

# HOURLY, STIPEND & SALARY EMPLOYEE PAYROLL FORMS & INFORMATION PACKAGE

## PLEASE FILL OUT THE FOLLOWING:

W-4 FORM  
I-9 FORM  
IT-2104 FORM

## PROVIDE THE EMPLOYEE THE FOLLOWING:

A COPY OF THE SIGNED NYS PAY RATE & PAY DATE NOTICE  
PAYROLL SCHEDULE  
HEALTH INSURANCE MARKETPLACE COVERAGE FORM  
EMPLOYEE HANDBOOK (SBI EMPLOYEES)

**NOTE:** MAKE SURE YOU SIGN AND DATE ALL FORMS. PLEASE READ ALL FORMS CAREFULLY. IF YOU MAKE A MISTAKE WHEN FILLING OUT THE PAYROLL FORMS PLEASE FILL OUT A NEW FORM. WE CANNOT ACCEPT FORMS WITH CROSSED OUT OR CORRECTED INFORMATION (i.e. WHITE OUT).

## PLEASE FILL IN THE NECESSARY INFORMATION CLEARLY:

LEGAL NAME:

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

DATE OF BIRTH:

\_\_\_\_\_  
SOC SEC #:

\_\_\_\_\_  
PERSON #:

SEX:

\_\_\_\_ Male

\_\_\_\_ Female

EMAIL:

MARITAL STATUS:

\_\_\_\_ Single

\_\_\_\_ Married

**LOCAL ADDRESS:**

PHONE #:

(\_\_\_\_) \_\_\_\_\_

-

CELL PHONE # (\_\_\_\_) \_\_\_\_\_

-

**PARENT'S ADDRESS:**

PHONE #:

(\_\_\_\_) \_\_\_\_\_

-

THIS INFORMATION IS IMPORTANT TO HELP DELIVER W-2 FORMS

## PAYCHECK DISTRIBUTION OPTIONS:

CHECK ONE:

\_\_\_\_ PAYCHECK  
\_\_\_\_ PAYCHECK DIRECT DEPOSIT  
(ATTACHED FORM)

CHECK ONE :

\_\_\_\_ PICKUP  
\_\_\_\_ MAIL-LOCAL ADDRESS  
\_\_\_\_ MAIL-PARENTS ADDRESS

## UNIVERSITY STATUS:

CHECK ONE:

\_\_\_\_ FULL-TIME UNDERGRADUATE STUDENT  
\_\_\_\_ PART-TIME UNDERGRADUATE STUDENT  
\_\_\_\_ FULL-TIME GRADUATE STUDENT  
\_\_\_\_ PART-TIME GRADUATE STUDENT  
\_\_\_\_ NON-STUDENT

## U.S. CITIZEN:

\_\_\_\_ YES

\_\_\_\_ NO

COUNTRY

\_\_\_\_\_