

Employee Information Form



Company: _____

PLEASE PRINT LEGIBLY AND IN **BLACK INK**.

(Circle One): New Hire Rehire Change of Information New Client Setup

Employment Information
Employee Type (circle one): W2 1099 1099 ITIN
Hire Date: _____
Employee/Timecard Number: _____
Employment Category (circle one) Full Time Part Time Seasonal

Organization
Division: _____
Department: _____
Worker's Comp Code: _____
Workers's Comp Description: _____

General Information
Social Security Number: _____
First Name: _____
Middle Name: _____
Last Name: _____
Email Address: _____
Address: _____
Apt/Suite: _____
City: _____
State: _____
Zip: _____
Birth Date: _____
Home Phone: () _____
Mobile Phone: () _____
Gender: Male Female

Federal Marital Status for Withholding (W-4)
(circle one)
S/M- Separately M- Jointly Head of Household
<i>(Exemptions are no longer an option, please enter dollars per child)</i>
Dependent Amount (\$2000 per Child under 17): _____
Multiple Jobs or Spouse Works: <input type="radio"/> Yes <input type="radio"/> No
Amount to Withhold (optional): _____ <input type="radio"/> Percent <input type="radio"/> Dollars

Pay
Pay Type (circle one): Salary Hourly By Job
Pay Frequency: Weekly Biweekly Semi Monthly Monthly
Normal Hours: _____
Annual Salary: \$ _____
Per Pay Salary: \$ _____
Hourly Rate: \$ _____
Other Pay Type: \$ _____
Description: _____

State Marital Status for Withholding (ST-4)
(circle one)
Single(S) Head of Household(H) Married(MW)
Number of Allowances/Dependents/Exemptions: _____
Amount to Withhold (optional): _____ <input type="radio"/> Percent <input type="radio"/> Dollars

Emergency Contact
Name: _____
Relation: _____
Phone Number _____

Do not send the Federal or State Withholding allowance certificates or Form I-9.

Please retain these documents in your permanent files.

ATTACH DIRECT DEPOSIT FORM (if applicable)