

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 WITHHOLDING: _____

SPECIAL WITHHODINGS OR DEDUCTIONS: _____

DEPARTMENT: _____

SPECIAL INSTRUCTIONS: _____
