



Employee Master Form

Company Name: _____ Client#: _____
 Employee#: _____ Employee Name: _____ Status: Active Terminated
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ SSN: _____ DOB: ____/____/____
 Hire Date: ____/____/____ Termination Date: ____/____/____ Hourly Rate: _____ Last Raise: ____/____/____ \$ _____
 W/C Code: _____ Salary: _____ Dept: _____ Labor Code: _____
 Status: W-2 Employee 1099 Independent Contractor

Earnings & Deductions

	QTD	YTD
Gross Dollars		
Federal Income Tax		
FICA Social Security		
FICA Medicare		
State Income Tax		
California Disability		

Voluntary Deductions

Type	Amount/Pay Period	Goal

FEDERAL Marital Status: Single Married FEDERAL Exemptions (0, 1, 2, etc.): _____ Add'l Flat \$ or %: _____
 STATE Marital Status: Single Married STATE Exemptions (0, 1, 2, etc.): _____ Add'l Flat \$ or %: _____
 Vac Accr'l Rate: Curr Acc: _____ Curr Used: _____ Curr Bal: _____
 Sick Accr'l Rate: Curr Acc: _____ Curr Used: _____ Curr Bal: _____