

Employment Payroll Information

Personal Information:

*Legal Name: _____

*Address: _____

*City, State, Zip: _____

*Social Security #: _____

*County of Residency: _____

*School District of Residency: _____

Payroll Information:

*Type: SALARY or HOURLY

*Rate: \$ _____ per YEAR or HOUR or PAY PERIOD

*Department: _____

Withholdings:

*Marital Status: MARRIED or SINGLE

*Number of Dependents: FEDERAL _____ STATE _____

Additional Withheld: FEDERAL _____ STATE _____

*Subject to City Tax? YES or NO City: _____

Deductions: (per pay)

CHILD SUPPORT: \$ _____ INSURANCE: \$ _____

MISC: \$ _____ OTHER: _____: \$ _____

NO CHECKS CAN BE ISSUED WITHOUT THESE “*” ITEMS

_____ Name and Social Security Number verified