



Employee Maintenance Form

Client Name: _____ **Client Number:** _____

- New Employee - *If this is a New Employee, items in **BOLD** type are required.*
- Changes - *If this is for employee changes, enter the Employee ID#, name and only the information that is changing.*

Employee ID#: _____ **SSN:** _____ **Date of Birth:** _____

Last Name: _____ **First Name:** _____ **MI:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Hire Date: _____ **Start Date:** _____ **Termination Date:** _____

Department: _____ Division: _____ Branch: _____

Work#: _____ Cell#: _____ Home#: _____

Email: _____

Gender: _____ Ethnicity: _____

Pay Frequency: _____ Standard Hours: _____ Workers Comp Code: _____

Salary per pay period:\$ _____ Hourly Rate 1:\$ _____ Hourly Rate 2:\$ _____

Employee Tax Type: Regular/W2: Yes No **1099:** Yes No **Draw:** Yes No

Status: Full Time Part Time Other _____ **ACA Profile:** Variable Non-Variable

Taxes

Federal Taxes		State Taxes		Local Taxes	
1c. Status (choose one) Single or Married filing separately <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Head of Household <input type="checkbox"/>		Withholding State		Locality Name	
2. Two Jobs (Y/N)		Status (S/M/MH)		Status	
3. No. of Qualifying Children <17		# of Exemptions		# of Exemptions	
No. of Dependents		Additional \$ or %		Additional \$ or %	
4a. Other Income		Override \$ or %		Override \$ or %	
4b. Deductions					
4c. Extra Withholding		Unemployment		Misc Info	
Override \$ or %		SUTA Exempt? (Y/N)			
FICA Exempt (Y/N)		FUTA Exempt (Y/N)			

Recurring Earnings and Deductions* (permanent changes only)

E/D Name	Description	Amount	Percent	Target/Goal

*If the employee has a court ordered wage assignment, send a copy of the court order along with this form.

If the employee requests Direct Deposit, attach a copy of the completed [Direct Deposit Authorization Form](#) and a copy of a voided check.