



EMPLOYEE MASTER FILE SET-UP FORM

COMPANY NAME _____

Name And Social Security Number MUST Match Social Security Card

First Name	M.I.	Time Card Number
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Last Name

Dept. Name or Number

Address 1 (Number, Street)

Address 2 (Apt., Building, Room)

City, Town	State
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Zip + 4	Phone Number
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Ethnic Code

W—White

B—Black/African-American

H—Hispanic/Latino

A—Asian

P—Hawaian/Pacific Islander

I—American Indian/Alaskan

T—Two or more Races

N—Not Reported

Social Security Number

Gender: Male Female Non-Binary

Job Title

Date Of Birth	Date Of Hire
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Pay Rate Information

Rate 1 .

Rate 2 .

Rate 3 .

, .

Salary

W-4 Withholding Information P

FEDERAL

(Complete Form W-4 before completing this section)

Status: Single Married Head of Household

<input type="text"/> . <input type="text"/> Claim Dependents <small>[Form W-4 Step 3 Amount]</small>	<input type="text"/> . <input type="text"/> Other Income <small>[Form W-4 Step 4(a) Amount]</small>
<input type="text"/> . <input type="text"/> Deductions <small>[Form W-4 Step 4(b) Amount]</small>	<input type="text"/> . <input type="text"/> Extra Withholdings <small>[Form W-4 Step 4(c) Amount]</small>

FOR PAYXACT USE ONLY

EMPLOYEE NO.

TC _____ PC _____

STATE (Complete State Form W4 before completing this section)

Status: Single Married Non-Binary

<input type="text"/> No. of Exemptions	<input type="text"/> . <input type="text"/> Additional Amount Or Percentage To Be Withheld
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E-Mail Address _____