Integrated Community Services, Inc.
Bringing Community to Life

PAYROLL WORKSHEET

Date: _____

Name: _____

DOB: _____

Address: _____

_____

SS#: _____

Marital Status: _____

Federal Exemptions: _____

State Exemptions: _____ State: _____

Start Date: _____

Phone #: _____

Email: _____

Emergency Contact Person: _____

Emergency Number: _____

Bank INFO

Routing #: _____

Account #: _____

Please attach a voided check or direct deposit authorization document from your Bank.