

# EMPLOYEE INFORMATION DATA SHEET

completed by Employer or HR Administrator

COMPANY NAME: \_\_\_\_\_

## GENERAL INFORMATION \*Complete the entire form

**SOCIAL SECURITY #** \_\_\_\_\_ **Male** **Female**

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: \_\_\_\_\_ mark Step 2 only if completed on W-4 (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: \_\_\_\_\_