

AccuPay

Payroll

Phone 267-803-1213

Fax 267-803-1214

CLIENT ID #* _____ COMPANY NAME _____

NEW HIRE _____ REHIRE _____ CHANGE _____

SOCIAL SECURITY #* _____ - _____ - _____ GENDER* _____

LAST NAME _____ FIRST NAME _____ M. I. _____

ADDRESS 1* _____

ADDRESS 2 _____

ZIP * _____ CITY _____ STATE _____

BIRTH DATE * ____ / ____ / ____ HIRE DATE ____ / ____ / ____

DEPARTMENT * _____ BRANCH _____ (if applicable)

HOURLY RATE* _____ RATE CODE 2 _____ SALARY (PER PAY) _____

PER DIEM RATE _____ (daily rate of pay)

PAY FREQ: WEEKLY BIWEEKLY SEMI-MONTHLY MONTHLY

EMPLOYEE TAX FORM TYPE*: 1099NEC _____ 1099M _____ W2 EE _____ Other _____

EMPLOYEE TYPE*: Full Time EE _____ Part Time EE _____ Per Diem EE _____

****W4 Form Must Be Provided OR EE Federal Setup Will NOT be Accurate****

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)

EMAIL: _____ (required for EE Kiosk Invitation and Access)

TELEPHONE # (____) _____ - _____ CELL PHONE# (____) _____ - _____

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

Any inaccuracies will not be the responsibility of AccuPay Payroll Inc

1/1/2021