• PayPlus •
Payroll solutions you can count on.

4 Dabilis Avenue
Tyngsboro, MA 01879

Phone (978) 649-3777
Fax (866) 677- 4222
Fax (866) 677- 4334

Form to be completed by the **Employer only**:

Fax *completed form to* ***866-677-4222 or 866-677-4334.*** *No cover sheets please.*

☐ **New Hire** **or** ☐ **Employee Change** **Effective on Check Date:____**

Employer			
Employee Name			
Employee Address			
City / State		Zip	
Employee email		DOB	
Social Security #		Marital Status	

Rate of Pay		Department			
Male ☐	Female ☐	Date of Hire		Date of Termination	

Number of Withholding Allowances:	Federal		State:	

Pay Type: *Choose one:* ☐ Hourly ☐ Salary ☐ 1099
Frequency: *Choose one:* ☐ Weekly ☐ Biweekly ☐ Semi-monthly ☐ Monthly

Employer Benefits:

Vacation Time:	rate	Sick Time:	rate
Personal Time:	rate		
401K/Simple IRA:	$ or %	Employer Match:	%

Voluntary and Mandatory Deductions:

401K/Simple IRA:	$ or %	Agency Info	
Insurance:	$	Circle Choice Pretax Post tax	
Garnishment:	$	Agency	
Workers Comp:	Hartford	EComp	Intego

Authorized by:

DO NOT attach W4 or state withholding forms. All info should be on this form.