

# Employee Payroll Action / Data Form

(To Be Completed By Employer)

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Home Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Title: \_\_\_\_\_

Federal Withholding Allowances: \_\_\_\_\_

Please Check One:

Single

Married

Married But Withhold At Higher Single Rate

Additional Amount To Be Withheld: \_\_\_\_\_

State Withholding Allowances: \_\_\_\_\_

Please Check One:

Single

Married

Married But Withhold At Higher Single Rate

Additional Amount To Be Withheld: \_\_\_\_\_

Please Confirm:

I-9 on File

W-4 on File

Salary: \_\_\_\_\_

Please Check One:

Monthly

Bi-Monthly

Yearly

Vacation Accrued Per Pay Period: \_\_\_\_\_

Maximum Hours: \_\_\_\_\_

Sicktime Accrued Per Pay Period: \_\_\_\_\_

Maximum Hours: \_\_\_\_\_

Additional Deductions: \_\_\_\_\_

(If Any)

Description

Amount