

MEDIA DATA SERVICES INC .

265 RT. 46 , SUITE 206 , TOTOWA. NEW JERSEY 075 12

Week # _____

Fax : 973-785-2453
OFFICE: 973-785-3100

COMPANY NAME _____ C O . # _____

EMPLOYEE NUMBER: _____ SOCIAL SECURITY NO. _____

STARTING DATE (MM/DD/YY): _____

FIRST NAME _____

MIDDLE NAME _____

LAST NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

STATE CODE _____ (MEDIA USE ONLY)

HOURLY RATE \$ _____

SALARY PER PERIOD \$ _____

PAY PERIODS: WEEKLY ___ BI-WEEKLY ___ SEMI-MONTHLY ___ OTHER ___

MALE OR FEMALE (CIRCLE ONE)

DEPARTMENT _____

MARRIED _____ OR SINGLE _____

FEDERAL:

STEP 2: DO YOU HOLD MORE THAN 1 JOB: YES _____ OR NO _____

STEP 3: IF YOUR INCOME WILL BE \$200K OR LESS (\$400K OR LESS IF MARRIED JOINTLY):

MULTIPLY # OF QUALIFYING CHILDREN < 17 BY \$2K _____

MULTIPLY # OF DEPENDENTS BY \$500 _____

STEP 4 (OPTIONAL): OTHER INCOME (NOT FROM JOBS) _____

DEDUCTIONS (IF YOU WANT YOUR WITHOLDING REDUCED) _____

EXTRA FEDERAL W/H _____

OR FIXED FEDERAL W/H _____

STATE:

DEPENDENTS _____

EXTRA STATE W/H _____

OR FIXED STATE W/H _____