

# NEW EMPLOYEE WORKSHEET

Company: \_\_\_\_\_ DBA: \_\_\_\_\_

## EMPLOYEE INFORMATION (Please write clearly):

Hire Date: \_\_\_\_\_ New Hire or Rehire Card #: \_\_\_\_\_

Name: \_\_\_\_\_  
First Name MI Last Name

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Income State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status: \_\_\_\_\_

Number of allowances: \_\_\_\_\_ \*\*If claiming more than 10 or Exempt sent a copy of the W-4 with payroll.

Additional amount, if any, to be withheld: \$ \_\_\_\_\_

This employee works

\_\_\_\_\_ Full-Time

\_\_\_\_\_ Part-Time

This employee is:

\_\_\_\_\_ Hourly Rate 1- \$ \_\_\_\_\_/hour

2 - \$ \_\_\_\_\_/hour

3 - \$ \_\_\_\_\_/hour

\_\_\_\_\_ Salary \$ \_\_\_\_\_/year

Department, if applicable: \_\_\_\_\_

Workers Comp Code, if applicable: \_\_\_\_\_

Other Deductions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Garnishments: \_\_\_\_\_

\_\_\_\_\_