

Payroll Service
 New Employee Information

For Multiple Departments

Company _____

Complete this form for each employee

Shaded items are required

Last Name:		Employee Number
First Name:	M.I.	Date of Hire:
Address:		Payperiods per year 52, Weekly 26, Bi-weekly 24, Semi-mthly 12, Monthly
City, State, Zip:		
Date of Birth:		
Phone:	() -	
SS #:	- -	
E-Mail Address:		
Location:		
Home Department:		Part-Time Full-Time
Covered under the company's Qualified Pension Plan?		Yes No

W-4	Federal	State		Choose one for each line:
Filing Status:				FICA
Exemptions:				Medicare
Additional Withholding:	\$	\$	or %	Fed Unemployment
				State Unemployment
			Other _____	Other _____
Advanced EIC Credit				

Mark the appropriate benefits and deductions and indicate the amount or percentage for each applicable item. List additional items in the blank spaces provided.

Compensation Information		Dept _____	Dept _____	Dept _____
	Amount	Amount	Amount	
Salary per pay period	\$	\$	\$	
Wage per hour	\$	\$	\$	
Commission	\$	\$	\$	
Sick Pay per hour	\$	\$	\$	
Vacation Pay per hour	\$	\$	\$	
Holiday Pay per hour	\$	\$	\$	
Expense Reimbursement	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

Deduction Information		Amount per payperiod	% of which items
401(k)	\$	or %	of
Medical Ins	\$	or %	of
Disability Ins	\$	or %	of
Life Ins	\$	or %	of
Wage Garnishment	\$	or %	of
Cafeteria Plan	\$	or %	of
	\$	or %	of
	\$	or %	of
	\$	or %	of