|  |  |
| --- | --- |
|  | Company Name |

# Employee Information: Please complete this form. Do not send copies of the W-4, state tax withholding allowance certificates or form I-9. Please retain these documents for your records.

## Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  |  Department # |  |

|  |  |
| --- | --- |
| Email |  |
| SSN# |  |

Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender (M or F) \_\_\_\_\_\_\_\_ Date of Hire \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of Pay $\_\_\_\_\_\_\_\_\_\_\_\_ (Per pay or Annually)

Pay Frequency (Circle One) Weekly Biweekly Semi-Monthly Monthly

Pay Type: Hourly 1099 Salary/Exempt from OT Salary with OT Commission

## Tax Information

**Tax Filing Status/FEDERAL (Please circle one) Single Married Head of Household**

 **W-4 Federal Allowances: \_\_\_\_\_\_\_\_ Additional Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tax Filing Status/STATE (Please circle one) Single Married Head of Household**

 **NC4 State Allowances: \_\_\_\_\_\_\_\_ Additional Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Please indicate any special tax information such as local taxes**

## Emergency Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Phone: |  | Alternate Phone: |  |
| Relationship: |  |