



10284 Vans Drive

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Update - Employee Information

Name _____

Address _____

Telephone _____

Name Change	Y
Address Change	Y
Telephone Change	Y
Circle Y if change is made to Name, Address or Telephone.	

Payroll Taxes

Federal Withholding

Status **M** **S**
(circle one)

Deductions \$ _____

Additional Withholding \$ _____

Use Federal Withholding for State **Y** **N**
(circle one)

State Withholding

Status **M** **S**
(circle one)

Deductions \$ _____

Additional Withholding \$ _____

If any tax changes are made, a new Form W-4 and IL-W-4 must be filed. Please contact office.

Miscellaneous Deductions

\$ _____ Accident Ins.	\$ _____ Dues	\$ _____ Net Direct Deposit (Net)
\$ _____ Cancer Ins.	\$ _____ Employee Loan	\$ _____ Short Term Disability
\$ _____ Child Support	\$ _____ Intensive Care Ins.	
\$ _____ Credit Union	\$ _____ IRA	

Fill in amount of new deduction.

For Office Use Only
Date Entered _____

Employee Signature _____ Date _____

Effective Date _____