EMPLOYEE MASTER FILE SET-UP FORM

asap PAYROLL SERVICE

COMPANY NAME _____

Name And Social Security Number MUST Match Social Security Card

First Name _____ M.I. _____ Time Card Number _____

Last Name _____

Address 1 (Number, Street) _____

Address 2 (Apt., Building, Room) _____

☐ Full Time
☐ Part Time

City, Town _____ State _____

Zip + 4 _____ - _____

Home Phone Number ( ) _____ - _____ - _____

Social Security Number _____ - _____ - _____

Sex: ☐ Male ☐ Female

Ethnic Code

- ☐ White
- ☐ Black/African-American
- ☐ Hispanic/Latino
- ☐ Asian
- ☐ Hawaian/Pacific Islander
- ☐ American Indian/Alaskan
- ☐ Two or more Races

Date Of Birth ___ / ___ / _____

Date Of Hire ___ / ___ / _____

SOC Code _____
www.info.itsc.org/occucoder

Pay Rate Information

Rate 1 _____

Rate2 _____

Rate 3 _____

Pay Period Salary _____

FOR ASAP PAYROLL USE ONLY

EMPLOYEE NO. _____

TC _____ EVO _____

W-4 Withholding Information

Income Tax State : _____ Unemployment State : _____

County of Residence _____

FEDERAL (See Form W-4 For Instructions)

Status: (C) ☐ S or MFS ☐ MFJ ☐ HH

Check if marked Step 2 (c) Box ☐ Higher Rate

Dollar Amount of Claimed Dependents Step 3) $_____

Other Income (Step 4) $_____

Deductions (Step 4) $_____

Extra Withholdings (Step 4) $_____

STATE (See Form WH-4 For Instructions)

No. Of Exemptions _____

No. Of Adt'l Exemptions _____

Additional Amount To Be Withheld _____ . _____

Email Address _____

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