



New Employee Information
*Please return with W-4 & signed Direct Deposit
Authorization*

Employer: _____

Employee Name: _____

E-Mail Address: _____

Position/Dept: _____

Pay Rate: _____ Hourly/Salary Start Date: _____

Date of Birth: _____

This employee will have: (check all that apply)

____ Tips

____ Commission

____ Retirement plan deduction

____ HSA/Insurance deduction

____ Garnishment/Child Support

____ Deductions for uniform, tools, advances, etc.

____ Reimbursement for mileage, cell phone, etc.

Additional information:

