



**KEEN & COMPANY**  
Certified Public Accountants, PLLC

Change \_\_\_\_\_ (x)  
Terminated \_\_\_\_\_ (x)

## EMPLOYEE UPDATE FORM

Date Submitted: \_\_\_\_\_

First Name	_____	M.I.	_____	Last Name	_____
Address	_____				
City	_____	State	_____	Zip	_____
Country	_____				
SSN	_____		DOB	_____	
E-Mail	_____				
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>LOCATION</b>					
Default Location	_____		Department	_____	
Default Location	_____		Department	_____	

## PAYROLL ITEMS

<b>PAY TYPE</b> (select one):	<input type="checkbox"/> Salary	<input type="checkbox"/> Hourly
<b>Salary:</b>	Annual Salary \$ _____	
<b>Hourly:</b>	Rate Type _____	Rate Amount \$ _____
	Rate Type _____	Rate Amount \$ _____
	Rate Type _____	Rate Amount \$ _____
	Rate Type _____	Rate Amount \$ _____
<b>DEDUCTION ITEMS</b>		
<b>Pre-Tax Items:</b>	Item Type _____	Item Amount \$ _____
	Item Type _____	Item Amount \$ _____
	Item Type _____	Item Amount \$ _____
	Item Type _____	Item Amount \$ _____
<b>After-Tax Items:</b>	Item Type _____	Item Amount \$ _____
	Item Type _____	Item Amount \$ _____
	Item Type _____	Item Amount \$ _____
	Item Type _____	Item Amount \$ _____
<b>Retirement Plan Employer Match:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Match % _____

## WITHHOLDING INFORMATION

<b>W-4 FEDERAL</b>	<b>STATE WITHHOLDING</b>
<input type="checkbox"/> Single <input type="checkbox"/> Married	Description _____
Married withhold at Single rate	_____
Total Allowances (Box 5)	_____
Additional w/h	_____