

Employee Payroll Status Form

Company Nur	nber	Company Name									Date				
co															
☐ New Hire ☐ Rehire ☐ Employee Change ☐ Termination Reason:															
Employee Information															
First Name					Middle Initial			Last Name							
Employee Id							Department								
Addre							Primary Email								
Address							Secondary Email								
Ci							Work Phone								
State		Zi	Zip Code						Home Phone						
Social Security								Cell Phone							
Gender		ate Hired			Date of Birth				Date Star	ted	Termination Date				
					Pay Ra	ate	Info	rmation	l						
Base Rat		Base					Hour Pay Period Auto P			ay Yes No					
Pay	🗌 Part Tii	Part Time Hourly				Full T	ime Hou	ırly	Salaried		<u> </u>	99			
Employee Tax Type									tion Cred	lit?	☐ Ye	s [No		
Tax Information															
Federal Information (based on current W-4)									State Information						
Federa							State Filing Status								
		Step 2(c) Yes				No									
Claim Depende			\$				Addi	tional Withhol							
Other Income amount		ount Step	9 4(a)	\$											
Deducti	ount Step	Step 4(b) \$													
Extra Withhold	ount Step														
Scheduled Deductions															
Deduction Name							Amount Per Pa				y Per	iod			
							\$								
							\$								
							\$								
S Direct Deposit Information (or Direct Deposit Authorization Formation)															
	,	Direct De				T									
Account Type			ABA Routin			ng#		Accou		Amount (\$ / %)			Net		
Checking [\$			<u>%</u>	片	
Checking [Savin	-								\$			_%	┝	
Checking Chapting	Savin									\$			_%	片	
☐ Checking	Savir	igs								\$			_%		