



Employee Profile

Client Name: _____

Employee# _____

Last Name _____ First Name _____

Address _____ City _____ St _____ Zip _____

Email (required if providing online access): _____

Employee will be taxed in state listed in address above unless otherwise specified by employer & employee.

Social Security # _____ Birth Date ____/____/____

Pay Hourly Rate \$ _____ or Salary per Payroll \$ _____

Overtime Rate \$ _____ (required) Other Rate \$ _____ for _____

Direct Deposit Printed Checks Agency Deductions

Active, hire date ____/____/____ and/ or Terminated and date ____/____/____ terminated

Fed Marital Status _____ # of Allowances _____ Additional W/H \$ _____ Flat % _____%

St Marital Status _____ # of Allowances _____ Additional W/H \$ _____ Flat % _____%

Status W2 1099 Other _____

Visa Status, PTIN, or Tax Exemptions: _____

WC Code _____ Location _____ Dept _____

Sick Pay: Add Sick Pay per company setup (req some states, including CA). Add Balance of _____ hrs

PTO Accrual: Assign to PTO Named " _____ " per company setup. Add Balance of _____ hrs

Other _____

Elective Deductions (amount per Payroll)

Code	Deduction Name	Pretax Deduction?	\$ Amount or Percentage
		Y / N	
		Y / N	
		Y / N	