



445 Route 304  
Bardonia, New York 10954  
Tel 845-624-8458 • Fax 845-624-8900

## Employee Information Form

**Company Name** \_\_\_\_\_ **ID** \_\_\_\_\_

**New Hire** - *Please fill out all fields*  
 Employee  1099

**Change** - *Please fill out only Employee Name, Number and any changed fields*

Status:  New  Re-Hire  Inactive  Terminated

Date of Hire \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Termination \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Department \_\_\_\_\_ Division \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EIN # \_\_\_\_\_ - \_\_\_\_\_

Male  Female

Rate of Pay:  Hourly \$\_\_\_\_\_.\_\_\_\_\_/hr  Salary \$\_\_\_\_\_.\_\_\_\_\_ per pay

Marital Status:  Single  Married

Number of Exemptions: FIT \_\_\_\_\_ SIT \_\_\_\_\_

Extra Withholdings: FIT \_\_\_\_\_ SIT \_\_\_\_\_

Local tax authority \_\_\_\_\_

Voluntary deductions:

Deduction type \_\_\_\_\_ Amount \$\_\_\_\_\_.\_\_\_\_\_ OR \_\_\_\_\_ %

Deduction type \_\_\_\_\_ Amount \$\_\_\_\_\_.\_\_\_\_\_ OR \_\_\_\_\_ %

Deduction type \_\_\_\_\_ Amount \$\_\_\_\_\_.\_\_\_\_\_ OR \_\_\_\_\_ %

**Authorized Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_

*This is required for processing*