

Paymaster, Inc.
New Hire/Revision Conversion Form

Company Name: _____

Social Security #: _____ Social Security #: _____

Employee #: _____ Employee #: _____

Last Name: _____ Last Name: _____

First Name: _____ First Name: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Birth Date: _____ Birth Date: _____

Department: _____ Department: _____

Workers Comp Code: _____ Workers Comp Code: _____

Hire Date: _____ Hire Date: _____

Term Date: _____ Term Date: _____

Pay Rate: \$ _____ Freq. HR WK BW MO Pay Rate: \$ _____ Freq. HR WK BW MO

Marital Status: _____ Exemptions: _____ Marital Status: _____ Exemptions: _____

Federal Withholding Exempt: Y N Federal Withholding Exempt: Y N

Additional Fed W/H: _____ Additional Fed W/H: _____

Information to be calculated this pay period

Information to be calculated this pay period

Regular _____ OT _____

Regular _____ OT _____

Tips _____

Tips _____

Additional Information/Notes:

Additional Information/Notes:

