COMPANY:	

## **PERSONAL**

*Employee Name:							
*Street Address:							
*City:	*	State:		Zip Code:			
*Social Security Number: _			Date of Birth:				
Gender:	Email:						
EMPLOYMENT							
	W	2 🗆	1099 🗆				
Salary ☐ Hourly ☐	Pay Rate:						
Hire Date:	De	epartment:					
Workers Compensation Class Code:							
	(not	TAXES					
*FEDERAL-							
Single $\square$ Married $\square$	Head of Household $\square$						
Total dollar amount from steps 2-4 on Federal W4:							
	For Federal	tax reference	: 2021 Federal W4				
STATE- (State and Local regulations vary)							
Single $\square$ Married $\square$ Head of Household $\square$							
Number of dependents:							
Additional amount to withhold: Percent   Flat							
ADDITIONAL NOTES							