

NEW HIRE FORM
(FOR EMPLOYER TO FILL OUT)

Company Name: _____ **Date:** _____

Employee Name: _____ **SSN:** _____

Employee's Address: _____

_____ **Telephone Number:** _____

Hire Date: _____ **Gender:** ___ Female ___ Male

Hourly Rate: _____ **Salary:** _____

Job Title: _____ ___ Full-time ___ Part-time

**EMPLOYER IS RESPONSIBLE TO GIVE EMPLOYEE A COPY OF AFFORDABLE
HEALTH CARE ACT INFORMATION**

***CONTACT PROFESSIONAL TAX & ACCOUNTING IF FORMS ARE NEEDED**

**It is our responsibility to maintain complete & accurate employee records.

**I understand that Professional Tax will not be held liable for any incomplete or missing information on the forms listed below.

**Should forms be incomplete, withholding rates will default to SINGLE - 0.

Supervisor's Signature: _____

Forms to send to Professional Tax & Accounting:

___ New Hire Form ___ I-9 Form
___ W-4 Form ___ K-4 Form
___ Copy of Divers License & Social Security Card

Please Fax or Deliver New Hire Form on the day of employment * Fax (316)941-9309