

ADD AN EMPLOYEE

GENERAL INFORMATION

Company Name: _____

Employee Name: _____ Birth Date: _____

Address: _____ Hire Date: _____

City, State, Zip: _____ SSN: _____

Email Address: (optional) _____ Gender: _____

Substitute W-4 (Federal Withholding Election): Choose one

Exempt

Single and ___ dependants (including self)

Married and ___ dependants (including self)

Married filing separate and ___ dependants (including self)

Substitute A-4 (AZ Withholding Election): Choose one

Exempt 0.8% 1.3% 1.8% 2.7% 3.6% 4.2% 5.1%

Additional Federal withholdings, if any \$ _____

Additional Arizona withholdings, if any \$ _____

PAYROLL

How often will you get paid: _____

How Much: \$ _____ PER _____

How are you paid: _____ HOURLY/SALARY _____

How will you receive payment:

Direct Deposit

Your employer will pay you with cash or check

If Direct Deposit is checked fill out form below or staple a voided check to form.

Account Type: Checking Savings
Bank Name _____
Account Number _____
Bank Routing # _____



Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____