



**Employee Data Gathering Form**

Company Name: \_\_\_\_\_

Employee #: \_\_\_\_\_ Dept.: \_\_\_\_\_ Location: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____ Phone: _____ E-mail: _____	Soc Sec # : _____ - _____ - _____ Gender: Male Female Date of Birth: _____ Date of Hire: _____ Job Title: _____ Pay Frequency : _____ Standard Weekly Hours: _____ Overtime Exempt: Yes No
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<u>Hourly Rates</u>	<u>Salary / Other</u>	<u>Employment Status (Check One)</u>
Rate 1: _____	Salary: \$ _____	Full Time          1099-SSN
Rate 2: _____	Other: \$ _____	Part Time

<u>Deduction Name</u>	<u>Amount (\$ or %)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<u>Withholdings</u>	<u>Marital Status</u>	<u>Exemptions</u>	<u>Additional</u>
Federal	_____	_____	_____ Extra(\$ / %) / Fixed (\$ / %)
State	_____	_____	_____ Extra(\$ / %) / Fixed (\$ / %)