



GBC SERVICES LLC

New Employee Payroll Information or Employee Changes

Employer:

Employee Name: _____

Mailing Address: _____

City/State: _____

ZIP: _____

Phone #: _____

DOB ____/____/____

Email Address: _____

Social Security#: _____

Marital Status: _____

Male

Female

Date of Hire: ____/____/____

Additional Withholding:

Federal: _____

State: _____

Rate of Pay: _____

Hourly

Salary

Division: _____

Branch: _____

Department: _____

Special Information: _____

Deduction changes:

Cancel deduction listed below:

401K ____%
