

PAYROLL INFORMATION DATA FORM

Client Name: _____

To Be Completed By The Client's Employee:

1. Legal Name: _____

2. Email Address: _____

3. Social Security Number: _____

4. Emergency Contact Name: _____

5. Emergency Contact Phone Number: _____

6. Local Tax (If Applicable): City or County _____

Township or Borough _____

School District _____

OPT: if already paid for current year, please provide receipt.

Voluntary Information (Used for EEOC reporting only)**Affirmative Action/ EEO Information:**Gender: ☐ Female ☐ MaleRace: ☐ Hispanic or Latino☐ Asian☐ White☐ American Indian or Alaskan Native☐ Black or African American☐ Two or More Races (not Hispanic or Latino)Check all that apply: ☐ Vietnam Era Veteran☐ Disabled Veteran☐ Veteran☐ Handicapped Veteran☐ Other Eligible Veteran**To Be Completed By Client Company:**

1. Payroll Start Date with Pinnacle: _____

Rehire Date: _____

Original Hire Date With Client: _____

(Requires current W-4)

2. Pay Frequency: ☐ Weekly ☐ Bi-Weekly☐ Semi-Monthly☐ Monthly3. Job Status: ☐ Full Time ☐ Part Time☐ Seasonal/Variable ☐ On Call

4. Salary Rate: _____ Hourly Rate: _____ Other: _____

5. Job Title: _____ Department (if applicable) _____

Pinnacle Corporation Use Only

Workers Comp Code: _____