

Company Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ \* Required Data M/S = Married or Single (Tax Filing Status) \*\* (W/R) = State Withholding Work State / Resident State

Emp. No.*	Div. No.	Dept. No.*	Phone	Soc. Sec. No.*	Pay Frequency*	Rate 1	Rate 2	Rate 3	Salary
First Name*			Mid.*	Last Name*	Fed M/S *	Fed. Dep.*	Extra Fed. W/H	Fixed Fed. W/H	E I C Code
Street Address					State WH **	St (M/S) **	St. Dep **	Extra St. W/H **	State for UCI
City				State	Zip	Hire Date	Birth Date	Termination Date	

EMPLOYEE PAYROLL INPUT FOR THIS PAY PERIOD:	Rate	Dept No	Reg Hrs	O.T. Hrs	Cd	Pay Hrs	Pay Amt	Cd	Ded Amt	Notes

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