

EMPLOYEE INFORMATION DATA SHEET

completed by Employer or HR Administrator

COMPANY NAME: _____

GENERAL INFORMATION *Complete the entire form

SOCIAL SECURITY # _____ **Male** **Female** **Unspecified**

First Name _____ MI. _____ Last Name _____
Address _____
City _____ State _____ Zip _____
Phone # _____
Cell # _____
Email _____

*Rate 1 \$ _____ **OR** Salary \$ _____ Weekly Bi-weekly
Rate 2 \$ _____ Monthly Yearly

TAX FILING INFORMATION Federal W4 and NYS IT-2104 or other state form

	Filing Status Single or Married	Number of Allowances	Extra \$\$ to Withhold		
◆State (IT-2104)				State	Exempt _____
◆State (other than NY)	_____			State	Exempt _____

Federal (FW-4) Step 1 box c: _____ Step 3 \$ _____ Step 4 (a) \$ _____
Step 2 box c: Yes, employee check marked box on Step 2. (b) \$ _____
(c) \$ _____

HR INFORMATION

Start/Hire Date _____ Date of Birth _____
Division Name _____ Department Name _____

If health insurance is a company option, even if employee does not select to use. Eligibility date must be entered.

At what date is the employee *eligible for health insurance? Upon Hire Future Date **Eligibility Date** _____
Not Eligible

Additional Comments: _____

For payroll office use only

CO#: _____ EE#: _____
HUB: Basic:
Full:
Time & Labor
Date Posted: _____
By: _____