

Employee Profile Form

Client Location Name: _____

Employee Name		Social Security Number	
Street Address			
City		State	Zip
Federal Withholding	State Withholding	Local Tax Withholding (if any)	
Married/Single: _____	Married/Single: _____	Local Tax Name: _____	
# of Exemptions: _____	# of Exemptions: _____	Married/Single: _____	
Extra W/H: \$ _____	Extra W/H: \$ _____	# of Exemptions: _____	
Date of Hire _____ <i>Note: If New Hire Act eligible, attached completed Form W-11</i>			
Date of Birth _____			
Rate of Pay \$ _____ Per (Circle One) Hour Month Year			
Assigned Department # _____			
Employment Status (Circle One) Full-Time Part-Time Other _____			
Deductions (Indicate if permanent)			
Health Insurance	\$ _____		
Dental Insurance	\$ _____		
401(k) Plan	\$ _____	or _____ %	
Child Support	\$ _____	(If applicable, provide remittance documents)	
Garnishment	\$ _____	(If applicable, provide remittance documents)	
Other _____	\$ _____		

ExcelPay Payroll Rep Direct Fax Numbers

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