

**EMPLOYER'S NAME** \_\_\_\_\_

# **EMPLOYEE DATA SHEET**

**Employee Name**    **First**\_\_\_\_\_ **Last**\_\_\_\_\_

**Title/Position** \_\_\_\_\_

**Address** \_\_\_\_\_ **City**\_\_\_\_\_

**State**\_\_\_\_\_ **County** \_\_\_\_\_ **Zip** \_\_\_\_\_

**SSN** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Former Last Name(s)**\_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Hire Date** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Resident Municipality (TWNShP, BORO, CITY)** \_\_\_\_\_

**Pay Cycle (WKLY, BI-WKLY, SEMI-MNTHLY, MNTHLY)** \_\_\_\_\_

**Pay Type (SALARY OR HOURLY)** \_\_\_\_\_

**Rate of Pay** \_\_\_\_\_

**RETURN FORM via FAX, Email or USPS**

**Phone: 717-820-4156**

**FAX: 717-222-5144**

**Email: [Beth@PayMastersPA.com](mailto:Beth@PayMastersPA.com)**

**790 Prescott Dr., Lebanon PA 17046**

## **SONRISE PayMaster\$ LLC**