

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

DIRECT DEPOSIT (ATTACH VOIDED CHECK) _____ OR

PAYCARD (DEBIT CARD) _____

_____ SINGLE

_____ MARRIED

_____ MARRIED BUT WITHHOLD AT HIGHER SINGLE RATE

Note: If married, but legally separated, or spouse is a nonresident alien, check the single box.

Total number of allowances you are claiming: FEDERAL _____ STATE _____

Additional amount, if any, you want withheld from each paycheck: FEDERAL \$ _____ STATE \$ _____

EMPLOYEE SIGNATURE _____

EMPLOYER:

NAME OF BUSINESS

BUSINESS ADDRESS

EMPLOYER IDENTIFICATION NUMBER

EMPLOYEE'S HOURLY RATE: _____

EMPLOYEE'S SALARY AMOUNT: _____

EMPLOYEE'S HIRE DATE: _____