



EMPLOYEE MASTER FILE SET-UP FORM

COMPANY NAME _____

Name And Social Security Number MUST Match Social Security Card

<input type="text"/> First Name	<input type="text"/> M.I.	<input type="text"/> Time Card Number
<input type="text"/> Last Name		
<input type="text"/> Address 1 (Number, Street)		
<input type="text"/> Address 2 (Apt., Building, Room)		
<input type="text"/> City, Town	<input type="text"/> State	
<input type="text"/> Zip + 4	<input type="text"/> Home Phone Number	
<input type="text"/> Social Security Number	Sex: <input type="checkbox"/> Male	<input type="checkbox"/> Female
	Race: <input type="checkbox"/> White	<input type="checkbox"/> Black
	<input type="checkbox"/> Hisp	<input type="checkbox"/> Asian
	<input type="checkbox"/> Indian	
<input type="text"/> Job Title		
<input type="text"/> / <input type="text"/> / 2 0 0 8 Date Of Hire	<input type="text"/> / <input type="text"/> / <input type="text"/> Date Of Birth	

Pay Interval

Weekly

Bi-Weekly

Semi-Monthly

Monthly

Quarterly

Pay Rate Information

Rate 1 .

Rate 2 .

Rate .

, .
Salary

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

FOR ASAP PAYROLL USE ONLY

EMPLOYEE NO.

TC _____ PC _____

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