

EMPLOYEE ADD/CHANGE FORM

Please make sure all fields are accurately completed. Missing data can result in payroll delays.

Employer Name:		Date	:/
First Name:	MI: 	Hours this pay period:	☐ Change ☐ Re-hire Employee #
☐ Salary:	_ Date of Birth:///	☐ Part Time ☐ Temporary ☐ Seasonal ☐ Ag. 943 ☐ Work Visa:	SICK LEAVE Accrual Other Hours Used YTD Hours Available
☐ Single or Married filing separately ☐ Married filing jointly ☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) STATE WITHOLDING	Step 2: (c) ▶ □ Step 3: Line 3 \$ Step 4: 4(a) Other Income \$ 4(b) Deductions \$ 4(c) Extra Withholding \$	I had no federal income tax liablity in and I expect to have NO federal income tax liability in	□ NON-RESIDENT ALIEN (See IRS NOTICE 1392) IF YES, PLEASE CHECK ONE BELOW: □ I worked before 2021 and I have NOT submitted a 2020 W-4 or earlier W-4. □ I completed a 2021 W-4, and/or I began working in 2021 or later.
☐ Single or Married (with two or more incomes) ☐ Married (one income) ☐ Head of household			