

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: _____