



Payroll - Employee Information Form

Employee Number_____

Employee Name_____

Address_____

City and State_____

Social Security Number_____

Annual Salary_____

Hourly Rate_____

Marital Status (circle): Single Married Married Withhold at Higher Single Rate

Federal Exemptions_____ ADDTL\$\$_____ FLAT\$\$_____

Hire Date_____

Birth Date_____

Should State Tax Be Withheld?? [] YES [] NO

If YES, Which State?? (circle): VA MD DC OTHER_____

State Exemptions_____ ADDTL\$\$_____ FLAT\$\$_____

If MARYLAND, Which County??_____

Will Employee Use Direct Deposit?? [] YES [] NO

Client Project Location: (circle) MD VA DC Other_____