



EMPLOYEE UPDATE FORM

Date Submitted: _____

First Name _____ M.I. _____ Last Name _____	<input type="checkbox"/> Hire Date _____
Address _____	<input type="checkbox"/> Termination Date _____
City _____ State _____ Zip _____ County _____	<input type="checkbox"/> Change Date _____
SSN _____ Date of Birth _____	Authorized Signature _____
E-Mail _____	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
LOCATION	
Default Location _____	Other _____
Default Department _____	Other _____

PAYROLL ITEMS

PAY TYPE (select one) <input type="checkbox"/> Salary <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Match % _____

WITHHOLDING INFORMATION

W-4 FEDERAL	W-4 STATE
<input type="checkbox"/> Single <input type="checkbox"/> Married	Personal Exemption (Line 5) _____
<input type="checkbox"/> Married withhold at Single rate	Dependent Exemption (Line 6) _____
Total Allowances (Box 5) _____ Additional w/h _____	Additional State w/h _____

DIRECT DEPOSIT

<input type="checkbox"/> Please attach voided check for each account (no deposit tickets)	<input type="checkbox"/> Please attach Direct Deposit Authorization form
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Direct Deposit Form

Employer Name: _____

Employee/Contractor Information:

Employee/Contractor Name: _____

Address: _____

E-mail: _____

Employee/Contractor Bank Information:

Bank Name: _____

Name and Phone# on account: _____

Account No.: _____

Routing No.: _____

Type of Account: (please check one) Checking Savings

If partial, balance of pay to: Manual (paper check) or

Name and Phone# on account: _____

Account No.: _____

Routing No.: _____

Type of Account: (please check one) Checking Savings

Employee/Contractor Signature: _____ **Date:** _____

Scan/email a copy to contact@argosfinancialsplus.com,
or mail to 129 Whiskey Ranch Rd, Runaway Bay, TX 76426