

Company Name:

Employee ADD to Payroll Form

Employee Information

First Name		SSN	
Last Name		Hire Date	
Address		Phone Number	
City		Email	
State			
Zip			

Pay Rate

Hourly		Bonus	
Salary		Commission	
Overtime		Tips	
Holiday			

Withholding Information

Filing Status		Additional Withholding	
Number of Allowance			

Special Pay

Vacation			
Sick Pay			

Deductions

Type	Amount	Frequency	Special Treatment
401K			
Dependent Care			
Medical Insurance			

Employee's Signature:

Date: