



Company Name:

Payroll Frequency:

Last Name:

First Name:

Important: Please ensure that the name provided on this form exactly matches the name on your social security card.

Address:

Apt/Suite:

City:

State:

Zip Code:

Phone Number:

SSN:

Workers Compensation Class:

Hire Date:

Department:

Pay Information:      Hourly      Salary      Contractor

\$

Tax Information

Withholding Amount: Federal \$

State \$

Special Instructions: