**EMPLOYEE DATA SHEET**

NAME _____ _____ _____

(Last) (First) (M)

_____ _____ _____ _____

NUMBER AND STREET CITY STATE ZIP

_____ _____ _____ M/F

SOCIAL SECURITY # DOB DATE OF HIRE GENDER

_____ _____ _____ _____

DEPARTMENT Cell # RATE OF PAY EMAIL

**FEDERAL**

WITHOLDING STATUS: (CIRCLE 1) SINGLE/MARRIED

NUMBER OF EXEMPTIONS FOR FEDERAL _____

**STATE**

WITHOLDING STATUS: (CIRCLE 1) SINGLE/MARRIED/HEAD OF HOUSEHOLD

NUMBER OF EXEMPTIONS FOR STATE _____

ENTER ANY OTHER FORMS OF COMPENSATION THIS EMPLOYEE RECEIVES (MILEAGE,BONUS,COMMISSION ETC.)

_____

_____

ENTER ANY DEDUCTIONS THIS EMPLOYEE MAY HAVE (INSURANCE, UNIFORMS CHILD SUPPORT ETC.). IF ANY DEDUCTIONS ARE TO BE MADE ON A PRE-TAX BASIS BE SURE TO INDICATE._____

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