



New Hire Form

Company Name: _____

New Employee Information:

Name: _____

Address: _____

Social Security Number: _____

Marital Status: Married Single Exemptions: _____

Employee Status: W-2 1099

Department: _____ Workers Comp Code: _____

Rate of Pay:

Salary: _____ (amount per pay period)

Hourly: _____ (rate per hour)

*** Please be advised, if the information is not complete it may cause a delay in the employee's payroll or an error in taxes.

*** Please advise your processor if this employee will be working in a different state.

Submitted By: _____ Date: _____