

ACCUPAY

PAYROLL

"Payroll Done Right. On Time."

Fax (267) 803-1214 Phone (267) 803-1213

CO. ID # _____ COMPANY NAME _____

EE ID# _____ NEW _____ REHIRE _____ CHANGE _____

LAST NAME _____ FIRST NAME _____ M. I. _____

ADDRESS 1 _____

ADDRESS 2 _____

ZIP _____ CITY _____ STATE _____

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

HIRE DATE ____ / ____ / ____ BRANCH _____ DEPARTMENT _____

HOURLY RATE _____ OR SALARY (PER PAY) _____

PAY FREQ: WKLY BIWEEKLY SEMI MONTHLY

1099 - YES OR NO

STATUS AS CLAIMED ON W 4: MARRIED OR SINGLE DEPENDENTS _____

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

COUNTY (WORK) _____ TOWNSHIP (WORK) _____

LOCAL OR CITY TAX (WORK) _____ OPT _____ (YES OR NO)

SECONDARY INFORMATION (IF NECESSARY)

SECOND PAY RATE: _____

TELEPHONE # (_____) _____ - _____

TERM. DATE ____ / ____ / ____

ADD'L FED. \$ _____ % _____ FLAT FED. \$ _____ % _____

ADD'L STATE \$ _____ % _____ FLAT STATE \$ _____ % _____

VOLUNTARY DEDUCTIONS

<u>CODE</u>	<u>DESCRIPTION</u>	<u>AMOUNT OR PERCENTAGE</u>	<u>FREQ</u>
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COMMENTS: _____