



# EMPLOYEE PAYROLL ENROLLMENT AND UPDATE FORM

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

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 SSN \_\_\_\_\_ DOB \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Marital Status:  Married  Single Gender:  Male  Female

Hire Date: \_\_\_\_\_  
 Termination Date: \_\_\_\_\_  
 Change Date: \_\_\_\_\_

Auth. Signature \_\_\_\_\_

**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

<p><b>W-4 FEDERAL</b></p> <p><input type="checkbox"/> Single <input type="checkbox"/> Married  <input type="checkbox"/> Married withhold at Single rate          Total Allowances (Box 5) _____ Additional w/h _____</p>	<p><b>WH-4 STATE</b></p> <p>Personal Exemption (Line 5) _____          Dependent Exemption (Line 6) _____          Additional State w/h _____</p>
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## DIRECT DEPOSIT

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

Please attach Direct Deposit Authorization form

## NOTES