

DATA PAY EMPLOYEE INFORMATION SHEET

CLIENT _____

DATA SERVICE CENTER, INC.
 P.O. BOX 2540 TOLEDO, OHIO 43606
 PHONE: (419) 473-1165 / FAX: (419) 473-8941

PERSON COMPLETING THIS REPORT _____

EMPLOYEE NO.
NEW <input type="checkbox"/> CHG. <input type="checkbox"/>

CIRCLE APPROPRIATE RESPONSES	TYPE: 1. HOURLY 2. SALARY & O.T 3. SALARY, NO O.T.
	TAX SCHD: 1. WEEKLY 2. BI-WEEKLY 3. SEMI-MONTHLY 4. MONTHLY

FED EX.	ST EX.	SOCIAL SECURITY NUMBER	TIN 1 / 2	RESIDENT CITY TAX		RESIDENT STATE TAX		RESIDENT SCHOOL TAX		SHIFT	PART TIME	RATES		Married or Single
				YES NO	NAME	YES NO	ABBR	YES NO	NUMBER			HOURLY	SALARY	
			1 = FEIN 2 = SS #	YES NO		YES NO		YES NO			P = YES _ = NO			M S

FIXED OVERRIDE		DEPARTMENT	ACCOUNT	SUB ACCOUNT	UNEMP. STATE	UNION	CREDIT UNION			SEX	RACE	CRAFT	1099 EMP.
FEDERAL %	STATE %						Y/N	PERCENT	AMOUNT				
							YES NO			M F			YES NO

NAME				PHONE				WORKMAN'S COMP. MANUAL NO.		CORPORATE OFFICER	
ADDRESS 1								NUMBER		ST	
ADDRESS 2				EARNED INCOME CREDIT				HIRE DATE		BIRTH DATE	
CITY / STATE / ZIP				YES NO		SPOUSE ? YES / NO				TERMINATION DATE	
YES NO				YES NO						YES NO	

EXTRA FEDERAL TAX	EXTRA STATE TAX	EXTRA CITY TAX	NAME	EXTRA SCHOOL TAX
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TAX SHELTERS

50 YEARS OLD OR OLDER? YES / NO

401, 403, 408, 457, 501, SIMPLE	FUND PERCENTS										PERCENT OF WAGES	LUMP SUM AMOUNT	HIGH COMP Y = YES	EFFECTIVE DATE
	1	2	3	4	5	6	7	8	9	10				

DEDUCTIONS

FREQUENCY: 0 = EVERY PAY 5 = 1ST PAY OF QTR 6 = 1ST & 2ND PAY OF MONTH
 1 = 1ST PAY OF MONTH 2 = 2ND PAY OF MONTH 3 = 3RD PAY OF MONTH 4 = 4TH PAY OF MONTH

DESCRIPTION	FREQUENCY	MAXIMUM AMT	DEDUCTION AMT	DEDUCTION % XXX.XXXXX	START DATE
				GROSS OR NET	
				GROSS OR NET	
				GROSS OR NET	
				GROSS OR NET	
				GROSS OR NET	
				GROSS OR NET	
				GROSS OR NET	
				GROSS OR NET	
				GROSS OR NET	

SPECIAL INSTRUCTIONS:
