

Employee Payroll Information

Complete form in full. Please don't leave anything blank. Write "N/A" if an item doesn't apply. Please do not send copies of W-4, state withholding certificates, Form I-9, etc. Retain these documents in your permanent files. We'll request copies if needed. Please print legibly using black ink.

Employer (company name): _____
 Employee's Full Name: _____
(First Name) (MI) (Last Name)

Employee's Nickname: _____
 Check One: New Hire Rehire Change of Information

Employee's Address: _____
(Number and Street, P. O. Box, etc.)

(City, State, ZIP Code)

Employee's Home Phone: () - Employee's Social Sec. No.: - -
 Gender: Male Female Birth Date (mm/dd/yyyy): / /
 Hire Date (mm/dd/yyyy): / / Termination Date (mm/dd/yyyy): / /
 Department Number: _____ Time Clock Card # (if on time clock): _____

Tax Filing Status – FEDERAL: Married Single Married, but withhold Single
FEDERAL Exemptions: _____ Additional amount: \$ _____
 Tax Filing Status – STATE: Married Single Married, but withhold Single
STATE Exemptions: _____ Additional amount: \$ _____

List any special tax information such as local tax, etc.: _____
 Note any other special deductions or conditions: _____
 Pay Frequency for this Employee: _____

- Weekly – specify day of week: _____
- Semi-monthly (Ex: 1st and 15th - 24 cycles/year) – specify dates: _____ and _____
- Monthly – specify date: _____
- Bi-weekly (every other week - 26 cycles/year) – specify day of week: _____
- Annually – specify month/day: _____
- Other – specify: _____

Pay Type: Hourly Salary, Exempt from OT Salary with OT Commission
 Rate of Pay: \$ _____ per hour per pay period
(If salaried, please indicate per pay period amount, not annual amount.)

If variable Rate of Pay, please explain: _____
 If salaried, is full salary to be paid this pay cycle? Yes No If no, list amount to pay: \$ _____

List any additional salary to be paid from a previous pay cycle: \$ _____
 Insurance Options Elected: EE only EE + Spouse EE + Child(ren) Family

Additional Comments: _____
Name: _____ **Title:** _____
Signature: _____ **Date:** _____

Savers Admin is pleased to be the provider of your payroll services and we thank you for placing your trust with us. Please don't hesitate to contact us if you have questions or concerns, or if we can help in any way.



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