



## Employee Add / Change Form

Email to: aaron@reliantpayroll.com  
Fax to: 877-848-4931

Circle One: W2 Employee    1099 Contractor

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Circle One: Married    Single

**Federal Withholding**  
# of Allowances \_\_\_\_\_

**State Withholding**  
# of Dependent Allowances \_\_\_\_\_      # of Allowances \_\_\_\_\_

Salary per Pay Period \$ \_\_\_\_\_ or Hourly Rate \_\_\_\_\_/hour

Direct Deposit: Routing # \_\_\_\_\_ Account # \_\_\_\_\_