



# EMPLOYEE UPDATE FORM

Date Submitted: \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Marital Status     Married     Single                      Gender     Male     Female

Hire Date \_\_\_\_\_  
 Termination Date \_\_\_\_\_  
 Change Date \_\_\_\_\_  
 Authorized Signature  
 \_\_\_\_\_

### LOCATION

Default Location \_\_\_\_\_ Other \_\_\_\_\_  
 Default Department \_\_\_\_\_ Other \_\_\_\_\_

## PAYROLL ITEMS

**PAY TYPE** (select one)     Salary     Hourly

Salary: Annual Salary \$ \_\_\_\_\_

Hourly: Rate Type \_\_\_\_\_ Rate Amount \$ \_\_\_\_\_  
 Rate Type \_\_\_\_\_ Rate Amount \$ \_\_\_\_\_  
 Rate Type \_\_\_\_\_ Rate Amount \$ \_\_\_\_\_  
 Rate Type \_\_\_\_\_ Rate Amount \$ \_\_\_\_\_

### DEDUCTION ITEMS

Pre-Tax Items: Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_  
 Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_  
 Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_  
 Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_

After-Tax Items: Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_  
 Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_  
 Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_  
 Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_

Retirement Plan Employer Match:     Yes     No                      Match % \_\_\_\_\_

## WITHHOLDING INFORMATION

### W-4 FEDERAL

Single     Married  
 Married withhold at Single rate  
 Total Allowances (Box 5) \_\_\_\_\_ Additional w/h \_\_\_\_\_

### W-4 STATE

Personal Exemption (Line 5) \_\_\_\_\_  
 Dependent Exemption (Line 6) \_\_\_\_\_  
 Additional State w/h \_\_\_\_\_

### DIRECT DEPOSIT

Please attach voided check for each account  
 (no deposit tickets)  
 Please attach Direct Deposit Authorization form

### NOTES





## Direct Deposit Form

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

### Employee Information:

Employee Name: \_\_\_\_\_

Social Security: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

### Employee Bank Information:

Bank Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

Routing No.: \_\_\_\_\_

Type of Account: (please check one)     Checking     Savings

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Paste Voided Check Below and fax to (786) 513-3777 (no cover sheet is necessary):