PAYROLLSOLUTIONS
Compensation Specialists+

EMPLOYEE INFORMATION

6425 Old Plank Road/Suite 111
High Point, NC 27265
[tel] 336-885-5056
[fax] 336-885-5080
www.PayrollMadeEasy.com

ADD ☐ **CHANGE** ☐ **TERMINATE** ☐ **(CHECK ONE)**

Employee Number (optional): _____

Social Security Number: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Department (optional): _____

Email Address: _____

Date of Birth: _____

Date of Hire: _____

Gender: **Male** ☐ **Female** ☐

Hourly Rate (if applicable): _____

Salary Rate (if applicable): _____

Filing Status & Exemptions (Fed.): _____

Filing Status & Exemptions (State): _____

Pre Tax Deductions:
(125 ins, 401k) _____

_____

_____

After Tax Deductions:
(loans, child supp, ins.) _____

_____

_____

Effective date
of change or termination: _____

Authorized Signature: _____ **Date:** _____