



Employee Profile Form

Client Location Name: _____

Employee Name		Social Security Number
Street Address		
City	State	Zip
Federal Withholding Married/Single: _____ # of Exemptions: _____ Extra W/H: \$ _____	State Withholding Married/Single: _____ # of Exemptions: _____ Extra W/H: \$ _____	Local Tax Withholding (if any) Local Tax Name: _____ Married/Single: _____ # of Exemptions: _____
Date of Hire _____		
Date of Birth _____		
Rate of Pay \$ _____ Per (Circle One) Hour Month Year		
Assigned Department # _____		
Employment Status (Circle One) Full-Time Part-Time Other _____		
Deductions (Indicate if permanent)		
Health Insurance	\$ _____	
Dental Insurance	\$ _____	
401(k) Plan	\$ _____	or _____%
Child Support	\$ _____	(If applicable, provide remittance documents)
Garnishment	\$ _____	(If applicable, provide remittance documents)
Other _____	\$ _____	

Fax To ExcelPay @ 770-508-1425

or

Direct Fax To Julie Rowlenon @ 678-388-1242

Direct Fax To Ellen Matthews @ 678-388-1243