



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 \*\*