



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

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: