



Employee Master File

New Account
 Change

Company #: _____ Company Name: _____ Exempt

Employee #: _____ Social Security: _____ Non-Exempt

Employee Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: _____ Tax Form: W2 1099 _____

Date of Hire: _____ Term Date: _____ Rehire Date: _____

Cost Center 1: _____ (i.e. Location, Department) Cost Center 2: _____

Cost Center 3: _____ Cost Center 4: _____ Cost Center 5: _____

Work State: _____ Worker's Comp Code: _____ (if applicable)

Tax Filing Status: Single Married Head of Household

Federal Exemptions: _____ Add'l/ Flat Federal Withholding \$ _____ \$ or %

State Exemptions: _____ Add'l/ Flat State Withholding \$ _____ \$ or %

Exempt From: FITW OASDI Medicare SITW SDI

Pay Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

Base Pay Rate: \$ _____ per Hour / Pay Period

Rate 2: \$ _____ per Hour / Pay Period

Rate 3: \$ _____ per Hour / Pay Period

Auto-Pay: Salary Hours # Hours _____