

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.

**** IMPORTANT ****

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

Total number of Allowances Claimed on W-4 _____

Exempt from Federal Withholding?
Yes or No

Additional Federal Withholding Tax (Dollar Amount Only) _____

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

Additional State Withholding Tax (Dollar Amount Only) _____

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

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
(PLEASE PRINT)

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!**

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