

Employer's Name _____

EMPLOYEE DATA SHEET

Employee Name _____

Title/Position _____

Address _____ City _____

State _____ County _____ Zip _____

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

Email Address _____

Birthdate _____ Hire Date _____

Phone Numbers: Land Line _____ Cell _____

Resident Municipality (TWNShP, BORO, CITY) _____

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

Pay Type (SALARY OR HOURLY) _____

Rate of Pay _____

RETURN FORM TO:
Sonrise PayMaster\$ LLC
419 Cumberland St. Suite 1
Lebanon PA 17042

PHONE: 717-820-4156
FAX: 717-277-5021
EMAIL: Beth@PayMastersPA.com

