

●●●● new employee/change form

Company/Employer _____

Department _____ Title _____

Name of Employee _____

Email Address _____

Address _____

City _____ State _____ Zip _____

SSN _____ - _____ - _____ U.S. Citizen? Yes No

Work visa? Yes No What Type? _____

Date of Birth _____ Hire Date _____ Full-Time Part-Time

Hourly Rate \$ _____ per hour Salary \$ _____ per pay period

Additional Recurring Earnings: Type _____ \$ _____ per _____

Tax Information *(please attach W-4 and applicable state/local tax withholding forms)*

Indiana County of Residence as of January 1 of this year _____

Outside Indiana - Current Locality/County/School District *(list all localities for which you have withholding tax liability)*

Filing Status (check one) Married Single Married, withhold at higher Single rate

	Federal	State
Exemptions (number)	_____	_____
Fixed Amount or Percentage (instead of tables)	_____	_____
Extra Amount to withhold in addition to tables	_____	_____

	Type	Amount
*Pre-Tax Deductions	_____	_____
	_____	_____
	_____	_____
*After Tax Deductions	_____	_____
	_____	_____
	_____	_____

***Please call
AccuPay at
317.885.7600 if
unsure whether a
deduction should
be taken before
or after tax.**



Please fax completed form to 317.885.7591