Argos Financials Plus LLC

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