



Employee Profile (Bolded fields are required)

SSN #: _____

W-4 Information:

EE CODE: _____

FEDERAL MARITAL STATUS: _____ S _____ M

LAST NAME: _____

FEDERAL ALLOWANCES: _____

FIRST NAME: _____ MI _____

ADDITIONAL FEDERAL \$ _____ % _____

ADDRESS 1: _____

IT-2104 NYS (or applicable state) Information:

ADDRESS 2: _____

STATE MARITAL STATUS: _____ S _____ M

CITY: _____ STATE: _____

STATE ALLOWANCES: _____

ZIP CODE: _____

ADDITIONAL STATE \$ _____ % _____

PRIMARY PHONE: _____

DATE OF BIRTH: _____

HIGH SCHOOL STUDENT: _____ NO _____ YES

IF YES, EXPECTED DATE OF GRADUATION: _____

ETHNICITY: _____

GENDER: _____ M _____ F (check one)

EMPLOYEE EMAIL: _____

VMR PASSWORD: _____

Employer Section:

HIRE DATE: _____ TERM DATE: _____ DEPT #: _____ WC CODE: _____ PAY FREQ: _____

POSITION: _____ SALARY: _____ STANDARD HRS: _____ FT: _____ PT: _____

RATE 1: _____ RATE 2: _____ RATE 3: _____ PAY GROUP: _____

FOR NY EMPLOYEES: DEPENDENT BENEFITS AVAILABLE: _____ NO _____ YES IF YES, DATE ELIGIBLE: _____

FOR INTERNAL USA PAYROLL OFFICE USE:

<u>EE TOTALS</u>	<u>PYTD</u>	<u>QTD</u>	<u>SPECIAL INSTRUCTIONS</u>		
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SALARY: _____

DIR. DEP. ACCOUNT #: _____ CODE: _____ AMOUNT: _____

REGULAR: _____

CASH TIPS: _____

CREDIT TIPS: _____

TOTAL EARN: _____

AUTO LABOR DIST: _____ DEPT #: _____ PERCENTAGE: _____

OASDI: _____

MEDICARE: _____

FEDERAL: _____

STATE: _____

DBL: _____

NY PFL: _____

NET: _____

HOURS: _____

VERRIDE FREQUENCY TO: _____

<u>D/E CODE</u>	<u>DESC</u>	<u>PER PAY</u>	<u>PYTD</u>	<u>QTD</u>
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1) _____

2) _____

3) _____
