

COMMISSION

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 EMPLOYEE)

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
