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 Frequenc	y*	Ra	ite 1	Rate	2 Rate		Salary		
	First Nan	ne*		Mid.*	·	Last I	Name*	Fed M/S *	Fed	. Dep.*	Extra	Fed. W/H	Fixed Fed.	W/H	E I C Code
			Stree	et Address				State WH **	St (M/S) **	St.	Dep **	Extra St. W	// H **	State for UCI
		City			Stat	te	Zip	Hire Da	ate			Birth Date	e		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

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

Emp. No.*	Div. No.	Div. No. Dept. No.* Phone			Soc. Sec. No.*		Pay Frequency*		te 1	Rate 2		Rate 3		Salary	
First Name* Mid			Mid.*	Las	t Name*	Fed M/S *	Fed. Dep.*		Extra Fed. W/H		Fixed Fed. W/H		E	I C Code	
			Stree	et Address			State WH **	St (1	M/S) **	St. Dep **		Extra St. W/H **		Sta	nte for UCI
City				State	Zip	Hire D			Birth Date			Termi	nation 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

New Employee Form		
PAYROLL WORKSHEET	Check Date:	