



EMPLOYEE DATA SHEET

Please write LEGIBLY. This information will appear on tax documents.

NAME _____	_____	_____
FIRST	LAST	M
_____		_____
NUMBER AND STREET	CITY	STATE ZIP
_____	_____	_____
SOCIAL SECURITY #	DOB	START DATE
_____	_____	_____
		M/F GENDER
_____	_____	_____
DEPARTMENT	CELL # (required)	Rate of Pay
_____	_____	_____
		Email (required)
_____	_____	_____

WITHHOLDING

FEDERAL (transfer your W4 info here)	(IF APPLICABLE)
CHECK 1) _____ SINGLE or MARRIED FILING SEPARATELY	LINE (3) \$ _____
_____ MARRIED FILING JOINTLY	LINE (4a) \$ _____
_____ HEAD OF HOUSEHOLD	LINE (4b) \$ _____
	Line(4c) \$ _____ (Extra Withholding)
	Flat amount _____

STATE (transfer your NC 4 info here)

WITHHOLDING STATUS: (CIRCLE 1) SINGLE/MARRIED/HEAD OF HOUSEHOLD NUMBER OF EXEMPTIONS FOR STATE _____ EXTRA AMOUNT _____ FLAT AMOUNT _____

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.
