

PAYROLLS UNLIMITED
NEW HIRE FORM
Ph# 570-839-3790 Fax# 570-839-4190

Company Name: _____

PLEASE PRINT CLEARLY - Information used for Payroll !!!

Employee Name: _____

Employee Address: _____

City: _____ State: _____ Zip: _____

SS#: _____ - _____ - _____ Hire Date ___/___/___ Birth Date ___/___/___

W-4 - Married (M) or Single (S): _____ # Claimed: _____

Pay Rate : _____

Additional Taxes Each Pay

Extra Fed Taxes _____ Extra State Taxes _____

SPECIAL DECUCTIONS (401K-Med Ins Etc.)

Deductions: Name: _____ Amount: _____

Deductions: Name: _____ Amount: _____

Employee Signature: _____ Date: _____