PAYROLL PLUS

ACCURACY + SERVICE + VALUE

EMPLOYEE SHEET

LAST Name   FIRST Name

Please note: NAME MUST MATCH PRECISELY NAME ON SOCIAL SECURITY CARD!

ADDRESS

CITY, STATE ZIP

Phone (   ) _____   S.S.# _____ - _____ - _____

Workers Compensation Class ___ ___ ___ ___ (4 Digit code)

Hire date ____ / _____ / ____

Department_____

Pay Information   Hourly   Salaried   Contractor   (Circle one)

$_____ /Hr /Day /Week /Month /Year (Circle one)

Tax Information

<u>Single</u>   <u>Married</u>   <u>Head of Household</u>   (Circle one)

Withholding Amount   Federal $_____   State $_____

Special instructions

Don't put current pay data here! Write employee's name on a blank line of the INPUT SHEET and put the pay data there.

_____

_____

_____

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