ADP TotalSource
Bottom Line. Your team just got better.®

Personal Data Sheet

(PLEASE PRINT CLEARLY)

Name of Worksite Employer: _____

Employee Name: (First, Middle Initial, Last): _____

Social Security Number: _____ _____ Birth Date: _____

Contact Information

Home Address

Street 1: _____

Street 2: _____

City: _____

County: _____

State: _____ Zip: _____

Are you subject to any city or local income taxes? ☐ Yes ☐ No
If so, please provide the city and/or locales below:

Lived-in	Worked-in
_____	_____
_____	_____
_____	_____
_____	_____

Gender: ☐ Male ☐ Female

Electronic Contact Information

Home Email: _____

Business Emai: _____

Maiden Name _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Common-Law

Phone

Primary Phone: _____

Secondary Phone: _____

Work-in State: _____

Ethnic Group: Are you Hispanic or Latino? ☐ Yes ☐ No

If not Hispanic or Latino, please indicate below:

☐ White ☐ Black or African American
☐ Asian ☐ American Indian/Alaska Native
☐ Two or more races ☐ Native Hawaiian or other Pacific Islander

Emergency Contact Information

Contact #1

Name: _____

Primary Phone: _____

Secondary Phone: _____

Relationship: _____

Contact #2

Name: _____

Primary Phone: _____

Secondary Phone: _____

Relationship: _____

Notes to TotalSource: _____

Authorized Client Signature: _____ Date: _____

KB-9106 Employee Data