

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

Company Name: _____

PLEASE PRINT CLEARLY - Information used for Payroll !!!

Division / Store: _____ Department : _____

Employee Name: _____

Employee Address: _____

City: _____ State: _____ Zip: _____

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

W-4 = M or S: _____ # Dep.: _____ Pay Rate : _____

Employee Township or Municipality _____

PA EMST(OPT) Tax Paid This year - \$ _____

Additional Taxes Each Pay

Extra Fed Taxes _____ Extra State Taxes _____

SPECIAL DECUTIONS (401K-Med, Ins Etc.)

Deductions: Name: _____ Amount: _____

Deductions: Name: _____ Amount: _____

Employee Signature: _____ Date: _____