ADVANTAGE PAYROLL SERVICES

Advantage Client #:_____-_____

Business Name_____

☐ New Hire
☐ Rehire
☐ Changes

New Employee / Change Sheet

Employee #: _____ Last Name: _____First Name: _____

Address: _____ City: _____ State:_____ Zip: _____

Social Security Number: _____ Hire Date: _____ Birth Date: _____

Sex M/F: _____ Division: _____ Department: _____ Job: _____

Cycle: 1 = Weekly
2 = Biweekly
3 = Semi-Monthly
4 = Monthly

Hourly = 1
Salary = 2

Auto Pay = **Y**es
No

Scheduled Hours: _____

Pay Period Salary: _____

Rate 1: _____ Rate 2: _____ Rate 3: _____ Rate 4: _____

	Status	**Exemptions**	**Additional Amount Flat Amount**
Federal	**S**ingle **M**arried	_____	_____
State	**S**ingle **M**arried Other – _____	_____	_____

* Additional space for those states that have misc. options.

City Code: _____ Other 1 Code: _____ Work State: _____ Risk Code: _____

W2 Employee / 1099 Independent Contractor

----------**Miscellaneous Deductions**----------

Deduction Name/Code	Amount/ Percent	Deduction Name/Code	Amount/ Percent
_____	_____	_____	_____
_____	_____	_____	_____