

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: _____
