



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

Dept. Name or Number

Address 1 (Number, Street)

Address 2 (Apt., Building, Room)

City, Town

State

Zip + 4

Home Phone Number

Social Security Number

Sex: Male Female

- Ethnic Code**
- W—White
 - B—Black/African-American
 - H—Hispanic/Latino
 - A—Asian
 - P—Hawaian/Pacific Islander
 - I—American Indian/Alaskan
 - T—Two or more Races
 - N—Not Reported

Job Title

Date Of Birth

Date Of Hire

Pay Rate Information

Rate 1

Rate 2

Rate 3

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

E-Mail Address