Client Business Name:	

Authorized Person's Name & Date:



Employee 1

i ii st i vai ii c.	Middle Name:			Last Name:	
Address:				State: Zip:	
Federal Withholding:Single	Married _	_Head of Household	Dep Amt:	Add WH (\$/%):	
State Name	_ State Witl	nholding Exemptions:		Other State Info:	
SSN: Hire [)ate:	Start Date	:	Birth Date:	
Direct Deposit Account number	·		Routing N	umber:	
Pay Rate (Hourly/Salary):		Other Pay Info: _			
Deduction Information:					
Employee 2					
	Middle Name:				
Address:				State: Zip:	
Federal Withholding:Single	Married _	_Head of Household	Dep Amt:	Add WH (\$/%):	
State Name	_ State Witl	nholding Exemptions:		Other State Info:	
SSN: Hire [)ate:	Start Date	:	Birth Date:	
Direct Deposit Account number	·		Routing N	umber:	
Pay Rate (Hourly/Salary):		Other Pay Info: _			
Deduction Information:					
Francisco o O					
Employee 3	Middle	a Namo:		Last Nama:	
First Name:				Last Name:	
First Name:Address:				State: Zip:	
First Name: Address: Federal Withholding:Single	Married _	_Head of Household	Dep Amt:	State: Zip: Add WH (\$/%):	
First Name: Address: Federal Withholding:Single State Name	Married _ _ State Witl	_Head of Household	Dep Amt:	State: Zip: Add WH (\$/%): Other State Info:	
First Name: Address: Federal Withholding:Single State Name Hire [Married _ _ State Witl Date:	_Head of Household hholding Exemptions: Start Date	 Dep Amt: :	State: Zip: Add WH (\$/%): Other State Info: Birth Date:	
First Name: Address: Federal Withholding:Single State Name	Married _ _ State Witl Date: :	_Head of Household hholding Exemptions: Start Date	Dep Amt:	State: Zip: Add WH (\$/%): Other State Info: Birth Date: umber:	