



Legacy Payroll & Benefit LLC
408 Main Ave SW
Cullman, AL 35055
www.payrollmyway.com
payroll@payrollmyway.com
256-734-6911

Please complete this form for any new employee or employee changes.

Please type or print clearly

CHECK ONE: ☐ NEW EMPLOYEE ☐ EMPLOYEE CHANGE

Social Security Number: _____ Employee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Email: _____ Gender: ☐ Male ☐ Female Ethnicity: _____

Is this employee: ☐ New Hire or ☐ Rehire Date of Hire/Rehire: _____

Position/Job Title: _____ Status: ☐ Full Time ☐ Part Time

Pay Rate: _____ Department: _____ Workers Comp Code: _____

Direct Deposit: ☐ Yes or ☐ No Pay Frequency: _____

Withholding Status: State ☐ S ☐ M ☐ H # _____ Additional \$ _____

Federal ☐ S ☐ M ☐ H Dependent Cr \$ _____ Deduction \$ _____ Other \$ _____

Insurance: ☐ Yes or ☐ No Coverage: ☐ Single or ☐ Family

Effective Date: _____ Amount Per Pay Period: _____

List Additional Recurring Earnings/Deductions Below. (Ex. Phone Reimb, Life Ins, 401k, etc.)

Type: _____ Amount Per Pay Period: _____

Type: _____ Amount Per Pay Period: _____

Type: _____ Amount Per Pay Period: _____

Name of Authorizing Individual

Date

Company Name

Phone Number