



# New Employee Information

Co Code: \_\_\_\_\_ Company Name: \_\_\_\_\_

\*SSN# \_\_\_\_\_ \*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Gender \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

\*Date of Hire: \_\_\_\_\_ \*Status: \_\_\_\_\_ Full time \_\_\_\_\_ Part Time

\*Salary per pay period: \_\_\_\_\_ \*Hourly Rate: \_\_\_\_\_ Rate 1 \_\_\_\_\_ Rate 2 \_\_\_\_\_ Rate 3

\*Division: \_\_\_\_\_ \*Branch: \_\_\_\_\_ \*Department: \_\_\_\_\_

\*Federal Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married Fed Dependents: \_\_\_\_\_

\*State Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married State Dependents: \_\_\_\_\_

### TAX OVERRIDES

Fed Tax Amounts: \_\_\_\_\_ Amount \_\_\_\_\_ Percent \_\_\_\_\_ Additional \_\_\_\_\_ Flat

State Tax Amounts: \_\_\_\_\_ Amount \_\_\_\_\_ Percent \_\_\_\_\_ Additional \_\_\_\_\_ Flat

\*Employment type: \_\_\_\_\_ W-2 \_\_\_\_\_ 1099 \_\_\_\_\_ W-2 & 1099

Is this employee Tipped Directly: \_\_\_\_\_ Yes \_\_\_\_\_ No

### Deductions to be taken every payroll

<u>Deduction Name</u>	<u>Amount</u>	<u>Deduction Name</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____

### Direct Deposit information (you must submit a completed Direct Deposit Form)

\*\* Indicates required fields