

CHANGE OF VITAL INFORMATION

Name _____ Social Security No: _____

NAME CHANGE

New Name: _____ Social Security No: _____

ADDRESS CHANGE

New Residence Address: _____

New Mailing Address (if different): _____

PHONE CHANGE

New Phone No: _____ New Alternate Phone: _____

OTHER CHANGES

OLD

NEW

☐ I pickup my check

☐ Mail my checks to mailing address above

REQUEST FOR W-4 or W-5 CHANGES

If you have made any changes in marital status, exemptions or other matters that may effect your withholding YOU MUST fill out and SIGN a new W-4 or W-5. ; NOTE: Exempt and over 9 dependants must be reported to IRS.

I authorize the foregoing changes in my records. If checked, please send or give me a new ☐W-4 ☐W-5.

_____ Date: _____

Employee signature

Payroll changes are effective as of the next payroll period after the new W-4 or W-5 have been received.

Office Use Only:

Date entered and/or W-4,W-5 sent: _____
(copy to payroll, and make name, address or phone changes to their employee file)