EMPLOYEE STATUS REPORT Date_____

Company Name _____ *Fax form to:*
(847) 526-9778

Contact _____

Please fill in all fields

_____ New Hire _____ Active Employee Change _____Terminate Employee

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SSN:_____

Employee:_____
First Name MI Last Name

Address:_____
Street Address

_____ Job Description/Dept:_____
City State Zip

Email address:_____

Hire Date: _____ Job Status: Full / Part Sex: M/F

Birthdate: _____

Fed W-4 Form: **attach 2020 Fed W-4 form** (cannot accept earlier forms)
IL W-4 Form: **attach form**
(see our website for forms: www.ilpayrollsolutions.com/forms)

Salary/Hourly Rate:_____ Hourly Rate 2:_____

Direct Deposit: Yes or No (Attach Employee Agreement and Voided Check)

Special Instructions: