YOUR COMPANY NAME _____

EMPLOYEE DATA SHEET

EMPLOYEE NAME_____

Social Security No._____

Street Address: _____

City: _____ State:____ Zip: _____

Pay Rate $_____ /hour weekly bi-weekly semi-monthly monthly yearly

Hire Date: _____

FEDERAL WITHHOLDING STATUS (W-4)

____ Single ____ Married ____ Married but w/h at higher single rate

Number of exemptions _____ (If add'l amount $_____)

EMPLOYEE RESIDENCE IS LOCATED IN:

Township or Borough _____

School District _____

Local Earned Income Tax Rate: _____% (for office use only)

If any employee has any garnishments/attachment, please supply a copy of the Court Order.

Deduction Name	Amount
1. _____	_____
2. _____	_____