Reiser & Reiser, LLC
Certified Public Accountants

EMPLOYEE PAYROLL ENROLLMENT AND UPDATE FORM

Employer _____   Date Submitted: _____

First Name _____ M.I._____ Last Name _____

Address _____

City _____ State _____ Zip _____ County _____

SSN _____ DOB _____

E-Mail _____

Marital Status: ☐ Married   ☐ Single   Gender: ☐ Male   ☐ Female

☐ **Hire** Date:_____

☐ **Termination** Date:_____

☐ **Change** Date: _____

Auth. Signature _____

LOCATION

Default Location _____ Other_____

Default Department _____ Other_____

PAYROLL ITEMS

PAY TYPE (*select one*): ☐ Salary   ☐ Hourly

Salary: Annual Salary $_____

Hourly: Rate Type _____ Rate Amount $ _____

Rate Type _____ Rate Amount $ _____

Rate Type _____ Rate Amount $ _____

Rate Type _____ Rate Amount $ _____

DEDUCTION ITEMS

Pre-Tax Items: Item Type_____ Item Amount $_____

Item Type_____ Item Amount $_____

Item Type_____ Item Amount $_____

Item Type_____ Item Amount $_____

After-Tax Items: Item Type_____ Item Amount $_____

Item Type_____ Item Amount $_____

Item Type_____ Item Amount $_____

Item Type_____ Item Amount $_____

Retirement Plan Employer Match: ☐ Yes   ☐ No   Match % _____

WITHHOLDING INFORMATION

W-4 FEDERAL

☐ Single   ☐ Married

☐ Married withhold at Single rate

Total Allowances (Box 5)_____Additional w/h_____

WH-4 STATE

Personal Exemption (Line 5)_____

Dependent Exemption (Line 6)_____

Additional State w/h _____

DIRECT DEPOSIT

☐ Please attach voided check for each account
(no deposit tickets)

☐ Please attach Direct Deposit Authorization form

NOTES

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