



# EMPLOYEE PAYROLL ENROLLMENT AND UPDATE FORM

Employer \_\_\_\_\_ Date Submitted: \_\_\_\_\_

|                                                                                  |                                                                       |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| First Name _____ M.I. _____ Last Name _____                                      | <input type="checkbox"/> Hire Date: _____                             |
| Address _____                                                                    | <input type="checkbox"/> Termination Date: _____                      |
| City _____ State _____ Zip _____ County _____                                    | <input type="checkbox"/> Change Date: _____                           |
| SSN _____ DOB _____                                                              | Auth. Signature _____                                                 |
| E-Mail _____                                                                     |                                                                       |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |

**LOCATION**

Default Location \_\_\_\_\_ Other \_\_\_\_\_

Default Department \_\_\_\_\_ Other \_\_\_\_\_

## PAYROLL ITEMS

**PAY TYPE** (select one):  Salary  Hourly

**Salary:** Annual Salary \$ \_\_\_\_\_

**Hourly:** Rate Type \_\_\_\_\_ Rate Amount \$ \_\_\_\_\_

Rate Type \_\_\_\_\_ Rate Amount \$ \_\_\_\_\_

Rate Type \_\_\_\_\_ Rate Amount \$ \_\_\_\_\_

Rate Type \_\_\_\_\_ Rate Amount \$ \_\_\_\_\_

**DEDUCTION ITEMS**

**Pre-Tax Items:** Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_

Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_

Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_

Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_

**After-Tax Items:** Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_

Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_

Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_

Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_

**Retirement Plan Employer Match:**  Yes  No Match % \_\_\_\_\_

## WITHHOLDING INFORMATION

|                                                                  |                            |
|------------------------------------------------------------------|----------------------------|
| <b>W-4 FEDERAL</b>                                               | <b>WH-4 STATE</b>          |
| <input type="checkbox"/> Single <input type="checkbox"/> Married | Personal Exemption _____   |
| <input type="checkbox"/> Married withhold at Single rate         | Dependent Exemption _____  |
| Total Allowances _____ Additional w/h _____                      | Additional State w/h _____ |

## DIRECT DEPOSIT

Please attach voided check for each account (no deposit tickets)

Please attach Direct Deposit Authorization form

## NOTES