



PAYROLL CONNECTIONS, INC.

Your Trusted Payroll Specialists

Employer Name: _____

Employee Name _____ Social Security Number _____

New Hire? Yes Rehire? Yes Employee Change Only Yes (complete section of changes only)

Full Time Yes Part Time Yes

Date of Hire _____ Rehire Date _____ Department _____ Date of Birth _____

Street Address _____ Apt. No. _____

City/State/Zip _____

Hourly Rate: _____ OR Annual Salary Exempt: _____ Annual Salary Non-Exempt: _____

1099 (If 1099, proceed to page 2 of this form for direct deposit)

Tax Withholding Information:

Federal W/H: Single Married State W/H: Single Married

Of Exemptions Federal: _____ Fixed Amount: _____ Percentage: _____ Additional Amount: _____

Of Exemptions State: _____ Fixed Amount: _____ Percentage: _____ Additional Amount: _____

Tax Exempt: Yes No If yes select all that apply: Fed FICA State FUTA SUTA

Are Dependent Health Insurance Benefits Available for this Employee? Yes Date Eligible: _____ No

Medical: Pretax After-Tax Amount: _____ H.S.A.: Pretax After-Tax Amount: _____

Dental: Pretax After-Tax Amount: _____

Retirement: 401K Simple IRA Roth IRA

Amount: Fixed Amount _____ Percentage Amount: _____

Garnish: Payable to: _____

Address: _____

Account # _____ Amount: _____

Other Deductions: _____

Employee Signature: _____