

Payrolls Unlimited, Inc. Employee Worksheet

Company #: _____

Employee #: _____

Social Security #: _____

Employee Name: _____

Address: _____

City/State/Zip: _____

Phone #: () _____

Marital Status: _____ Sex: _____ DOB: ____ / ____ / ____

Federal Exemptions: _____ Standard Amt: _____ Additional: \$ _____

State Exemptions: _____ Standard Amt: _____ Additional: \$ _____

Date of Hire _____ Dept. # _____

Hourly Rate: \$ _____ Salary Rate: \$ _____

Pay Frequency: _____

Pay Type: W-2 _____ 1099 _____

Deductions:

_____ Amt: \$ _____ or Percentage: _____ %
_____ Amt: \$ _____ or Percentage: _____ %
_____ Amt: \$ _____ or Percentage: _____ %

QTD Amounts:

Gross Wages: \$ _____
FICA Wages: \$ _____
Federal W/H: \$ _____
State W/H: \$ _____
Deductions: \$ _____
Deductions: \$ _____
Deductions: \$ _____

YTD Amounts

Gross Wages: \$ _____
FICA Wages: \$ _____
Federal W/H: \$ _____
State W/H: \$ _____
Deductions: \$ _____
Deductions: \$ _____
Deductions: \$ _____

Additional Information:

