

## Employee Data Sheet

Employer: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Check One: Hourly \_\_\_\_\_ Salary \_\_\_\_\_ Other \_\_\_\_\_

Are you a United States citizen? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

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### FOR OFFICE USE ONLY:

Withholding Information	Federal	State
FILING STATUS	_____	_____
NUMBER OF ALLOWANCES	_____	_____
EXEMPT FROM WITHHOLDING	_____	_____
ADDITIONAL WITHHOLDING	_____	_____
EXEMPT FROM UNEMPLOYMENT	_____	_____

LAST PAY CHANGE \_\_\_\_\_

NEXT REVIEW \_\_\_\_\_

TERMINATION DATE \_\_\_\_\_

VACATION \_\_\_\_\_

SICK \_\_\_\_\_

HOLIDAY \_\_\_\_\_

OTHER \_\_\_\_\_