PAYROLL SOLUTIONS INC.

New Hire Employee Information

Client Name_____

Client ID #_____

Please Fax To: 859 255-7360

Demographics

Social Security # _____ - ____ - _____

Last Name_____ First Name_____ Mid. Initial_____

Address_____

City_____ State_____ Zip Code_____

County of Residence_____ Gender: ☐ Male ☐ Female

Date of Birth _____/_____/_____ Date of Hire _____/_____/_____

Division_____ Branch_____ Department_____

Earnings

Hourly Rate #1 _____

Hourly Rate #2 _____

Salary _____

Marital Status: ☐ Married ☐ Single

# of Federal Exemptions _____

# of State Exemptions _____

Adjustments/Deductions (Per Pay Period)

Description	Amount