



**Employee Information** (please complete one of these sheets per employee)

Employee #: (if left blank, system will auto #, must be 4 digits)

First Name:                      MI:              Last Name:

Department: (if applicable)

Address:

City:                              State:                              Zip Code:

Phone #:

Social Security #:                              DOB:

Gender:

Federal Marital Status:                      State Marital Status:

# of Exemptions:                              # of Exemptions:

Extra Amt Withheld:                      or Fixed Amt Withheld:

Rate of Pay: (check one)

Hourly      Hourly Rate 1:              Hourly Rate 2:              Hourly Rate 3:  
 Salary      Rate Per Pay Period:

Voluntary Deductions:

Description	Amount	Description	Amount

\*\*Please attach to each Employee Information sheet the following...

- ✓ Any Year-to-Dates, gross to net breakdown
- ✓ Quarter-to-Date for current quarter, gross to net breakdown.

**Sales Department**

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