

## **NEW EMPLOYEE INFORMATION SHEET**

Please fill out and return with next payroll.

**COMPANY NAME:** Virginia Beach Fishing Grill DBA Ocean Eddies, LLC

**EMPLOYEE NAME (first, middle initial, last):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**HIRE DATE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**HOURLY RATE/SALARY:** \_\_\_\_\_

**FILING STATUS (CIRCLE ONE):**      SINGLE      MARRIED

**FEDERAL EXEMPTIONS:** \_\_\_\_\_

**ADDITIONAL FEDERAL WITHHOLDING (if applicable):** \_\_\_\_\_

**STATE EXEMPTIONS:** \_\_\_\_\_

**ADDITIONAL STATE WITHHOLDING (if applicable):** \_\_\_\_\_

**DEPARTMENT (if applicable):** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**DIRECT DEPOSIT INFORMATION:** see the attached "Direct Deposit Authorization" form.

**OFFICE USE ONLY:**

**EMPLOYER NAME:** \_\_\_\_\_ **COMPANY REPRESENTATIVE:** \_\_\_\_\_