

NEW HIRE FORM

Company Name _____ New Hire Date ____/____/____

EMPLOYEE INFORMATION

First Name _____ Middle Int. _____ Last Name _____

Address _____ Apt _____ City _____ St _____ Zip _____

Social Security # _____ Email Address _____

DOB ____/____/____ Telephone _____

Gender: Female Male Non-Binary Chose not to answer

PAYROLL INFORMATION

Employee Category: Full-Time Part-Time

Primary Job Code _____ Pay \$ _____ per _____

Secondary Job Code _____ Pay \$ _____ per _____

INCOME TAX INFORMATION

Federal Income Tax: Single or Married Filing Separately Married Filing Jointly Head of Household

Dependents Amount: _____ Other Income Amount: _____ Deductions Amount: _____

Additional \$: _____ Dollars Percent

Massachusetts Income Tax: MA - Head of Household MA – Other than Head of Household

Exemptions: _____ Additional Exemptions: _____ Exemption Amount \$: _____

Additional \$: _____ Dollars Percent

ATTACHED DOCUMENTS

I-9 Section 1 I-9 Section 2 with IDs Checked and Scanned W-4 M-4
 MA Healthcare Form or Coverage Waiver Handbook Receipt Direct Deposit Certificates

Send to Elyse Brooks – Please make sure all paperwork is complete w/ signature & dates before submitting.