2530 Colorado Ave #2B
Durango CO 81301
Ph. 970.259.6960
Fax. 970.259.5331
Email: info@payrolldept.biz
Web: https://www.payrolldept.biz/forms.html

New Hire Form

Company Name: _____Client #:_____

Employee's Name: _____
First Middle Initial Last

Social Security Number: _____

Employee's Mailing Address: _____

City/State/Zip: _____

Employee's Email Address: _____

Birth Date: _____ Hire Date: _____

Department: _____

PTO/Vacation Eligible? ◯ Yes ◯ No

Pay Type:
(Mark ONLY one)
◯ Hourly $_____/per hour
◯ Salary $_____/per pay period

**** IMPORTANT tax information from W-4****

- **Line 3** on W4: ◯ Single ◯ Married ◯ Married, but withhold at single rate
- **Line 5** on W4: _____ (number of allowances)
- **Line 6** on W4: $_____ (additional amount)
- **Line 7** on W4: _____ (I claim exempt - line 5 and 6 must be blank)

☐ **1099 Contactor (NO TAX WITHHOLDING) – be sure to fill out W9**

Special Notes: