

COMPANY NAME:

NEW HIRE INFORMATION * INDICATES REQUIRED INFORMATION

*NAME:								
*ADDRE	SS:							
*CITY:								
*STATE:				*ZIP CODE:				
*SOCIAL	SECURIT	Y NUMBER:						
EMP. NO.:				_	DATE HIRED:			
DEPT.:				-	DATE OF BIRTH:			
*TAX STATUS :		M		S		•		
*CT FILING OPTION		NS:	Α	В	С	D	E	F
FEDERA	L ALLOWA	NCES:						
FED ADDITIONAL WITHHOLDINGS AMT:								
STATE ADDITIONAL WITHHOLDINGS					AMT:			
PAY FREQ.:		WEEKLY	BIWEE	EKLY	SEMI-N	MONTHLY	•	MONTHLY
SALARY AMOUNT: \$					ANNUA	L OR	PER	PAYROLL
RATE		\$ Per/Hour \$ Per/Hour						
DEDUCT		PERCENT		OR	FIXED /	AMOUNT		