

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 _____ 1099

*Salary per pay period: _____ *Hourly Rate: _____

*Division: _____ *Branch: _____ *Department: _____

*Federal Marital Status from current Federal W-4

State Marital Status

- ___ Standard Single/Married Filing Separately
- ___ Higher Single/Married Filing Separately
- ___ Standard Married filing jointly
- ___ Higher Married filing jointly
- ___ Standard Head of Household
- ___ Higher Head of Household

- ___ Single
- ___ Married
- ___ Other _____

Federal Dependents: _____ W-4 Total Dependents Tax Credit: _____

Other Income: _____ Deductions: _____

TAX OVERRIDES

Fed Tax: Amount: _____ or Percentage: _____ / Additional: _____ or Flat: _____

State Tax: Amount: _____ or Percentage: _____ / Additional: _____ or Flat: _____

Is this employee Tipped Directly: _____ Yes _____ No

Deductions to be taken every payroll (up to 4 line items)

Deduction Name	Amount per pay period	Deduction Name	Amount per per period
_____	_____	_____	_____
_____	_____	_____	_____

Direct Deposit information (you must submit a completed Direct Deposit Form along with copy of a voided check or a letter from your bank showing account and routing number)

** Indicates required fields