

# Employee Profile Form

**Client Location Name:** \_\_\_\_\_

|   |  |   |            |                  |    |       |                  |    |       |             |    |                  |               |    |   |             |    |   |             |    |       |
|---|--|---|------------|------------------|----|-------|------------------|----|-------|-------------|----|------------------|---------------|----|---|-------------|----|---|-------------|----|-------|
| <b>Employee Name</b>  |  | <b>Social Security Number</b>   |            |                  |    |       |                  |    |       |             |    |                  |               |    |   |             |    |   |             |    |       |
| <b>Street Address</b>   |  |   |            |                  |    |       |                  |    |       |             |    |                  |               |    |   |             |    |   |             |    |       |
| <b>City</b>   |  | <b>State</b>  | <b>Zip</b> |                  |    |       |                  |    |       |             |    |                  |               |    |   |             |    |   |             |    |       |
| <b>Federal Withholding</b><br><br>Married/Single: _____<br><br># of Exemptions: _____<br><br>Extra W/H: \$ _____  | <b>State Withholding</b><br><br>Married/Single: _____<br><br># of Exemptions: _____<br><br>Extra W/H: \$ _____ | <b>Local Tax Withholding (if any)</b><br><br>Local Tax Name: _____<br><br>Married/Single: _____<br><br># of Exemptions: _____ |            |                  |    |       |                  |    |       |             |    |                  |               |    |   |             |    |   |             |    |       |
| <b>Date of Hire</b> _____ <i>Note: If New Hire Act eligible, attached completed <b>Form W-11</b></i>  |  |   |            |                  |    |       |                  |    |       |             |    |                  |               |    |   |             |    |   |             |    |       |
| <b>Date of Birth</b> _____  |  |   |            |                  |    |       |                  |    |       |             |    |                  |               |    |   |             |    |   |             |    |       |
| <b>Rate of Pay \$</b> _____ <b>Per (Circle One)</b> <b>Hour</b> <b>Month</b> <b>Year</b>  |  |   |            |                  |    |       |                  |    |       |             |    |                  |               |    |   |             |    |   |             |    |       |
| <b>Assigned Department #</b> _____  |  |   |            |                  |    |       |                  |    |       |             |    |                  |               |    |   |             |    |   |             |    |       |
| <b>Employment Status (Circle One)</b> <b>Full-Time</b> <b>Part-Time</b> <b>Other</b> _____  |  |   |            |                  |    |       |                  |    |       |             |    |                  |               |    |   |             |    |   |             |    |       |
| <b>Deductions (Indicate if permanent)</b><br><table style="width: 100%; border: none;"> <tr> <td style="width: 35%;">Health Insurance</td> <td style="width: 10%;">\$</td> <td style="width: 55%;">_____</td> </tr> <tr> <td>Dental Insurance</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>401(k) Plan</td> <td>\$</td> <td>_____ or _____ %</td> </tr> <tr> <td>Child Support</td> <td>\$</td> <td>_____ (If applicable, provide remittance documents)</td> </tr> <tr> <td>Garnishment</td> <td>\$</td> <td>_____ (If applicable, provide remittance documents)</td> </tr> <tr> <td>Other _____</td> <td>\$</td> <td>_____</td> </tr> </table> |  |   |            | Health Insurance | \$ | _____ | Dental Insurance | \$ | _____ | 401(k) Plan | \$ | _____ or _____ % | Child Support | \$ | _____ (If applicable, provide remittance documents) | Garnishment | \$ | _____ (If applicable, provide remittance documents) | Other _____ | \$ | _____ |
| Health Insurance  | \$   | _____   |            |                  |    |       |                  |    |       |             |    |                  |               |    |   |             |    |   |             |    |       |
| Dental Insurance  | \$   | _____   |            |                  |    |       |                  |    |       |             |    |                  |               |    |   |             |    |   |             |    |       |
| 401(k) Plan   | \$   | _____ or _____ %  |            |                  |    |       |                  |    |       |             |    |                  |               |    |   |             |    |   |             |    |       |
| Child Support   | \$   | _____ (If applicable, provide remittance documents)   |            |                  |    |       |                  |    |       |             |    |                  |               |    |   |             |    |   |             |    |       |
| Garnishment   | \$   | _____ (If applicable, provide remittance documents)   |            |                  |    |       |                  |    |       |             |    |                  |               |    |   |             |    |   |             |    |       |
| Other _____   | \$   | _____   |            |                  |    |       |                  |    |       |             |    |                  |               |    |   |             |    |   |             |    |       |

## ExcelPay Payroll Rep Direct Fax Numbers

**Julie @ 678-388-1242, Ellen @ 678-388-1243**

**Brad @ 678-388-1503, Ladka @ 678-790-5232**