

**Employee Profile** (Bolded fields are required)

**SSN #:** \_\_\_\_\_  
**EE CODE:** \_\_\_\_\_  
**LAST NAME:** \_\_\_\_\_  
**FIRST NAME:** \_\_\_\_\_ **MI** \_\_\_\_\_  
**ADDRESS 1:** \_\_\_\_\_  
**ADDRESS 2:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_  
**ZIP CODE:** \_\_\_\_\_  
**PRIMARY PHONE:** \_\_\_\_\_  
**HIGH SCHOOL STUDENT:** \_\_\_\_\_ **NO** \_\_\_\_\_ **YES** \_\_\_\_\_  
**ETHNICITY:** \_\_\_\_\_  
**EMPLOYEE EMAIL:** \_\_\_\_\_

**W-4 Information:**

**FEDERAL MARITAL STATUS:** \_\_\_\_\_ **S** \_\_\_\_\_ **M** \_\_\_\_\_  
**FEDERAL DEPENDENTS:** \_\_\_\_\_  
**ADDITIONAL FEDERAL \$** \_\_\_\_\_ **%** \_\_\_\_\_

**IT-2104 NYS (or applicable state) Information:**

**STATE MARITAL STATUS:** \_\_\_\_\_ **S** \_\_\_\_\_ **M** \_\_\_\_\_  
**STATE DEPENDENTS:** \_\_\_\_\_  
**ADDITIONAL STATE \$** \_\_\_\_\_ **%** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_  
**IF YES, EXPECTED DATE OF GRADUATION:** \_\_\_\_\_  
**GENDER:** \_\_\_\_\_ **M** \_\_\_\_\_ **F** (check one)  
**VMR PASSWORD:** \_\_\_\_\_

**Employer Section:**

**HIRE DATE:** \_\_\_\_\_ **TERM DATE:** \_\_\_\_\_ **DEPT #:** \_\_\_\_\_ **WC CODE:** \_\_\_\_\_ **PAY FREQ:** \_\_\_\_\_  
**POSITION:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_ **STANDARD HRS:** \_\_\_\_\_ **FT:** \_\_\_\_\_ **PT:** \_\_\_\_\_  
**RATE 1:** \_\_\_\_\_ **RATE 2:** \_\_\_\_\_ **RATE 3:** \_\_\_\_\_ **PAY GROUP:** \_\_\_\_\_  
**FOR NY EMPLOYEES: DEPENDENT BENEFITS AVAILABLE:** \_\_\_\_\_ **NO** \_\_\_\_\_ **YES** **IF YES, DATE ELIGIBLE:** \_\_\_\_\_

**FOR INTERNAL USA PAYROLL OFFICE USE:**

<b>EE TOTALS</b>	<b>PYTD</b>	<b>QTD</b>	<b>SPECIAL INSTRUCTIONS</b>		
<b>SALARY:</b>	_____	_____	<b>DIR. DEP. ACCOUNT #:</b>	<b>CODE:</b>	<b>AMOUNT:</b>
<b>REGULAR:</b>	_____	_____	_____	_____	_____
<b>CASH TIPS:</b>	_____	_____	_____	_____	_____
<b>CREDIT TIPS:</b>	_____	_____	_____	_____	_____
<b>TOTAL EARN:</b>	_____	_____	<b>AUTO LABOR DIST:</b>	<b>DEPT #:</b>	<b>PERCENTAGE:</b>
<b>OASDI:</b>	_____	_____	_____	_____	_____
<b>MEDICARE:</b>	_____	_____	_____	_____	_____
<b>FEDERAL:</b>	_____	_____	_____	_____	_____
<b>STATE:</b>	_____	_____	_____	_____	_____
<b>DBL:</b>	_____	_____	_____	_____	_____
<b>NY PFL:</b>	_____	_____	_____	_____	_____
<b>NET:</b>	_____	_____	_____	_____	_____
<b>HOURS:</b>	_____	_____	<b>OVERRIDE FREQUENCY TO:</b> _____		

<b>D/E CODE</b>	<b>DESC</b>	<b>PER PAY</b>	<b>PYTD</b>	<b>QTD</b>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____