

**3**

# Employee Change Form

Email to payrollsupport@pmtworks.com or  
 Fax to 781.851.8491



Questions? Call 888-242-5737

## Employee Information - This section must be completed

(Fill out a copy of this page for each employee)

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 (Legal Name on Social Security Card)

## Change Information - Only enter information that has changed

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Re-Hire Date: \_\_\_\_\_ Employee Type:  Full Time  Part Time  Temp  1099

Employee Status -  Active  Inactive      Activation Date: \_\_\_\_\_ Inactive Date: \_\_\_\_\_

Termination Status - Term Date: \_\_\_\_\_ Reason: \_\_\_\_\_ Do you owe this employee any pay? \_\_\_\_\_

### Earnings:

Name (Salary, Hourly, Overtime, etc.)	Amount	How Often
	\$	
	\$	
	\$	

### Deductions:

Name (Medical, Dental, 401(k), etc.)	Amount	How Often
	\$	
	\$	
	\$	

Annual Salary: \$ \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ OT Factor (1x hourly, 1.5x): \_\_\_\_\_

**Federal Tax Info:** Filing Status  Married  Single  Head of Household  
 # Exemptions: \_\_\_\_\_ Additional Withholding Amount: \$ \_\_\_\_\_ \$/% Flat Dollar or Percent \_\_\_\_\_

**State Tax Info:** Filing Status:  Married  Single  Head of Household  
 # Exemptions: \_\_\_\_\_ Additional Withholding Amount: \$ \_\_\_\_\_ \$/% Flat Dollar or Percent \_\_\_\_\_

Income Tax Filing State: \_\_\_\_\_ Unemployment Filing State: \_\_\_\_\_

**Local Taxes:** Name of Local: \_\_\_\_\_

### DIRECT DEPOSIT(S):

To activate Direct Deposit, please complete. (We'll create a check if blank)



Account Type	Write in \$ amount or "net pay"	Routing Number (9 digits)	Account Number	Bank Name
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				

Any "remainder" will be paid by check.