

NEW HIRE / CHANGE OF EMPLOYEE

Company Name: _____

Employee Name: _____

Dept: _____ **SSN:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Hire: _____

Rate of Pay: _____ **Hourly** **Worker's**
_____ **Salary** **Comp Code**
_____ **Commission** **(If Applicable)** _____

Insurance Deduction: _____

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401k: _____

Other Deductions (i.e. garnishments, child support, company loan etc.):

Federal Withholding: _____ (M-Married, S-Single)
of Exemptions _____ **Extra Amount** _____

Optional:

Home # _____ **Date of Birth** _____

- **ATTACH A COPY OF THE W-4 IF 10 OR MORE EXEMPTIONS OR IF CLAIMING EXEMPT**
- **DIRECT DEPOSIT: ATTACH AUTHORIZATION FORM AND VOIDED CHECK**

Payroll Systems

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