



Company Name: _____

CO. Number: _____

Phone: 503-520-1384 Fax: 503-520-1385

Employee Information (Please include completed Federal and State W-4 as applicable)

First Name: _____ Last Name: _____ Preferred Name: _____

SSN: _____ DOB: _____ Email: _____

Address: _____ City _____ State _____ Zip _____

Employer

Does this employee receive tips? Yes: _____ No: _____

If YES please provide the tipped occupation code: _____

Please refer to Treasury.gov for the current list of qualified tip occupation codes. Notify your primary payroll specialist if your employee's tip occupation code changes at any time.

Date of Hire: _____ Is the employee Remote? Yes: _____ No: _____

Rate: \$ _____/hour OR \$ _____/year Status: Full Time Part Time

Division. _____ Dept. _____ Branch. _____ Location. _____

Workers Comp Classification: _____ SOC Code*: _____

**SOC Codes are required for the following States: AK / LA / NC / SC / WA / WV*

Accrual Plan(s): _____ Employee Portal Access: Yes: _____ No: _____

(Please be aware that if Premier Payroll NW is not tracking your company's benefit plans, these fields may be informational and used for your internal use only. Required fields for all companies have been highlighted for ease of reference.)

Employee Signature: _____ Date: _____

Employer Printed Name: _____ Employer Signature: _____