



## New Hire/Employee Change Form

Client # \_\_\_\_\_ Company Name \_\_\_\_\_

Employee # \_\_\_\_\_ (If blank we will assign)

New Hire \_\_\_\_\_ Re-Hire \_\_\_\_\_ Employee Change \_\_\_\_\_

### Personal Information - \*\*\* provide name as it appears on Social Security card \*\*\*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Phone # \_\_\_\_\_

### Position and Rate

Hire Date/Re-Hire Date \_\_\_\_\_ Division/Dept/Position \_\_\_\_\_

Hourly Rate \_\_\_\_\_ Salary \_\_\_\_\_ Exempt from OT? Yes \_\_\_\_\_ No \_\_\_\_\_

Normal Hours \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

### Filing Status and Allowances/Exemptions per W-4 Form

Single \_\_\_\_\_ Married \_\_\_\_\_ # of Allowances \_\_\_\_\_ Additional Tax to withhold \$ \_\_\_\_\_

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