



Company Name: _____

CO. Number: _____

Phone: 503-520-1384 Fax: 503-520-1385

Employee Information (Please include completed Federal and State W-4 as applicable)

First Name: _____ Last Name: _____ Preferred Name: _____

SSN: _____ DOB: _____ Email: _____

Address: _____ City _____ State _____ Zip _____

Employer

Does this employee receive tips? Yes: _____ No: _____

If YES please provide the tipped occupation code: _____

Please refer to Treasury.gov for the current list of occupation codes. Notify your primary payroll specialist if your employee's occupation code changes at any time.

Date of Hire: _____ Is the employee Remote? Yes: _____ No: _____

Rate: \$ _____/hour OR \$ _____/year Status: Full Time Part Time

Division. _____ Dept. _____ Branch. _____ Location. _____

Workers Comp Classification: _____ SOC Code*: _____

***SOC Codes are required for the following States: AK / LA / NC / SC / WA / WV**

Accrual Plan(s): _____ Employee Portal Access: Yes: _____ No: _____

(Please be aware that if Premier Payroll NW is not tracking your company's benefit plans, these fields may be informational and used for your internal use only.)

Employee Signature: _____ Date: _____

Employer Printed Name: _____ Employer Signature: _____



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DIRECT DEPOSIT INFORMATION

(An attached copy of a voided check or bank generated letter will be required to accompany this form)

Routing Number: _____ Account Type: Checking _____ Savings _____

Account Number: _____ Amount \$ _____ or % _____

Routing Number: _____ Account Type: Checking _____ Savings _____

Account Number: _____ Amount \$ _____ or % _____

Routing Number: _____ Account Type: Checking _____ Savings _____

Account Number: _____ Amount \$ _____ or % _____

Employer Confirmation: I confirm that the aforementioned employee/worker has added or changed a bank account for direct deposit transactions. I acknowledge by signing this document that I am giving my consent to Premier Payroll NW to use the provided banking information for future deposits to this employee.

Employee Signature: _____ Date: _____

Employer Printed Name: _____ Employer Signature: _____