

# New Employee Data Sheet

**Company Name:**

**Employee #**  
(Leave blank for Next available)

## EMPLOYEE W-4 AND STATE INFORMATION

Name: Last First (MI)

Mailing Address

City State Zip Social Security Number

Single  Married  Married, but withhold at higher Single rate.

Total number of Allowances Claimed on W-4

**\*\* IMPORTANT \*\***

Check this box if employee is a J-1 exchange student. NOT SUBJECT TO FICA, MEDICARE, FEDERAL & STATE UNEMPLOYMENT TAXES.

Exempt from Federal Withholding? **Yes or No**

Additional Federal Withholding Tax (Dollar Amount Only)  
Additional State Withholding Tax (Dollar Amount Only)

Advanced (EIC) Earned Income Credit. **Yes or No**  
Attach Form W-5

Male or Female  
Please Circle

Telephone: (\_\_\_\_-\_\_\_\_-\_\_\_\_)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## EMPLOYEE DEFAULT PAY SETUP TO BE COMPLETED BY EMPLOYER ONLY!

**Default Department**  
Enter Correct Number or Name (Each Employee MUST have a Department)

**Default Location:**  
Enter Correct Number or Name (Use Only if Company has Multiple Locations)

Pay or Deduction Type Hourly, Salary, Training, Commission, Advances, Uniforms Insurance, Meal, Etc.	Deduction Frequency Per Pay Period or Last Period of Month	Rate of Pay or Deduction \$5.15/hour, \$450.00/week, etc. or Deduction Amount	Department Only if different from default. All employees must have default department	Job Code Use only if Job Codes have been set up (Optional)	Workers Comp Code Use only if Workers Comp Codes have been set up (Optional)

### FIRST TIME PAYROLL ONLY PLEASE ENTER HOURS BELOW

Pay Rate	Regular Hours	Overtime Hours

### MISCELLANEOUS PAY


**APPROVED BY:**  
MUST HAVE COMPANY AUTHORIZED NAME AND SIGNATURE BEFORE PROCESSING!

PRINT NAME

SIGNATURE

DATE

**DO NOT FAX W-4'S, I-9'S OR OTHER FORMS WITH THIS SHEET!**

**EMPLOYEE FILL OUT THIS AREA ONLY PLEASE PRINT! IF UNREADABLE NO PAYCHECK WILL BE ISSUED!**

VERSION 2002.02