

# 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_