

New Hire Worksheet

EMPLOYEE:

FIRST MIDDLE LAST

HOME ADDRESS CITY, STATE, ZIP CODE

SOCIAL SECURITY NUMBER BIRTH DATE COUNTY OF RESIDENCE

STATE YOU WILL BE WORKING IN EMAIL ADDRESS

TELEPHONE NUMBER

FEDERAL WITHHOLDING

- Please attach Page 1 of the W4

STATE WITHHOLDING

- Total Number of allowances you are claiming: _____
- Extra Withholding Amount: _____

EMPLOYEE SIGNATURE _____

EMPLOYER:

NAME OF BUSINESS EMPLOYER IDENTIFICATION NUMBER

BUSINESS ADDRESS

EMPLOYEE'S HOURLY RATE: _____ EMPLOYEE'S SALARY RATE: _____

EMPLOYEE'S HIRE DATE: _____ DEPARTMENT: _____