



**NEW EMPLOYEE INFORMATION**

Company: \_\_\_\_\_

Soc Sec Number \_\_\_\_\_ Part-Time or Full-Time \_\_\_\_\_ QB Class Code: \_\_\_\_\_

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

Address \_\_\_\_\_

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

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Hire Date \_\_\_\_\_

Workers Comp Code \_\_\_\_\_ Department \_\_\_\_\_

Base/Hourly Rate \_\_\_\_\_ Average Hours \_\_\_\_\_ Salary \_\_\_\_\_  
(Per Pay Period Salary)

Pay Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

Email Address: \_\_\_\_\_ Phone Number : (\_\_\_\_) \_\_\_\_\_

Tax Form: W2 (fill out tax information below) 1099M (do not fill out tax info below) 1099NEC (do not fill out tax info below)

Federal Income Tax:

Box 1(c): \_\_\_\_ Single or Married filing Separately \_\_\_\_ Married filing Jointly \_\_\_\_ Head of Household

Box 2(c)-Multiple Jobs: \_\_\_\_ Checked \_\_\_\_ Not Checked

Box 3-Dependents: \$ \_\_\_\_\_ Box 4(a)-Other Income: \$ \_\_\_\_\_

Box 4(b)-Deductions: \$ \_\_\_\_\_ Box 4(c)-Extra Withholding: \$ \_\_\_\_\_

\_\_\_\_ Exempt (no federal withholding)

State Income Tax:

Status: Georgia (choose only one option below & fill in the number of allowances):

\_\_\_\_ Single (A) Personal Allowance (0 or 1): \_\_\_\_\_

\_\_\_\_ Married filing Joint, Both Spouses Working (B) Personal Allowance (0 or 1): \_\_\_\_\_

\_\_\_\_ Married filing Joint, One Spouse Working (C) Personal Allowance (0, 1, or 2): \_\_\_\_\_

\_\_\_\_ Married filing Separate (D) Personal Allowance (0 or 1): \_\_\_\_\_

\_\_\_\_ Head of Household (E) Personal Allowance (0 or 1): \_\_\_\_\_

Dependent and Additional Allowances: \_\_\_\_\_ Additional Withholding: \$ \_\_\_\_\_

\_\_\_\_ Exempt (no GA withholding)

Status: Other States: State for Income Tax Withholding: \_\_\_\_\_ Unemployment State: \_\_\_\_\_ Work State: \_\_\_\_\_

\_\_\_\_ Married \_\_\_\_ Single Allowances: \_\_\_\_\_ Additional Withholding: \$ \_\_\_\_\_

\_\_\_\_ Exempt (no state withholding)

(Please note: W-4 forms, I-9 forms, state withholding forms should NOT be sent to Altera)