EMPLOYER'S NAME _____

EMPLOYEE DATA SHEET

EMPLOYEE NAME _____

TITLE/POSITION _____

ADDRESS _____

STATE _____ ***COUNTY*** _____ ***ZIP*** _____

SSN _____-____-_____ ***BIRTHDATE*** _____

RESIDENT MUNICIPALITY *(TWNSHP, BORO, CITY)* _____

PAY CYCLE *(WKLY, BI-WKLY, SEMI-MNTHLY, MNTHLY)* _____

PAY TYPE *(SALARY OR HOURLY)* _____

RATE OF PAY _____

♦ ♦

Forward to:

SONRISE
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