

New Employee Information Form

MUST BE COMPLETED BY EMPLOYER

Company Name: _____

Date Entered: _____

Employer / Manager Initial: _____

Personal Data

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| Full Name: (as shown on Social Security Card) | |
| Address | Social Security No. |
| City State, Zip County | Birth Date |
| Email Address | Gender <input type="radio"/> Female <input type="radio"/> Male |
| Job Title | Hire Date |
| Compensation <input type="checkbox"/> Salary _____ per _____ <input type="checkbox"/> Hourly _____ per hour (_____ weekly hours) | Employment <input type="radio"/> Full-Time <input type="radio"/> Part-Time |

Direct Deposit Information

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| Will this employee be paid by direct deposit? Direct Deposit <input type="radio"/> Yes <input type="radio"/> No If yes, attach completed Authorization of Direct Deposit form |
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Tax Information

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| Please carefully complete section to ensure correct tax deduction and reporting: <input type="checkbox"/> Attach completed federal Form W-4 <input type="checkbox"/> Attach completed state withholding form for each applicable state <input type="checkbox"/> Job Location _____. If Job Location consists of multiple states, complete below <input type="checkbox"/> List each State and percentage of work completed in each State State ____ % ____ State ____ % ____ State ____ % ____ State ____ % ____ <input type="checkbox"/> Specify any payroll taxes that this employee is exempt from, such as state unemployment, social security, or Medicare: _____ <input type="checkbox"/> Specify any local taxes that need to be withheld from this employee's paycheck: _____ <input type="checkbox"/> Notes: _____ |
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