myPay Solutions Employee Information Form

THOMSON REUTERS

Employer Name: _____

Employee Information

Employee ID: _____

Employee Name: _____

Street Address: _____ Apt. No.: _____

City/State/Zip: _____

County: _____

Employee email: _____

Social Security Number: _____ ☐

Date of Birth: _____

Date of Hire: _____

Hourly Rate: _____

Annual Salary: _____

1099 Employee? ☐ Yes ☐ No

Company Officer? ☐ Yes ☐ No

Department Name: _____

Location Name: _____

Tax Withholding Information

Name	Federal US	State	2nd State	City	City #2
Marital Status					
# of Exemptions					
Additional $ Amount or %					
Flat Amount or %					
Table or State %					
Unemployment State					

Tax Exempt: ☐ Yes ☐ No

If Yes select all that apply: ☐ FED ☐ FICA ☐ STATE ☐ FUTA ☐ SUTA

Voluntary Deductions

Description	$ or % per paycheck	Company Match Method	Company Match $ or %

Direct Deposit Information

Bank Name: _____

Type of Account: ☐ Checking ☐ Savings

Bank Routing Code: _____

Account Number: _____

Retype Account Number: _____

Primary Account: ☐ Yes ☐ No

Dollar Amount: _____

Leave blank for your primary account.

I hereby authorize my employer, Thomson Reuters or its subsidiaries to initiate credit entries into my personal account(s) at the above listed bank(s) for my net pay each pay period. I further authorize my employer to debit my personal account(s) for any credit entries posted to my account(s) in error. This authority remains in force until terminated by me or by Thomson Reuters.

Paycard Information

☐ *Mark only if you would like your net payroll made available to you on a paycard. (This is subject to employer participation.) **If paycard is marked, do not complete bank information above, just sign & date below.*

_____   _____
Employee Signature   **Date**

Internal Use   Firm ID: _____   Client ID: _____

Please fax completed forms to (800) 431-2057 or email support@mypaysolutions.com

TL20651