

*\*Denotes Required Field    \*\*Required Where Applicable*

Date: \_\_\_\_\_ Client Name/Number \_\_\_\_\_

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

**Personal Information**

\*  W2 Employee  1099 Contractor    \*SSN: \_\_\_\_\_ Employee ID: \_\_\_\_\_

\*Employee Name: \_\_\_\_\_ \*Birthdate: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*Sex:  Female  Male

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

Employee Email Address: \_\_\_\_\_

**Employment Information**

\*Hire Date: \_\_\_\_\_ Pay Frequency:  Weekly  Bi-weekly  Semi-monthly  Monthly

Termination Date: \_\_\_\_\_

Hourly    Hourly Rate 1 \_\_\_\_\_ Hourly Rate 2 \_\_\_\_\_  Salary    Per Pay Period \_\_\_\_\_

Work State: \_\_\_\_\_ Org Unit (Department Number): \_\_\_\_\_ Worker's Comp Code: \_\_\_\_\_

Full Time  Part Time    Standard Hours: \_\_\_\_\_ Insurance/ESR Standard Hours: \_\_\_\_\_

Fed Filing Status:  Single or Married filing separately  Married filing jointly  Head of Household

Line 2: Multiple Jobs  Line 3 Dependent (\$) \_\_\_\_\_ Line 4a Other Income (\$) \_\_\_\_\_

Line 4b Deductions (\$) \_\_\_\_\_ Line 4c Extra Withholding (\$) \_\_\_\_\_

State Filing Status:  Single  Married  Married at a Single Rate

State Exemptions/Allowances: \_\_\_\_\_ Additional Flat:\$ \_\_\_\_\_ Additional %: \_\_\_\_\_

Are local taxes required? If yes, list work Municipality (City, Borough or Township): \_\_\_\_\_

Yes  No    Employee live Municipality (City, Borough or Township): \_\_\_\_\_

Local Health Insurance Required?  Yes  No

Will Direct Deposit be set up for this employee?  Yes  No    If yes, complete the [Direct Deposit Form](#).

Will the employee have Earnings & Deductions? Check all that apply:

Health Insurance  Pretax  Post-tax \$ \_\_\_\_\_ Per Pay Period / Monthly (Circle One)

Dental Insurance  Pretax  Post-tax \$ \_\_\_\_\_ Per Pay Period / Monthly (Circle One)

Retirement Plan \_\_\_\_\_

Garnishment (Provide order when submitting)

Time Off Accrual Policy    Policy Name: \_\_\_\_\_

Rate: \_\_\_\_\_ Override Rate: \_\_\_\_\_

Other: \_\_\_\_\_