



New / Returning Employee Setup Form

Company Name: _____

Please select one:

New Hire Rehire

Mandatory Employee Information

Social Security #: _____ Employee Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Hire: _____ Hourly Rate #1 / Salary Rate: _____
(Circle One)

Home Department: _____

Federal Tax Withholding

Marital Status: Single / Married / Head of Household # of Federal Exemptions: _____
(Circle One)

State Tax Withholding

Marital Status: Single / Married / Head of Household # of State Exemptions: _____
(Circle One)

For New York State Employers Only

Eligible for Dependent Health Benefits: Yes / No
If "Yes", Date Eligible for Benefits: _____

Optional Employee Information

Gender: Male / Female Date of Birth: _____

Pay Rate #2: _____ / Associated Department: _____

Pay Rate #3: _____ / Associated Department: _____

Workers Compensation Code: _____

Special Instructions / Voluntary Deductions