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Web: <a href="https://www.payrolldept.biz/forms.html">https://www.payrolldept.biz/forms.html</a>

**New Hire Form** 

EmployER Name:	loyER Name:Client #:		
W2 Employee OF	R 1099 E	Employee (mark ONLY o	ne)
Employee's Name:	First	Middle Initial	Last
Social Security Number	:		
Department and Aloha	EE # (if applica	able):	
Employee's Mailing Add	ress:		
City/State/Zip: _			
Birth Date:			
Hire Date:			
Pay Type: (Mark ONLY one)		\$/hr  /pay period	
* Important tax info	rmation fron	n W-4:	
Tax Filing Status	(line 3):	Single OR	Married
Federal Exemption	ons ( <b>line 5</b> ):	Additional Amount ( <b>1</b>	ine 6): \$
If State is differen	nt from Federa	<u>1:</u>	
State Exemptions	s: Add	ditional State Amount: \$_	
Special Notes:			
* Approved By:		Date:	