



# PREMIER PAYROLL SERVICES, INC

(610) 917-2281 / FAX (610) 933-7429

## EMPLOYEE INFORMATION FORM

COMPANY \_\_\_\_\_

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

### EMPLOYEE DATA

NAME \_\_\_\_\_

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

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

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

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

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: \_\_\_\_\_