

IT'S PAYDAY EMPLOYEE INFO FORM

Company Name: _____

Employee Name: _____

Address: _____

County: _____

Social Security #: _____

Telephone: _____

Hire Date: _____ **Date of Birth:** _____

Federal Withholding Claiming: S / M _____ (or) Exempt _____
(# of exemptions)

Additional Dollar Amount for Fed (if any): _____

State Withholdings Claiming: S / M _____ (or) Exempt _____
(# of exemptions)

Additional Dollar Amount for State (if any): _____

WAGES

Department (if any): _____

Annual Salary: _____

(or)

Hourly Rate: _____

Special Info: (i.e., pay or deduction items/direct deposit (please include a voided check if direct deposit and our Direct Deposit Authorization Form):
