

Employee Data Sheet

Company _____ # _____

Information below can be found on your employee's **FORM I-9**
 New Employee Re-hire Change/Update Employee Information

Employee # _____ S.S.# _____

Name _____

Address _____
First Middle I. Last

City _____ State _____ Zip _____

Information below can be found on your employee's **FORM W-4 and IT-2104 (if applicable)**Federal Withholding Rate _____ State Withholding Rate _____ State _____

Filing Status _____ Filing Status _____

of Allowances _____ # of Allowances _____

Additional Amount _____ Additional Amount _____

Information below can be found on your employee's **Notice and Acknowledgement of Wage Rate and Designated Payday**

Health Insurance Offered _____ Health Insurance Effective Date _____

Hire Date _____ Hourly Rate _____ Salary _____

Other Pay Type _____ Amount _____ Note _____
per pay period

Type _____ Amount _____ Note _____

Department _____ Department # _____

Birth Date _____ Division _____ Employment Status _____

EEO Class _____ Title _____ Gender _____

Information below is provided by the Employer

Deduction 1 _____ Amount _____ Note _____

Deduction 2 _____ Amount _____ Note _____

Deduction 3 _____ Amount _____ Note _____

Benefit 1 _____ Amount _____ Note _____

Benefit 2 _____ Amount _____ Note _____

Benefit 3 _____ Amount _____ Note _____

*****All fields in **BOLD** must be completed*****www.auburnpremierpayroll.com

Fax: 315-282-0197

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Phone: 315-282-0257