NEW EMPLOYEE FORM

We will need ALL of the following information in order to properly pay your associate.

Company Name:			
Employee Name:			
Home Address:			
City:	State:	Zip Code:	
Social Security #:			
Date of Birth:			
Hire Date:			
Rate of Pay:	☐ Hourly ☐ Salary ☐ Varies		
Pay Frequency:	☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly		
Tax Status			
Lived In State:	# of Dependents:	Worked In State:	
Federal Tax Status: ☐ Single ☐ Married	# of Dependents:		
W-4 Submitted On:			
Option for W4 submitted after 1/1/2020			
Step 3 Dependents Credit Adjustment:			
Step 4 (optional) Other Adjustments:			
(a) Other Income (not from jobs):			
(b) Deductions (deductions wksht):			
(c) Extra Withholding (per check):			
Local Withholding:			
Deductions Per Payroll:			
Employee Access - Email Address:			
(user id and password will be emailed to the employee)			
Additional Information			
Phone Number:	Job Title:	Gender:	
Division:	Location:	Department:	WCC:

Please note: In order to ensure timely processing for adding new employees to the payroll, we kindly request that you allow a minimum of 24 hours for processing before the scheduled payroll processing day. This will help us ensure accurate and timely payment for all employees. Thank you for your cooperation.