



445 Route 304
Bardonia, New York 10954
Tel 845-624-8458 • Fax 845-624-8900

Employee Information Form

Company Name _____ **ID** _____

New Hire - *Please fill out all fields*

Employee 1099

Change - *Please fill out only Employee Name, Number and any changed fields*

Status: New Re-Hire Inactive Terminated

Date of Hire ____/____/____ Date of Termination ____/____/____

Employee Number _____ Date of Birth ____/____/____

First Name _____ Middle _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Department _____ Division _____

Social Security # _____ - _____ - _____ EIN # _____ - _____

Male Female

Rate of Pay: Hourly \$ _____ . _____ /hr Salary \$ _____ . _____ per pay

Marital Status: Single Married

Number of Exemptions: FIT _____ SIT _____

Extra Withholdings: FIT _____ SIT _____

Local tax authority _____

Voluntary deductions:

Deduction type _____ Amount \$ _____ . _____ OR _____ %

Deduction type _____ Amount \$ _____ . _____ OR _____ %

Deduction type _____ Amount \$ _____ . _____ OR _____ %

Authorized Signature _____ **Print Name** _____

This is required for processing