _____ WORK PSD CODE _____

RESIDENT PSD CODE _____ WITHHOLD LST _____ (YES OR NO)

SECONDARY INFORMATION (IF NECESSARY)

SECOND PAY RATE: _____

TELEPHONE # (_____) _____ - _____

**** ALL INFORMATION ON THIS FORM MUST BE COMPLETE ****