



We Add To Your Success

109 New Camellia Blvd. Suite 200
Covington, LA 70433
Phone: (985) 845-8828
Fax: (985) 845-7297
General Mailbox: payroll@argentpayroll.com

EMPLOYEE PROFILE FORM

Please attach any garnishment information

Company Name: _____

Location (if applicable): _____ Department (if applicable): _____

Employee First Name: _____ MI: _____ Last: _____

Social Security #: _____ Date of Birth: _____

Address: _____

Time Card Number (if applicable): _____ Date of Hire: _____

Status (circle one): Full Time Part Time Temporary Hire Credit

Federal Filing Status (circle one): Single Married Married @ Single Rate
Exemptions: _____
Add'l Withholding: \$ _____

State Filing Status (circle one): Single Married
#Exemptions: _____ #Dependents: _____
Additional Withholding: \$ _____

Pay Information (circle one): Hourly Salary Non-Exempt Salary Exempt 1099

Gross Salary or Hourly Rate (Per hour or pay period): \$ _____

Voluntary Deductions

Deduction Type	Frequency* (Circle one)	Amount Per Deduction	Employer Match?	Pre-Tax (Y/N)
	W B S M			
	W B S M			
	W B S M			
	W B S M			
	W B S M			

*W = Weekly, B = Bi-weekly, S = Semi-Monthly, M = Monthly