



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 or email payroll@accupay.com