



NEW HIRE RE-HIRE EMPLOYEE CHANGE

(for employer/payroll contact use)

EMPLOYER: _____
(please print)

EMPLOYEE Name: _____
(First, M.I., Last.)

Social Security #: _____ Employee Email: _____
*required for ESS

Address: _____

Hire Date: _____ Date of Birth: _____

Federal Withholding Single or Married Filing Separately Married filing jointly
(or qualified widow(er)) Head of Household
(Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Two Jobs Total **See instructions on 2020 W-4 for more information*

Claim Dependents: \$ _____ Other Dependent: \$ _____ Other Income: \$ _____
(multiply the number of qualifying children under 17 by \$2000 per dependent) (multiply by \$500 per dependent)

Deductions: \$ _____ Additional Amount: \$ _____ Federal Tax Exempt

State Withholding Claiming: S / M _____ (or) Exempt
(# of exemptions)

Additional \$ Amount for State (if any): _____

****Please submit W4** Part-time Full-time

WAGES:

Department: _____ Annual Salary: _____
(Required if applicable) *(or)*
Hourly Rate: _____

Special Information:

****pay or deduction items/direct deposit - please include a voided check and our Direct Deposit Authorization Form**

Employer/Payroll Contact Signature _____ Date _____
Print Name _____