



Basic Pay LLC

Employee Information Form

Fax: 212-684-6036 or email to info@basicpayllc.com
New Employee Information (make one copy for each employee)

Company: _____

Name: _____
first name middle initial last name

Address: _____
street apt. or suite #
_____ city state zip

Telephone #() ___ - _____

Work Email _____

Soc Sec # (SSN): ___ - ___ - _____

Work State (if different from home address state): _____

Division/Dept: _____ **Job Title** _____

Hire Date: ___/___/___ **Birth Date:** ___/___/___ Male Female

W-2 or 1099

Marital status: Married Single

Number Deductions/Exemptions: _____ (# claimed on line 5 of W4)

Pay rate: Hourly: \$ _____ or Salary: \$ _____

Direct Deposit: Yes No If yes, please enter the information below:

I would like my wages/salary deposited to the following bank account(s):
 Checking Savings

Bank Name: _____

Routing Number: _____ Account # _____
(The routing number is the 9 digit number that can be found at the bottom of your check)

Entire Net Pay _____ % Net Pay Specific Dollar Amount \$_____.00

Important! Must attach a void check – original or copy

Employee Signature _____ **Date** ___/___/___