EMPLOYEE MASTER FILE SET-UP FORM

COMPANY NAME _____

Name And Social Security Number MUST Match Social Security Card

First Name | M.I. | Time Card Number

Last Name

Address 1 (Number, Street)

Address 2 (Apt., Building, Room)

City, Town | State

Zip + 4 | Home Phone Number

Social Security Number | Sex: ☐ Male ☐ Female | Race: ☐ White ☐ Black ☐ Hisp ☐ Asian ☐ Indian

Job Title

Date Of Hire | Date Of Birth

Pay Interval

- ☐ Weekly
- ☐ Bi-Weekly
- ☐ Semi-Monthly
- ☐ Monthly
- ☐ Quarterly

Pay Rate Information

Rate 1 .

Rate 2 .

Rate .

, .

Salary

FOR ASAP PAYROLL USE ONLY

EMPLOYEE NO.

TC _____ PC _____

W-4 Withholding Information

Income Tax State : | Unemployment State :

County of Residence _____

FEDERAL (See Form W-4 For Instructions)

Status: ☐ Married ☐ Single | No. Of Exemptions | Additional Amount Or Percentage To Be Withheld

STATE (See Form WH-4 For Instructions)

Status: ☐ Married ☐ Single | No. Of Exemptions | Additional Amount Or Percentage To Be Withheld

	Date	Item Received	Amount	Quantity	Total

I authorize my employer to deduct the cost of the amount listed from my paycheck

_____

Employee Signature and Date

_____

Employer Signature and Date

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