1027 7th Street NW, Unit 204 Rochester, MN 55901

Phone: 507-540-0801 | 844-862-9972 (out Area)

Fax: 507-481-1399 | Email: info@rxteamhomehealthcare.com

EMPLOYEE INFORMATION FORM

First Name Middle Initial

Last Name

Address 1 Gender

Male Female

Quarterly

Home Health Care LLC

Address 2 Status

Single Married Widow/Widower

City State Zip

Social Security Number Date of Birth

Email Address Phone Number

Pay Rate Amount Tax Status

Hourly Salary 5 W-2 1099

Semi-monthly

Pay Frequency

Weekly Bi-weekly

Federal Filing Status

Single Married - at Higher Single Rate Allowances

Additional Federal Withholdings

Additional Amount Withheld Flat \$ Amount

Additional % Withheld Flat % Amount

State Filing Status

Single Married - at Higher Single Rate Allowances

Additional State Withholdings

Additional Amount Withheld Flat \$ Amount

Additional % Withheld Flat % Amount

Direct Deposit Information

Bank Routing Number Bank Routing Number

Bank Account Number Bank Account Number

Account Type

Checking Savings Checking Savings

Deposit Amount

Full Amount Partial \$ Full Amount Partial \$

Partial % Partial %

Account Type

Deposit Amount