

PayPros, Inc.

The Payroll Professionals.

Employee Information

Employee Name: _____

Address: _____

Social Security Number: _____ DOB _____

Marital Status: _____ Number of Allowances Claimed: _____

Type of Pay: _____ Rate of Pay: _____ Per: _____

Employee Works in this State: _____ Date of Hire: _____

	<u>Type of Deduction</u>	<u>Amount of Deduction</u>	<u>\$ or %</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

If employee had prior payroll, please fill in below:

	<u>YTD</u>	<u>QTD</u>
Gross	_____	_____
SS	_____	_____
Med	_____	_____
FW	_____	_____
State	_____	_____
Other	_____	_____
Ded 1	_____	_____
Ded 2	_____	_____
Ded 3	_____	_____