

**NEW - REHIRE - EMPLOYEE &/OR EMPLOYEE CHANGE INFORMATION**

(Circle If Rehire)

Phone: (301) 770-6069  
Phone: (301) 770-6093

Fax: (301) 770-6821  
Fax: (301) 770-6826

Client Name: \_\_\_\_\_

Client No. \_\_\_\_\_

Current Employee #: \_\_\_\_\_ Division #: \_\_\_\_\_ Dept. #: \_\_\_\_\_ Work Comp.# : \_\_\_\_\_ GL #: \_\_\_\_\_  
(Do not use 9000 - 9999) (If blank Employee Number PAYNET will assign number)

Employee Name \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_

\_\_\_\_\_ City State Zip Code County (if Maryland)

Federal Married { } or Single { } Total # of Dependents \_\_\_\_\_  
(Same as Exemptions)

Add'l Withholding \_\_\_\_\_ Check this if \_\_\_\_\_  
Flat Dollars, Extra you are Exempt  
Dollars or Percent \_\_\_\_\_ from this Tax \_\_\_\_\_

State Married { } or Single { } Total # of Dependents \_\_\_\_\_

Social Security No. \_\_\_\_\_  
(Must Have)

Unemployment State \_\_\_\_\_  
(If company has more than one)

Telephone No. \_\_\_\_\_

Full Time or Part Time

Hire Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: Male / Female Term Date: \_\_\_\_\_  
(circle one) (new address if moved W-2)

Date of Last Raise: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ or Salary (per PAY PERIOD): \_\_\_\_\_

Do you pay Overtime to Salary Emp. Y / N

Is this person a 1099 employee: Yes or No

\_\_\_\_\_ Voluntary Deductions \_\_\_\_\_

<u>Deduction Name</u>	<u>Amount</u>	<u>Goal</u>	<u>Frequency of Deduction</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**PAYROLL NETWORK, INC.**