

NEW EMPLOYEE BENEFITS FORM



*First Name: _____ Last Name: _____

Is this employee currently married? Yes No

*Annual Wages/Salary: _____

***Please note: **Include base salary only.** Do not include bonuses, overtime, or commission. Please report a **full year of pay**, not a YTD. If the employee is hourly, multiply the average number of hours they work by their base rate of pay, then multiply that number by twelve to determine their annual wages.

*Full Time or Part Time (less than 32hrs) _____ Hire Date: _____

W-4 Info:

*What year is the W4 (this can be in the upper right hand corner) _____

*Federal Withholding Marital Status (circle one): Single Married Head of Household Exempt

*Total number of dependents claimed: _____ (not answered for 2020 and later W4s)

These questions are only for 2020 and later W4s

*Total from line 3: _____

*Total from Line 4B: _____

*Is Box 2 checked?: YES NO

State tax withholding questions

*Which state is the form for: _____ **OR** No State tax withheld (circle)

*State Withholding Marital Status (circle one): Single Married Head of Household Exempt

*Number of dependents claiming for state: _____

List below how much the employee contributes towards each item:

*Health Insurance: _____/monthly Is it taken out Pre-tax or Post-tax

*Dental/Vision Insurance _____/monthly Pre-tax or Post-tax

*401k/Retirement: \$ _____/monthly **OR** % _____/paycheck

*Any other Pre-Tax deductions: _____

*Company Name: _____

*Form Completed By: _____

*NOTES: _____
