

NEW HIRE

FULL NAME:	PHONE:
FULL ADDRESS:	
EMAIL ADDRESS:	
DATE OF HIRE:	START DATE:
SOCIAL SECURITY # :	DATE OF BIRTH:
<u>FEDERAL</u>	
FILING STATUS (circle): MARRIED	SINGLE HEAD OF HOUSEHOLD
NUMBER OF QUALIFYING CHILDREN U	JNDER 17: OTHER DEPENDENTS:
ADDITIONAL WITHHOLDING AMOUNT	Γ: \$
<u>STATE</u>	
FILING STATUS (circle): MARRIED	SINGLE HEAD OF HOUSEHOLD
NUMBER OF EXEMPTIONS :	ADDITIONAL WITHHOLDING: \$
PAY INFORMATION: HOURLY	HOURLY RATE:
COMMENTS:	