



Employee Data Sheet

Company _____ # _____

S.S.# _____

Name _____
First Middle I. Last

Address _____

City _____ State _____ Zip _____

****This section does not need to be filled out if attaching W-4 and M4 for Employee****

Federal Withholding Rate _____	State Withholding Rate _____	State <u>MA</u> _____
Filing Status _____	Filing Status _____	
# of Allowances _____	# of Allowances _____	
Additional Amount _____	Additional Amount _____	

Will file as head of household on tax return.
 Blind.
 Spouse is blind and not subject to withholding.
 Full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

Salary _____ <small>per pay period</small>	Hourly Rate _____	Overtime Rate _____
Other Pay Type _____	Amount _____	Note _____
Type _____	Amount _____	Note _____
Type _____	Amount _____	Note _____
Type _____	Amount _____	Note _____

Hire Date _____	Department _____	Location _____
Birth Date _____	Title _____	Division _____
Gender _____	Division _____	_____