



2530 Colorado Ave #2B  
Durango CO 81301  
Ph. 970.259.6960  
Fax. 970.259.5331

Email: [info@payrolldept.biz](mailto:info@payrolldept.biz)

Web: <https://www.payrolldept.biz/forms.html>

## New Hire Form

EmployER Name: \_\_\_\_\_ Client #: \_\_\_\_\_

W2 Employee OR 1099 Contractor (Mark ONLY one)

Employee's Name: \_\_\_\_\_  
First Middle Initial Last

Social Security Number: \_\_\_\_\_

Department and Aloha EE # (if applicable): \_\_\_\_\_

Employee's Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Pay Type: Hourly \$ \_\_\_\_\_ /hr  
(Mark ONLY one)

Salary \$ \_\_\_\_\_ /pay period

### **\* IMPORTANT tax information from W-4:**

a) Tax Filing Status (**from line 3 on W4**): (choose only one)

Single Married Married, but withhold at higher single rate

b) Number of Allowances (**from line 5 on W4**): \_\_\_\_\_

c) Additional Amount (**from line 6 on W4**): \$ \_\_\_\_\_

d) I claim exempt (**from line 7 on W4**): \_\_\_\_\_ (line 5 and 6 must be blank)

e) If State Withholding is different from Federal:

State Allowances: \_\_\_\_\_ Additional State amount withheld: \$ \_\_\_\_\_

### **Special Notes:**