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

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 ☐ No
(Attach Employee Agreement and Voided Check)

Special Instructions: