

***A payroll service even your accountant will love.***



**PAYROLL SPECIALTIES NW, INC.**

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***For additional forms go to [www.psnw.us](http://www.psnw.us) under the Forms button.***

### **EMPLOYEE DATA/CHANGE IN STATUS**

**Your Company:**

Employee #:

Social Security #:

Name:

Address:

City:

State:

Zip:

Sex (M/F):

Date of Birth:

Date of hire:

Date of last raise:

Claiming Status:

(S/M/H)

# of Exemptions:

Additional  
withholdings:

(fwt):

(swt):

Department:

Salary:

Hourly rate:

#1:

#2:

#3:

***Please complete if applicable***

Volunteer ded.:

(125 plan):

Limit Mthly:

Accrued:

(401k plan):

Limit Mthly:

Accrued:

Sick time:

(Beg. balance):

Accrual rate:

Vacation time:

(Beg. balance):

Accrual rate: