

# EMPLOYEE INFORMATION FORM

Client Number: \_\_\_ / \_\_\_ / \_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

Check only one:  New employee  Change of information on current employee  
 Rehire of previous employee on Paychex system

## Personal Information

Employee Number: \_\_\_\_\_ Social Security Number: \_\_\_ / \_\_\_ / \_\_\_

Employee Name: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Sex:  M  F

## Employment Information

Department Number: \_\_\_\_\_ Workers' Comp Class Code: \_\_\_\_\_

Salary: \_\_\_\_\_  Full-time  Part-time  
(PER PAY PERIOD)

Rate 1: \$ \_\_\_\_\_

Marital Status:  
(CIRCLE ONE)

Rate 2: \$ \_\_\_\_\_ Single Married Married withhold at higher rate

Rate 3: \$ \_\_\_\_\_

Federal Exemptions: \_\_\_\_\_ Additional \$ \_\_\_\_\_ Flat \$ \_\_\_\_\_

Employee Payroll Frequency:  Weekly  Bi-weekly  Semi-monthly  Monthly  
(CIRCLE ONE)

Hire Date: \_\_\_ / \_\_\_ / \_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_

Which state taxes should be withheld for this employee? \_\_\_\_\_  
(PRINT STATE NAME)

State Exemptions: \_\_\_\_\_ Additional \$ \_\_\_\_\_ Flat \$ \_\_\_\_\_

What state does this employee work in? \_\_\_\_\_  
(PRINT STATE NAME)

Are local taxes required?  Yes  No If yes, which town/city/county? \_\_\_\_\_

Will direct deposit be sent for this employee?  Yes  No

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_