



New Employee Information Form

(Return this form to our office.)

Client name: _____ Prepared by: _____

Today's date: ____/____/____

Employee's name: _____
(first) (middle) (last)

Mailing address: _____ Apt. No. _____

City: _____ State: _____ ZIP: _____

Telephone number: (____) _____

Date of hire: ____/____/____ Date of birth: ____/____/____

Department: _____

Pay rate: Hourly wage: \$_____ OR Annual salary: \$_____

Pay frequency: Weekly, Every two weeks, Bi-monthly, OR Monthly

Include the following completed forms from the new hire package.

- Form W-4 – Employee's Withholding Allowance Certificate
- Form I-9 – Employee Eligibility Verification
- Form G-4 – State of Georgia Employee's Withholding Allowance Certificate
- Georgia New Hire Reporting Form

Enter the following information for each deduction (do not include taxes).

Description	Start Date	End Date	Periodic Amount	Total Amount

Comments:

Client's signature: _____

Office use only: Received: ____/____/____ Entered: ____/____/____ By: _____