



Co Name: _____

Location: _____

Department: _____

New EE Change Rehire

Employee Information

Legal Name: _____ Card #: _____

First Name, M.I., Last Name

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Home

Mobile

Work

Email: _____ Hire Date: _____

Social Security No: _____ Date of Birth: _____ Gender: _____

Hourly Rate: _____ Salary Amt: _____ Full Time Part Time

Tax Information

Federal Tax Information

Single or Married Filing Separately Married Filing Jointly Head of Household

Multiple Jobs/Spouse Works (Y/N): _____ Claim Dependents Amount (if any): \$ _____

Other Income Amount (if any): \$ _____ Deductions Amount (if any): \$ _____

Federal Extra Withholding Amount (if any): \$ _____

State Tax Information

Single or Married Filing Separately Married Filing Jointly Head of Household

State Allowances _____ State Additional Withholding (if any) \$ _____

Direct Deposit - Yes No (if yes, attach direct deposit form and voided check)

Fax to 828-345-6188 or email to your customer service specialist