



**NEW EMPLOYEE INFORMATION FORM**

COMPANY NAME: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SALARY OR HOURLY: \_\_\_\_\_

RATE PER YEAR/HOUR: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

# OF EXEMPTIONS      FEDERAL: \_\_\_\_\_

STATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DOB: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

DEDUCTION INFORMATION:

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| DEDUCTION 1:<br><br> | DEDUCTION 2:<br><br> | DEDUCTION 3:<br><br> |
| DEDUCTION 4:<br><br> | DEDUCTION 5:<br><br> | DEDUCTION 6:<br><br> |

**COMMENTS:**

**\*\*\*\*NOTE\*\*\*\*** EMAIL OR FAX **ONLY THIS PAGE**. I-9 AND W-4 FORMS ARE FOR YOUR FILES