sbc-cpa
Certified Public Accountants Advisors
Swart Baumruk & Company, LLP

EMPLOYEE UPDATE FORM Date Submitted: _____

Existing Name:_____ **Existing SSN**: _____

New Demographic: (complete changes only)

Name (first, middle initial, last): _____ SSN: _____

Address:_____

_____

Email Address: _____

☐ Marital Status/W-4 (attached updated W-4): ☐ Married ☐ Single ☐ Married, but withhold at single

Total Allowance (Box 5): _____ Additional withholding amount: $_____

Location/Department: _____

New Payroll Items: (complete changes only)

Rate of pay: $_____ ☐ hourly ☐ salary

Additional Hourly Rates: Type _____ Rate Amount $_____

Type _____ Rate Amount $_____

Deduction Items (pre-tax): Type _____ Item Amount $_____

Type _____ Item Amount $_____

Deduction Items (after-tax): Type _____ Item Amount $_____

Type _____ Item Amount $_____

Retirement Plan: ☐ % of pay _____ ☐ amount $_____ ☐ Employer match

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Direct Deposit: (check only if changes)
☐ Attach new Authorization for Debit and Credit Electronic Funds Transfers form & voided check for each account

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Termination:
(only if applicable) Notice date _____ Last date of work _____

Terminated by: ☐ Employee ☐ Employer (name) _____

Reason: _____