



# 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	
<b>LOCATION</b>	
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>W-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 (Box 5) _____ Additional w/h _____	Additional State w/h _____

## DIRECT DEPOSIT

<input type="checkbox"/> Please attach voided check for each account (no deposit tickets)
<input type="checkbox"/> Please attach Direct Deposit Authorization form

## NOTES

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