

# Employee Profile Form

Client Location Name: \_\_\_\_\_

Employee Name		Social Security Number	
Street Address			
City		State	Zip
<b>Federal Withholding</b>	<b>State Withholding</b>	<b>Local Tax Withholding (if any)</b>	
Married/Single: _____	Married/Single: _____	Local Tax Name: _____	
# of Exemptions: _____	# of Exemptions: _____	Married/Single: _____	
Extra W/H: \$ _____	Extra W/H: \$ _____	# of Exemptions: _____	
Date of Hire _____ <i>Note: If New Hire Act eligible, attached completed <b>Form W-11</b></i>			
Date of Birth _____			
Rate of Pay \$ _____ Per (Circle One) Hour Month Year			
Assigned Department # _____			
Employment Status (Circle One) Full-Time Part-Time Other _____			
<b>Deductions (Indicate if permanent)</b>			
Health Insurance	\$ _____		
Dental Insurance	\$ _____		
401(k) Plan	\$ _____ or _____ %		
Child Support	\$ _____ (If applicable, provide remittance documents)		
Garnishment	\$ _____ (If applicable, provide remittance documents)		
Other _____	\$ _____		

## ExcelPay Payroll Rep Direct Fax Numbers

Julie @ 678-388-1242, Ellen @ 678-388-1243

Brad @ 678-388-1503, Ladka @ 678-790-5232