



Employer – Please fax this form 410-255-0920 or email getpaid@cheddapayroll.com

Your Company Name _____

New Employee Information Form and Change Form

- New Hire Rehire Occupation Title Pay Rate
- W-4/State Change of Address Deduction Amount Vacation/Personal

Employee Name: _____ Hire Date: ____ - ____ - ____
(Exact as on Social Security Card)

Address: _____
Street City State Zip Code

Date of Birth: ____/____/____ Social Security # ____ - ____ - ____ Gender: Male Female

Occupation Title: _____ Department: _____

Hourly/Salary Rate 1 _____ Hourly/Salary Rate 2 _____ Hourly/Salary Rate 3 _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ Email: _____

Tax Information: Federal Married Single Number of Exemptions: _____

State Married Single Number of Exemptions: _____

Tax Filing State: _____ County: _____

Additional Federal Amount: \$ _____ Additional State Amount: \$ _____

Complete Only When Needed: (401(k) Vacation, Health, Child Support, Garnishments etc)			
Deductions:	Description	Amount:	Percentage:
1			
2			
3			
4			
Division:		Department:	
Vacation Leave Start Balance: _____		Personal Leave Start Balance: _____	
Vacation Accrual Per Pay: _____		Personal Accrual Per Pay: _____	

