New Hire Form

Instructions: Enter the basic information on your newly hired employee.

Form should be submitted to Whittle Strategic Accounting via secure portal within 2 business days of hire date.

Employer Name	
Employer Name	
Name & Residential Address	
Employee Name	7
First Name and Middle Initial	Last Name
Address	
Street [Unit #
City	State Zip
County Worked	County Lived
County Worked	County Lived
Social Security Number	
☐ Male ☐ Female	
Email Address	
Email Address	
Pay Type & Hire Date	
Employee is naid:	
Employee is paid: ☐ Hourly ☐ Salary	
Birth Date & Hired Date	
Birth Date Hi	lired Date
Employee Type	
☐ Full Time ☐ Part Time ☐ Temporary	
remporary	
Active Status	
☐ New Hire	

\square Nonexempt	tatus t subject to overtime pay) (subject to overtime pay) vs Nonexempt Employee Form or conto	act your attorney for guidance		
Direct Dep	osit Information			
Bank Name	Checking/Savings	Routing Number	Account Number	% or \$ Amt
Wages Regular Pay	ax Information □ \$/hour □ \$/year	I		
Other Comp	pensation : □ \$/hour □ \$/year			
Federal Tax I ☐ Married Filing Status	Information ☐ Single ☐ Head of House	hold \square Other:		
Allowances	\$ Additional Withholding Amount			
State Tax Inf	formation	İ		1
☐ Married Filing Status	☐ Single ☐ Head of Hous	ehold 🗆 Other:		
Allowances	\$ Additional Withholding Amount			

Deduction Name	Deduction Type	Pre-Tax or Post-Tax?
(ex. Health Insurance)	(ex. Insurance)	
Submitted by:		
Submitted by:		
Submitted by: lient Representative Signatu	ıre:	