

<p style="text-align: center;">EMPLOYEE PAYROLL INFORMATION COMPANY NAME:</p>

Employee Information

Name _____ Social Security # _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Date of Hire _____

Marital Status: Single _____ Married _____ Sex: Male _____ Female _____

Citizenship: US Citizen _____ Permanent Resident _____ Alien with work visa _____

Emergency Contact: (Name) _____ Phone: _____

Relationship: (Circle) Spouse Child Parent Friend

Payroll Information: Company Name: _____

Employment Status: Full-time _____ Part-time _____ Temp _____

Occupation: _____ Dept. _____

Pay Rate: \$ _____ Hourly _____ Salary _____ 1099 _____

WC Class/Code _____

Deductions Per Pay Period: Uniform _____ Cell Phone _____

Other _____

Please return this form along with the signed W-4 Form and I-9 to ERG.