

Employee Update Form

Employee Name: _____

Fill out all sections that apply

Employee Terminated: Last working day: _____

Last Payday: _____

Pay Change: Old \$ _____ New \$ _____

Address Change: _____

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 \$ _____

Direct Deposit

Employer pays 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: (if possible) _____ Date: _____

Employer Signature: _____ Date: _____