NEW EMPLOYEE INFORMATION

EMPLOYER INFORMATION:

EMPLOYER NAME: _____
EMPLOYER EIN: _____
EMPLOYER ADDRESS: _____
_____
_____

CONTACT NAME: _____
PHONE NUMBER: _____

NEW EMPLOYEE INFORMATION:

EMPLOYEE SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ DATE OF HIRE: _____

EMPLOYEE FIRST NAME: _____

EMPLOYEE MIDDLE NAME: _____

EMPLOYEE LAST NAME: _____

EMPLOYEE ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____

EMPLOYEE PAY INFORMATION:

PAY RATE: _____
FEDERAL FILING STATUS: _____ EXEMPTIONS: _____
EXTRA WIHHOLDING: _____
SPECIAL WITHHODINGS OR DEDUCTIONS: _____
_____

DEPARTMENT: _____

SPECIAL INSTRUCTIONS: _____
_____
_____