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Employee Change Form PayrollManager Express™

Powered By PMTWorks

Fax to 781.851.8491

Questions? Call 877.907.2976

Employee Information - This section must be completed

(Fill out a copy of this page for each employee)

Date: _____ Company Name: _____

First Name: _____ Last Name: _____

(Legal Name on Social Security Card)

Change Information - Only enter information that has changed

Home Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Email Address: _____

Re-Hire Date: _____ Employee Type: Full Time Part Time Temp 1099Employee Status - Active Inactive Activation Date: _____ Inactive Date: _____

Termination Status - Term Date: _____ Reason: _____ Do you owe this employee any pay? _____

Earnings:

Name (Salary, Hourly, Overtime, etc.)	Amount	How Often
	\$	
	\$	
	\$	

Deductions:

Name (Medical, Dental, 401(k), etc.)	Amount	How Often
	\$	
	\$	
	\$	

Annual Salary: \$ _____ Hourly Rate: \$ _____ OT Factor (1x hourly, 1.5x): _____

Federal Tax Info: Filing Status Married Single Head of Household

Exemptions: _____ Additional Withholding Amount: \$ _____ \$/% Flat Dollar or Percent _____

State Tax Info: Filing Status: Married Single Head of Household

Exemptions: _____ Additional Withholding Amount: \$ _____ \$/% Flat Dollar or Percent _____

Income Tax Filing State: _____ Unemployment Filing State: _____

Local Taxes: Name of Local: _____

DIRECT DEPOSIT(S):

To activate Direct Deposit, please complete. (We'll create a check if blank)



Account Type	Write in \$ amount or "net pay"	Routing Number (9 digits)	Account Number	Bank Name
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				

Any "remainder" will be paid by check.