

Client Business Name: _____



Employee 1

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ State: _____ Zip: _____

Federal Withholding: ☐ Single ☐ Married ☐ Head of Household Dep Amt: _____ Add WH (\$/%): _____

State Name _____ State Withholding Exemptions: _____ Other State Info: _____

SSN: _____ Hire Date: _____ Start Date: _____ Birth Date: _____

Direct Deposit Account number: _____ Routing Number: _____

Pay Rate (Hourly/Salary): _____ Other Pay Info: _____

Deduction Information: _____

Employee 2

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ State: _____ Zip: _____

Federal Withholding: ☐ Single ☐ Married ☐ Head of Household Dep Amt: _____ Add WH (\$/%): _____

State Name _____ State Withholding Exemptions: _____ Other State Info: _____

SSN: _____ Hire Date: _____ Start Date: _____ Birth Date: _____

Direct Deposit Account number: _____ Routing Number: _____

Pay Rate (Hourly/Salary): _____ Other Pay Info: _____

Deduction Information: _____

Employee 3

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ State: _____ Zip: _____

Federal Withholding: ☐ Single ☐ Married ☐ Head of Household Dep Amt: _____ Add WH (\$/%): _____

State Name _____ State Withholding Exemptions: _____ Other State Info: _____

SSN: _____ Hire Date: _____ Start Date: _____ Birth Date: _____

Direct Deposit Account number: _____ Routing Number: _____

Pay Rate (Hourly/Salary): _____ Other Pay Info: _____

Deduction Information: _____

Authorized Person's Name & Date: _____