NEW EMPLOYEE PAYROLL FORM

INSTRUCTIONS: Complete the employee section only and return to your employer with a voided check and completed and signed W-4.

EMPLOYEE SECTION

FIRST NAME _____ MIDDLE _____ LAST _____

WORK ADDRESS _____ City/Town _____ State _____ Zip Code _____

SOCIAL SECURITY NUMBER: __ __ __ - __ __ - __ __ __ __ DATE OF BIRTH: ____/____/____

HOME ADDRESS _____ City/Town _____ State _____ Zip Code _____

FEDERAL FILING STATUS: ◯ SINGLE ◯ MARRIED ◯ MARRIED BUT WITHHOLD AS SINGLE

WITHHOLDING ALLOWANCES: _____ Use W-4 worksheet or IRS calculator to compute

ADDITIONAL FEDERAL WITHOLDING: $_____

STATE FILING STATUS: ◯ SINGLE ◯ MARRIED 1 INCOME ◯ MARRIED DUAL INCOME ◯ DON'T WITHOLD

WITHHOLDING ALLOWANCES: _____ Use W-4 worksheet or IRS calculator to compute

ADDITIONAL STATE WITHOLDING: $_____

DIRECT DEPOSIT BANK ACCOUNT TYPE: ◯ CHECKING ◯ SAVINGS

BANK ACCOUNT NUMBER: _____ ROUTING NUMBER: _____

Important: Include a voided check with the form when returning to your employer.

EMPLOYER SECTION

HIRE DATE: ____/____/____

EMPLOYEE TYPE: ◯ SALARIED ◯ PAID BY THE HOUR JOB TITLE/POSITION: _____

AMOUT PAY: $_____ PAID PER: ◯ HOUR ◯ WEEK ◯ MONTH ◯ YEAR

FILE NEW HIRE REPORT?

◯ YES, FILE THE STATE NEW HIRE REPORT FOR ME. ◯ NO, I HAVE ALREADY FILED.

IF YOU PROVIDE YOUR EMPLOYEE BENEFITS, COMPLETE THE SECTION BELOW:

TYPE OF BENEIFT	EMPLOYEE SHARE PER PAY PERIOD	EMPLOYER SHARE PER PAY PERIOD
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____