

12 Welch Ave. Suite 7

Stoughton, MA 02072

# Telephone: 617-298-1000 Facsimile: 781-341-2001

**New Employee Set-Up Form**

Please print clearly to avoid costly mistakes.

Client # \_\_\_\_\_\_\_\_ Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rehire? YES NO

 **Employee Information**

Employee ID / Timecard Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_ Male Female (*check one*)

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_\_

Date of Hire: \_\_\_/\_\_\_/\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

**Wage Information**

Salary per pay period of $\_\_\_\_\_\_\_\_\_\_\_\_\_ or Hourly Rate of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Deposit is on a separate form and you will need a voided check or typed bank letter.

**Federal Income Tax**

**W4:** (Check One)

Single or Married filing separately

Married filing jointly or Qualified widow(er)
Head of Household (Check only if unmarried & pay more than half the costs of keeping up a home for yourself & a qualifying individual)

**Step 3 of W4:** **$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

no longer a single number (i.e., 0)

If you fill in anything in Step 2 or 4 of the W4, please provide current years W4.

If you fill in anything else on MA employees withholding exemption certificate, please provide that form.

**State Income Tax** (enter # of exemptions) \_\_\_\_\_\_