PORTLAND PAYROLL, INC.
Your Hometown Payroll Partner

Employee Enrollment

Employee Enrollments and Changes must be submitted 48 hours prior to the procesing date of effective payroll. Information submitted after 48 hours will receive a live check couriered to the employer

Company Name _____ **Company #** _____

Worker's Full Legal Name _____

Reminder to Employer: Employment laws require employers to retain certain employee information and forms on file for a set number of years. Portland Payroll is in no way responsible for storing and maintaing aforementioned documents and encourages the client to review FLSA and applicable state employment rules for further detail to ensure compliance. https://www.dol.gov/general/topic/wages/wagesrecordkeeping

Worker Information: All Fields Required

Identification

Social Security Number: ____ ____ ____ - ____ ____ - ____ ____ ____ ____

   or USCIS Number: ____ ____ ____ - ____ ____ ____ - ____ ____ ____   *Found on worker's Employment Authorization Document (EAD)*

   or Taxpayer Identification Number   ____ ____ - ____ ____ ____ ____ ____ ____ ____   *For 1099 Independent Contractors Only*

Personal Information

Address: _____City_____State_____ Zip_____

Phone #: _____   Email Address: _____

Date of Birth: _____/_____/_____

W4 Withholding

Federal Withholding (W4): Step 1, box C

____ Single/Married filing Separately

____ Married Filing Jointly

____ Head of Household

Step 2: Multiple Jobs or Spouse Works

____ I hold 1 or more jobs, or are married/filing jointly & spouse also works

Step 3: Claim Dependents

$_____ Enter Total Dependent amounts here

State Withholding:

____ Married (Box 3)

____ Single *or* Married but withholding at higher Single rate (Box 3)

____ # of allowances (Box 5)

$_____ Additional Amount per payroll (Box 6)

** *OR* **

____ *Claiming Exempt (Box 7)*

Position Detail: Required Fields noted by (*)

*This worker is an *(choose one)*:   ____ Employee   ____ Independent Contractor (1099)   ____ Owner

*Hire Date: _____/_____/_____

Status: ____ Full Time   ____ Part Time   ____ Seasonal   ____ Temporary

*Rate: $_____ / hour   OR $_____ / year

DBDT: Division: _____   Branch: _____   Department: _____   Team: _____

*Any **states** in which work will be performed

_____

_____

*Any **counties** in which work will be performed

_____

_____

Workers Compensation / L&I Risk Code(s): _____

Accrual Plan Enrollment (specify which plan): _____

Additional Information:

_____

_____

_____

Employee Signature: _____   Date: _____

Employer Printed Name: _____ Employer Signature: _____