



EMPLOYEE PROFILE FORM

Client Number: _____ Company Name: _____

Employee Name as it appears on their Social Security Card

First Name Middle Initial Last Name

Home Address(Number & Street of rural route) City or Town, State and Zip Code

Social Security Number Date of Birth Date of Hire M of F

Rate of Pay Hourly/ Salary

W-4 Employee Withholding Allowance Certificate

_____ Single

_____ Married

_____ Married, but withhold at the higher Single rate

_____ Total number of Allowances you are claiming

\$_____ Additional amount you want withheld from each check

Employee Signature Date

FOR OFFICE USE ONLY:

_____ New Hire

_____ e-verify

_____ data entry
verification