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**EMPLOYEE UPDATE FORM**

First Name M.I. Last Name

Address

City State Zip Country

SSN D.O.B.

E-Mail

Marital Status: Married Single Gender: Male Female

**PAYROLL ITEMS**

**PAY TYPE** *(select one)*: Salary Hourly

**Salary:** Annual Salary $ **Job Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hourly:** Rate Type Rate Amount $

Rate Type Rate Amount $

**DEDUCTION ITEMS**

**Pre-Tax Items:** Item Type Item Amount $

Item Type Item Amount $

**After-Tax Items:** Item Type Item Amount $

Item Type Item Amount $

**Retirement Plan Employer Match:** Yes No Match %

**WITHHOLDING INFORMATION**

**W-4 FEDERAL STATE WITHHOLDING**

Single Married Description

Married withhold at Single rate



Total Allowances (Box 5) Additional w/h

**DIRECT DEPOSIT**

Name of Financial Institution:

Routing #: Account #:

Checking Savings *(Please check only one)*

Specific amount deposited $ or %\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_