



NEW HIRE EMPLOYEE PAYROLL FORM

Company Name _____

First Name _____ Middle Initial _____

Last Name _____

Street Address _____ Apt _____

City, State, Zip _____

Social Security # _ _ _ - _ _ - _ _ _

Primary Email _____

Gender Type: (please circle) Male or Female

Pay Rate \$ _____

Employee Type: (please circle) Salary or Hourly

Pay Frequency: (please circle) Weekly/Bi-Weekly/Semi-Monthly/Monthly

Federal Filing Status: (please circle) Single or Married Filing Sep/Married Filing Jointly/Head of Household

Two Jobs? Yes or No

Claim Dependents \$ _____ Other Income \$ _____ Extra Withholding \$ _____

State Filing Exemptions: # _____ Extra Withholding \$ _____

Employee Type: (please circle) Full Time or Part Time

Hire Date (month/day/year) _____ Rehire Date (month/day/year) _____

Birth Date (month/day/year) _____

Department/Location _____

Voluntary Deductions _____

Workers Compensation Code (if applicable) _____