

NEW EMPLOYEE FORM

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

BIRTHDATE: \_\_\_\_\_

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

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

PAY TYPE:                      HOURLY: \_\_\_\_\_ \$ \_\_\_\_\_  
   WEEKLY: \_\_\_\_\_ \$ \_\_\_\_\_  
   BI-WEEKLY: \_\_\_\_\_ \$ \_\_\_\_\_  
   SEMI-MONTHLY: \_\_\_\_\_ \$ \_\_\_\_\_  
   MONTHLY: \_\_\_\_\_ \$ \_\_\_\_\_  
   ANNUALLY: \_\_\_\_\_ \$ \_\_\_\_\_

EMPLOYMENT TYPE:      FULL-TIME \_\_\_\_\_      PART-TIME \_\_\_\_\_

FILING STATUS:

W-4 FORM:                      MARRIED: \_\_\_\_\_  
   SINGLE: \_\_\_\_\_  
   WITHHOLDING ALLOWANCES: \_\_\_\_\_  
   ADDITIONAL WITHHOLDING AMOUNT: \$ \_\_\_\_\_

NC-4 FORM                      MARRIED: \_\_\_\_\_  
   SINGLE: \_\_\_\_\_  
   WITHHOLDING ALLOWANCES: \_\_\_\_\_  
   ADDITIONAL WITHHOLDING AMOUNT: \$ \_\_\_\_\_