



# PREMIER PAYROLL SERVICES, INC

(610) 917-2281 / FAX (610) 948-4121

## EMPLOYEE INFORMATION FORM

COMPANY \_\_\_\_\_

DIVISION \_\_\_\_\_ (If applicable)

DEPT \_\_\_\_\_ (If applicable)

### EMPLOYEE DATA

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

APT # \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOWNSHIP \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DATE OF HIRE \_\_\_\_\_

PAY TYPE:  HOURLY  SALARY AMOUNT: \$ \_\_\_\_\_ per \_\_\_\_\_

### TAX INFORMATION

MARITAL STATUS  SINGLE  MARRIED # OF EXEMPTIONS \_\_\_\_\_ OR  1099

**Employer to retain all W4 and I9 forms – send copy of W4 to PREMIER with this form**

ADDITIONAL MONEY WITHHELD FOR FED TAXES? IF YES, AMOUNT PER CHECK \$ \_\_\_\_\_

FLAT % FOR FEDERAL TAXES INSTEAD OF TAX TABLE CALCULATION? IF YES, \_\_\_\_\_ %

### DEDUCTIONS / GARNISHMENTS PER PAY

401K \$ \_\_\_\_\_ per PAY

CHILD SUPPORT \$ \_\_\_\_\_ per PAY (include copy of Court Order)

PRE-TAX INSURANCE \$ \_\_\_\_\_ per PAY

POST-TAX INSURANCE \$ \_\_\_\_\_ per PAY

OTHER \$ \_\_\_\_\_ per PAY

APPROVED BY: \_\_\_\_\_