



COMPANY ID \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

(circle one) New Hire / Re-Hire / Change

Employee Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Rate of Pay \$ \_\_\_\_\_

Date of Hire \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to owner: (circle one) none spouse child parent

Department: \_\_\_\_\_

Withholding (circle one) Married Single Married but withhold at Single Rate

# Exemptions \_\_\_\_\_

Add'l Withholding \$ \_\_\_\_\_

Withholding State: \_\_\_\_\_ Unemployment State: \_\_\_\_\_

Deduction \_\_\_\_\_

Deduction \_\_\_\_\_

Deduction \_\_\_\_\_

Deduction \_\_\_\_\_

PTO Accrual Plan \_\_\_\_\_

Fill in and FAX to: 621-5147