



NEW EMPLOYEE or CHANGE EMPLOYEE INFORMATION (ProfitKeeper Clients)

Client Name: _____ Client ID#: _____

NEW / CHANGE Employee (circle one)

Employee ID# _____ Social Security # _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Employee Email Address: _____ Home Phone: _____

Federal Withholding: Married / Single (circle one) Exemptions: _____

State Withholding (N/A for AZ): Married / Single (circle one) Exemptions: _____

AZ State Tax Withholding % : _____

SITW State Name (Live-in State): _____ SUI State Name (Work-in State): _____

Store #: _____ Location: _____ Group (i.e. Driver-Driver Out): _____

Job Class ID (i.e. Direct Labor, Mgmt, etc.): _____ Workers Comp Code: _____

Affordable Care Act (ACA) Status : Full Time (30+ hrs/wk) / Part Time (<30 hrs/wk) / Unknown (circle one)

Hire Date: _____ Birth Date: _____ Gender: _____

Wage per Pay Period \$ _____ Hourly / Salary (circle one)

TIME OFF ACCRUAL (if applicable)

Time Off Accrual Type: _____ Rate: _____

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