



# EMPLOYEE MASTER FILE

Employer:

New Employee  Change to existing employee

Employee Name: (last, first, mi)

Street		City, State, Zip
Home Phone	Cell Phone	email address
Birth Date ____ - ____ - ____		Social Security Number ____ - ____ - ____

Hire Date ____ - ____ - ____	Termination Date ____ - ____ - ____
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Pay Type <input type="checkbox"/> hourly <input type="checkbox"/> salary	Pay Frequency <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> semimonthly <input type="checkbox"/> monthly
Hourly Rate \$_____ per hour	Department (if applicable)
Salary \$_____ per <input type="checkbox"/> week <input type="checkbox"/> biweek <input type="checkbox"/> semimonth <input type="checkbox"/> month <input type="checkbox"/> year	

**Federal (W-4) Employee Withholdings - information taken directly from 2020 W-4**

Step 1: Box (c)  Single or Married filing separately  
 Married filed jointly (or Qualifying window(er))  
 Head of household

Step 2: Box (c) Is the box checked?  Yes  No

Step 3: Line 3: Total Dollar Amount (3) \$ \_\_\_\_\_

Step 4: Line 4 (a) \$ \_\_\_\_\_  
Line 4 (b) \$ \_\_\_\_\_  
Line 4 (c) \$ \_\_\_\_\_

**State (VA-4) Employee Withholdings**

Marital Status  Single  Married  Married using single rate (higher withholding)  
Exemptions: (0,1,2,...) \_\_\_\_\_ Additional Withholding: \$ \_\_\_\_\_

Special Instructions:

Prepared by	Date
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