



SPIRITUS Missionary Payroll Information

Name: _____	
Street Address: _____	
City: _____	
State: _____	Zip: _____
Social Security #: _____	Date of Birth: _____
Phone Number: _____	

Bookeeper Use Only Mark when received completed:	Bookeeper Use Only Mark when complete:
_____ Form I-9 & Doc Copies	_____ New Hire Reporting Online
_____ W-4	_____ Name, Address, SSN, W-4 box 1c info and any addt'l w/h to CPA
n/a _____ WT-6	_____ DD Setup
_____ DD Authorization	_____ Health Insurance Sign-up Complete
_____ Health Ins Enrollment or Waiver Form	-or- _____ Health Insurance Card & Waiver