

NEW EMPLOYEE DATA

COMPANY NAME: _____ EMPLOYEE NUMBER (OPTIONAL): _____

EMPLOYEE LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____
(AS SHOWN ON SOCIAL SECURITY CARD) (AS SHOWN ON SOCIAL SECURITY CARD)

EMPLOYEE ADDRESS 1: _____

EMPLOYEE ADDRESS 2: _____

ZIP CODE: _____ CITY: _____ STATE: _____

SEX: _____ BIRTH DATE: ____/____/____ EMPLOYEE SOCIAL SECURITY NUMBER: ____/____/____

EMPLOYEE STATUS: _____ HIRE DATE: ____/____/____ WORKER COMP CODE: _____
(ACTIVE or REHIRED)

DEPARTMENT / LOCATION: _____ HOURLY PAY RATE OR SALARY AMOUNT: _____
(PER PAY PERIOD)

EMPLOYEE TAXES

MARITAL STATUS (See IRS form W-4, Box 3): _____

NUMBER OF ALLOWANCES CLAIMED (Box 5): _____

ADDITIONAL AMOUNT TO WITHHOLD (Box 6): _____

CERTIFIED AS EXEMPT FROM WITHHOLDING? (Box 7): _____

IF NOT LIVING IN FLORIDA, OTHER STATE MARITAL STATUS & NUMBER OF ALLOWANCES: _____

EMPLOYEE IS HIRED AS **1099 SUBCONTRACTOR** (IRS FORM W-9) _____ PLEASE ATTACH COPY OF IRS FORM W-9.

EMPLOYEE IS A **NON-RESIDENT** ALIEN WITH A USCIS VISA CARD _____ PLEASE ATTACH COPY OF VISA CARD.

EMPLOYEE DEDUCTIONS or PAY ALLOWANCES

CODE OR DESCRIPTION	FREQUENCY	\$ OR % AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL EMPLOYEE INFORMATION