

EMPLOYEE ADD/CHANGE INFORMATION FORM

Today's Date: _____

Add: Change:

Company Name: _____ Name: _____

Employee #: _____ SS#: _____ Date of Birth: ____/____/____

Address: _____

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

Are you a U.S. Citizen? Yes ____ No ____ If no, what type of work visa? _____

Workplace City (i.e. Where the work is performed): _____

Department: _____ Start Date: _____

Hourly Rate: \$ _____ Salary Amount: \$ _____ Tipped Wages Rate(s): \$ _____

FEDERAL TAX WITHHOLDINGS: We strongly encourage you to use form W-4 to achieve the most accurate withholding amounts. Here is a link to "How to Complete IRS Form W-4." <https://www.compasspayroll.com/documents/How-to-Complete-IRS-Form-W4.pdf>

Sum Here:

Filing Status: Single or Married Filing Separately Married Filing Jointly Head of Household

Multiply the Number of Qualified Children, Under 17, by \$2,000. The Result is \$ _____.

Multiply the Number of Other Dependents by \$500. The Result is \$ _____.

The Extended Total of Qualified Children and Other Dependents is \$ _____.

Additional Withholdings/Per Check: \$ _____.

STATE TAX WITHHOLDING: We strongly encourage you to use form IT-4 to achieve the most accurate withholding amounts. Here is a link to "How to Complete Ohio Form IT-4." <https://www.compasspayroll.com/documents/How-to-Complete-Ohio-Form-IT-4.pdf>

Sum Here:

Number of Withholding Exemptions: _____ Additional Withholdings/Per Check: \$ _____

DEDUCTIONS	AMOUNT/PAY CHECK	START DATE
Simple IRA		
401-K Traditional		
401-K Roth		
403-B		
Medical Insurance (Pre-tax)		
Medical Insurance (Post-tax)		
Dental (Pre-tax)		
Dental (Post-tax)		
Vision (Pre-tax)		
Vision (Post-tax)		
Disability Insurance (Pre-tax)		
Disability Insurance (Post-tax)		
Child Support*		
Garnishments*		



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*Send all court documents to Compass