



# Employee Information Form

Please fill out all required fields below. You must also complete these additional forms: I-9, Federal W-4 and State W-4.

**\* Required fields in RUN Powered by ADP®**

## BASIC INFORMATION

First Name *	MI	Last Name *
Cy	D	Dixon
Address 1 *		City *
384 Commerce Street		Bowling Green
Address 2		State * Zip *
		KY 42101
Phone Number	Mobile Number	
270-792-6908		
Email Address (Required for Employee Access)		
cydaine1@gmail.com		

Date of Hire *	Date of Birth *
04 / 21 / 25	01 / 30 / 2003
Social Security Number *	Gender *
407 - 59 - 6864	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

## DEDUCTIONS

Deduction Name	Amount Per Pay Period
	\$ .
	\$ .

Pay Rate (check one) *	Amount *
<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ 11 . 00

Pay Frequency (check one) *	
<input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	

## DIRECT DEPOSIT INFORMATION

Bank Routing Number *	
083900363	
Bank Account Number *	
145813494070	
Account Type (check one) *	
<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
Direct Deposit Distribution (check one) *	
<input checked="" type="checkbox"/> Full Amount <input type="checkbox"/> Partial \$ \$ .	
<input type="checkbox"/> Partial % .	

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Bank Account Number	
Account Type (check one)	
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