

**YOUR COMPANY
NAME**

EMPLOYEE- **SET UP** **CHANGE**

**Fax to NWPS @ 541-298-8868 or
e-mail @ service@nwpayrollsolutions.com**

FIRST NAME*

MI

LAST NAME*

TIME CARD NUMBER

ADDRESS*

CITY/STATE*

ZIP CODE*

SOCIAL SECURITY NUMBER*

DATE OF BIRTH*

HIRE DATE

PAY RATE*

PER* (check one)

HOUR

PAY PERIOD

FILING STATUS*

SINGLE

MARRIED

HEAD OF HOUSEHOLD

FEDERAL EXEMPTIONS*

EARNED INCOME CREDIT

YES

NO

HOME LOCATION*

HOME DEPT*

OTHER DEPT'S & PAY RATE

OTHER PAYROLL INFORMATION (deductions, eligible holidays, exempt from withholding, etc.)

WORKERS COMP CODE

***REQUIRED INFORMATION. EMPLOYEE WILL NOT BE ADDED UNLESS INFORMATION IS COMPLETE.**

Form-newemp6/01