



NEW EMPLOYEE INFORMATION

Company: _____

Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Soc Sec Number _____ Gender _____ Birth Date _____

Hire Date _____ Workers Comp Code _____ Department _____

Part-Time or Full-Time _____ Does employee have Medical Insurance available? _____ QB Class Code: _____

Base 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 information below)

Federal Income Tax:

Status: _____ Married _____ Single Allowances: _____ Additional Withholding: \$ _____
_____ Exempt (no federal withholding)

State Income Tax:

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

_____ Single (A) Allowance (0 or 1): _____

_____ Married filing Joint, Both Spouses Working (B) Allowance (0 or 1): _____

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

_____ Married filing Separate (D) Allowance (0 or 1): _____

_____ Head of Household (E) 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 and I-9 forms should NOT be sent to Altera)