

EMPLOYER'S NAME _____

EMPLOYEE DATA SHEET

Employee Name **First** _____ **Last** _____

Title/Position _____

Address _____ **City** _____

State _____ **County** _____ **Zip** _____

SSN ____ - ____ - ____ **Former Last Name(s)** _____

Birthdate _____ **Hire Date** _____

Phone # _____

Email Address _____

Resident Municipality (TWNShP, BORO, CITY) _____

Pay Cycle (WKLY, BI-WKLY, SEMI-MNTHLY, MNTHLY) _____

Pay Type (SALARY OR HOURLY) _____

Rate of Pay _____

RETURN FORM via FAX, Email or USPS

Phone: 717-820-4156

FAX: 717-222-5144

Email: Beth@PayMastersPA.com

790 Prescott Dr., Lebanon PA 17046

SONRISE PayMaster\$ LLC