



FAX TO: 605-721-2482
 Questions: 605-721-2480
 www.paystubz.com

EMPLOYEE MASTER

COMPANY: _____

New Hire: Employee Change: Rehire:

Employee: _____
 LastName FirstName MI

Address: _____
 Street Address

City State Zip

SSN: _____ Hire Date: ___/___/___ Birth Date: ___/___/___

Location: _____ Dept: _____

Pay Cycle: Weekly / Biweekly / Semi-Monthly / Monthly (circle one)

Pay Type: Hourly / Salary (circle one)

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

Email Address: _____

Cell Phone: _____

Tax Deductions	Filing Status -Circle One S or M or HH	# Of Exemptions	Flat \$ Amount Or Extra \$ or %
Federal:			
State:			

Recurring Deductions:

Description	Pre / Post	Amount	Per Pay Period / Per Month

Special Instructions: