



Employee Profile

Company Name:

Employee Name: Last, First, Middle Initial

Social Security Number:	Date of Birth:	Hire Date:
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Address:

City, State, Zip:

Pay Frequency:	Pay Type: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Pay Rate:
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Email Address:

Direct Deposit: Yes No	If yes, please complete direct deposit form and attach a voided check
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W-4 Withholding Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Number of Exemptions:
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Complete only when needed:

Deductions:	Description	Amount	Percentage
1			
2			
3			
4			

Division:	Location:	Department:
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Paid Time Off:	Accrual Type:	Earned:	Taken:	Balance:
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Notes:

Send to: 888-432-9338 Fax or payroll@majesticpayroll.com