COLONIAL PAYROLL SERVICES
EMPLOYEE INFORMATION PAYROLL FORM
NEW/RE-HIRE/TERM

EMPLOYER NAME: _____

NEW EMPLOYEE SECTION
SOCIAL SECURITY NUMBER: _____

EMPLOYEE NAME: _____
FIRST MIDDLE LAST
(Legal Name, as it appears on Social Security Card)

ADDRESS:
_____

_____

BIRTH DATE: _____

HIRE DATE: _____

PAY RATE: HOURLY $_____ SALARY $_____ ANNUAL $_____

FULL TIME or PART-TIME: _____

_ FILING STATUS: FEDERAL W-4

Step 1 _____ SINGLE or MARRIED FILING SEPARATELY
_____ MARRIED FILING JOINTLY
_____ HEAD OF HOUSEHOLD
Step 2 (c) _____ (checked or not checked)
Step 3 _____ (qualified children $ amount)
Step 4 _____ (indicate line a, b or c and $ amount)

STATE EXEMPTIONS: _____ $_____ Extra Withholding Amount

TERMINATION INFORMATION:
EMPLOYEE NAME: _____

TERM DATE _____ ELIGIBLE FOR REHIRE: Yes or No (circle answer)

FINAL PAYMENT DUE: _____
List any final payments due (ex. 40 hrs. of vac. Pay)