

Employer Name: _____

Employee New Hire or Change of Information

Employee Name: _____ | _____ | _____ Employee Number: # _____
(First) (Middle Initial) (Last)

Mailing Address _____ | _____ | _____ | _____
(Street or PO Box) (City) (State) (Zip)

Social Security #: _____ / _____ / _____ Date of Birth: _____

Rate of Pay: \$ _____ Hourly / Salary Division: _____
(circle one)

Department: _____

Tax Withholding Instructions

Federal Filing Status: Married Single Married but Filing Single Exempt
(circle one)

Number of Exemptions: _____

State Filing Status: Check here if same as Federal

_____ Married Single Exempt Number of Exemptions: _____
(name of state) (circle one) (for State)

Deduction Instructions

_____ \$ _____ % _____ Cancel _____ Effective
Name of Deduction Frequency

_____ \$ _____ % _____ Cancel _____ Effective
Name of Deduction Frequency

_____ \$ _____ % _____ Cancel _____ Effective
Name of Deduction Frequency

_____ \$ _____ % _____ Cancel _____ Effective
Name of Deduction Frequency

_____ \$ _____ % _____ Cancel _____ Effective
Name of Deduction Frequency

_____ \$ _____ % _____ Cancel _____ Effective
Name of Deduction Frequency

Special Information

Authorized Signature: _____ FAX to: Access Payroll Services of N.E.LLC **603-621-5147**