



Employee Profile

Company Number:	Company Name:
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Employee Name: Last, First, Middle Initial

Address: City, State, Zip

Social Security Number:	Date of Birth:	Hire Date:
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Job Title:	Phone:	Email Address:
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Pay Frequency:	Pay Type: Hourly Salary	Pay Rate:
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Full Time / Part Time:	Pay Rate Notes:
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Division:	Location:	Department:
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Deductions:	Description	Amount	Percentage
1			
2			
3			
4			
5			

Paid Time Off:	Accrual Type:	Earned:	Taken:	Balance:
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Direct Deposit: Yes No	Workers Compensation Classification:
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Federal Withholding Status: Single Married Married Filing Separately	Number of Exemptions:
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State Withholding Status: Single Married	Number of Exemptions:
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