

PAYCHEX EMPLOYEE AND TAX INFORMATION FORM

CLIENT NUMBER _____ DATE _____

CHECK ONLY ONE:

- NEW EMPLOYEE
- CHANGE OF INFORMATION ON CURRENT EMPLOYEE
- REHIRE OF OLD EMPLOYEE PREVIOUSLY ON PAYCHEX SYSTEM

EMPLOYEE NUMBER (FOR CHANGE OR REHIRE ONLY) _____

EMPLOYEE NAME (LAST/FIRST/MIDDLE) _____

COMPANY NAME *(IF APPLICABLE)* _____

ADDRESS _____

CITY AND STATE _____

SOCIAL SECURITY OR TAX IDENTIFICATION # _____

DEPARTMENT NUMBER _____

SALARY (PER PAY PERIOD) _____

HOURLY RATE #1 _____

HOURLY RATE #2 _____

HOURLY RATE #3 _____

HIRE DATE _____

BIRTH DATE _____

RDstaffCO use only	
Vac	
Sick	
H-Day	
Health	
Dental	
401K	
CME	

WILL PAYROLL BE DIRECT DEPOSIT? YES NO
 IF YES, SEND CHECK & AUTHORIZATION

BELOW INFORMATION ONLY FOR EMPLOYEES ON A W-2 TAX REPORTING FORM

MARTIAL STATUS SINGLE MARRIED MARRIED WITHHOLD AT HIGHER SINGLE RATE

FEDERAL EXEMPTIONS _____ ADDTL \$ _____ FLAT \$ _____

SHOULD STATE TAX BE WITHHELD? YES NO

IF YES, WHICH STATE? VA MD DC OTHER _____

STATE EXEMPTIONS _____ ADDTL \$ _____ FLAT \$ _____

IF MARYLAND, WHICH COUNTY? _____

STATE IN WHICH EMPLOYEE "WORKS" VA MD DC OTHER _____

ADDITIONAL INFORMATION _____

SIGNATURE: _____