

EMPLOYEE DATA:

Employee Name: _____ Employee Number: _____
 Address: _____ City: _____ State: _____
 Zip Code: _____ Phone #: (_____) _____
 Birthdate: ____ / ____ / ____ Social Security #: _____ Position: _____
 Branch: _____ Department: _____
 Status: () W-2 () 1099 () EIC W/C Code: _____
 Pay Rate: () Hourly \$ _____ () Salary \$ _____

FEDERAL & STATE LIABILITY DEDUCTIONS:

Federal Marital Status (W - 4): _____ # of Allowances: _____
 Additional Amount to Withhold or Flat Percent: _____ or _____ %
 State Marital Status (DE - 4): _____ # of Allowances: _____
 Additional Amount to Withhold or Flat Percent: _____ or _____ %

Employee will be taxed as a California Resident unless otherwise specified by Client.

RECURRING EARNINGS / DEDUCTIONS:

Description: _____ Amount: \$ _____
 Description: _____ Amount: \$ _____
 Description: _____ Amount: \$ _____
 Description: _____ Amount: \$ _____

AGENCY CHECK:

Agency Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Case / Reference #: _____ Issue Frequency: _____

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