



MISS BETTY'S DAY CAMP EMPLOYEE INFORMATION FORM

EMPLOYEE NAME _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____

TOWNSHIP _____ SSN _____ - _____ - _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

DATE OF BIRTH _____ DATE OF HIRE _____

PAY TYPE: ☐ HOURLY ☐ SALARY AMOUNT: \$ _____ per _____

CATEGORY: ☐ FULL TIME ☐ PART TIME ☐ 1099

JOB TITLE _____

TAX INFORMATION

MARITAL STATUS ☐ SINGLE ☐ MARRIED # OF EXEMPTIONS _____ **OR** ☐ 1099

Employer to retain all W4 and I9 forms – send copy of W4 to PREMIER with this form

ADDITIONAL MONEY WITHHELD FOR FEDERAL TAXES? IF YES, AMOUNT PER CHECK \$ _____

FLAT % FOR FEDERAL TAXES INSTEAD OF TAX TABLE CALCULATION? IF YES, _____ %

DEDUCTIONS / GARNISHMENTS PER PAY

401K \$ _____ per PAY

CHILD SUPPORT \$ _____ per PAY (include copy of Court Order)

PRE-TAX INSURANCE \$ _____ per PAY

POST-TAX INSURANCE \$ _____ per PAY

OTHER \$ _____ per PAY

APPROVED BY: _____