

EMPLOYEE INFORMATION

FULL NAME		SSN	
ADDRESS			
CITY		STATE	ZIP
COMPANY <input type="radio"/> MVF <input checked="" type="radio"/> MVM	HIRE DATE <u>6/2/19</u>	BIRTH DATE	<input type="radio"/> MALE <input type="radio"/> FEMALE
<input type="radio"/> SINGLE <input type="radio"/> MARRIED	NUMBER OF EXEMPTIONS FEDERAL: _____ STATE: _____		
<input checked="" type="radio"/> DIRECT DEPOSIT <input type="radio"/> CHASE PAYCARD	PAY RATE		
ADDITIONAL WITHHOLDINGS	CITY	SCHOOL	OTHER
ADDITIONAL INFORMATION FOR PAYROLL			