



# GBC SERVICES LLC

## New Employee Payroll Information or Employee Changes

Employer:

Employee Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

Social Security#: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Male

Female

Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional Withholding:

Federal: \_\_\_\_\_

State: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Hourly

Salary

Division: \_\_\_\_\_

Branch: \_\_\_\_\_

Department: \_\_\_\_\_

Special Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deduction changes:

Cancel deduction listed below:

401K \_\_\_\_ %

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_