



**NATIONAL INSURANCE
& TAX SERVICE**
Building Life Long Relationships

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PAYCHEX[®]

NEW EMPLOYEE/CHANGE FORM

Employee: <input type="checkbox"/> New <input type="checkbox"/> Change	
Client #	Client Name:

REQUIRED FOR PROCESSING		
Employee Name/Number:		
Email:		
Address		
City, State, Zip Code:		
Social Security Number:	Department #:	
Salary per pay period:	Hourly rate:	
Marital Status:	# of exemptions:	
Start Date:	Birth Date:	Termination/Inactive Date:
Adjustments:		
Type _____	Amount _____	
Type _____	Amount _____	
Type _____	Amount _____	