



EMPLOYEE INFORMATION WORKSHEET

FULL NAME:

SSN:

BIRTH DATE:

HIRE DATE:

PAY RATE:

STATUS TYPE:

FULL TIME

PART TIME

STREET ADDRESS:

CITY:

STATE:

ZIP:

COUNTY OF RESIDENCE AS OF 1/1:

EMAIL ADDRESS:

PLEASE ATTACH FORM W4, DIRECT DEPOSIT FORM, AND FORM K4 OR WH4 AS APPLICABLE