



Employee Maintenance Worksheet

_____ New Hire _____ Change _____ W-2 _____ 1099 _____ Other

Company: _____ ECCA Co. #: _____ Employee ID #: _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____ Gender: M F

Phone #: (____) ____ - ____ Date of Birth: ____/____/____ Soc Sec #: ____ - ____ - ____

Email Address: _____ Workers Comp Code (if required) _____

FEDERAL – (Please refer to the 2020 W-4 Form)

STEP 1: (c)

Withholding Code (M1, M2, S1, S2, H1, H2): _____

S	Single or Married Filing Separately
M	Married
H	Head of Household
1	Single Earner - Box 2(c) NOT checked
2	Double Earner – Box 2(c) IS checked

Complete Steps 2 – 4 only if applicable

STEP 2

Step 2(c) (Check box only if this box is checked on W-4)

STEP 3: \$ _____ Claim Dependents STEP 4: (a) \$ _____ Other Income (b) \$ _____ Deductions (c) \$ _____ Add'l Withholding

STATE

Marital Status: Single Married

No. of WH Exemptions: _____ Additional State Withholding: \$ _____ or _____ %

County of Residence _____ (MD residents only)

Status: Active Terminated Hire Date: ____ / ____ / ____ Term Date: ____ / ____ / ____

Division: _____ Branch: _____ Department: _____

Hourly Rate: \$ _____ Hourly Rate 2: _____ Salary: \$ _____

Pay Frequency:

Weekly Bi-Weekly Semi-Monthly Month Worker Comp Code _____

Accruals

Type: _____ Starting Amount: _____ Rate Override: _____ hour /pay period /year

Type: _____ Starting Amount: _____ Rate Override: _____ hour /pay period /year

Deductions

Type: _____ \$ _____ or _____ %

Type: _____ \$ _____ or _____ %

Notes: _____