



Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

Social Security: \_\_\_\_\_ Employee Number: \_\_\_\_\_ Department Number: \_\_\_\_\_

Name: \_\_\_\_\_ Salary: \_\_\_\_\_

Address: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Address 2: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Exemptions: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip \_\_\_\_\_ Additional WH Amount

Gender: M  F  Hire Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

State \_\_\_\_\_ Add'l WH Amount

Notes:

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