

New Employee Info

Company Name		Co #	IMPORTANT: This form should be completed by the one in charge of payroll - not the employee. If completing this by hand, please print using pen so your info can be read. Also, verify that the name & SSN match the employee's SS card. -- For changes, note the employee #/name plus changes, and check applicable boxes.				
Emp #	ACA status / Work status F/T Temp P/T Seasonal	Division	Dept # or Description	SS#	Pay Rate(s) \$ \$	Rate per ... Hr PP Yr Hr PP Yr	
First Name		Mid	Last Name		Filing Status Single & Married filing Single Married		
Street Address					W4 Allowances 0 1 2 3 ___ Extra FIT: ___(%)OR \$ ___ amt		
City		State	Zipcode	Hire Date	Birth Date		
Special Automatic Deductions (ie 401K, Child Support, Insurance etc)					Total Medical for W2 purposes		
Optional - Driver's License #	State	Expiration date	Optional - Passport #		For COC Use Only: ESS: Y <input type="checkbox"/> N <input type="checkbox"/> Sent <input type="checkbox"/>		
Email - (Work/Home) ** must have for web portal setup		Optional - Phone					
Work: **		Home:					
Home: (optional)		Cell:				Phone: 425-742-4989 Fax: 425-743-2424	
For states excluding Washington							
Work Stat	Local W/H Tax (state / city / description)		Local rate	State W/H if diff from Fed			
1)			1)	S ___			
2)			2)	M ___			



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