

EHS Employee Payroll Data Form

Please complete all fields.

First Name _____

Last Name _____

Middle Initial _____

Mailing Address _____

City _____

State _____

Zip Code _____

Phone Number (home) _____

Phone Number (cell) _____

Email Address _____

Social Security No. _____

Birth Date _____

Federal Tax Information

Filing Status Single Married Married but using Single rate

Allowances (#) _____

Extra Withholding (\$) _____

Form (with copy of voided check) may be returned via:

1. US mail: Katherine Lipsky
161 Seven Farms Drive
Charleston, SC 29492
2. Drop Off: At the Family Circle Tennis Center, 2nd Floor, attn: Kathy Lipsky