

NEW HIRE REPORTING FORM

****MUST BE SUBMITTED WITH 10 DAYS OF HIRE****

EMPLOYER INFORMATION

NAME				
ADDRESS				
CITY		STATE		ZIP
CONTACT NAME		PHONE NUMBER		

PLEASE SUBMIT ONE PAGE PER NEW EMPLOYEE

EMPLOYEE INFORMATION

NAME				
ADDRESS				
CITY		STATE		ZIP
SOCIAL SECURITY #		DATE OF BIRTH		GENDER
JOB DESCRIPTION				
DATE OF HIRE				
FIRST DAY OF WORK				
REHIRE OR RECALL	YES		NO	
				CHECK YES OR NO
PAY TYPE	HOURLY		SALARY	
AMOUNT PER HOUR OR PAY PERIOD				
ELIGIBLE FOR OVERTIME	YES		NO	
				CHECK YES OR NO
ELIGIBLE FOR COMISSION	YES		NO	
				CHECK YES OR NO
ELIGIBLE FOR MEDICAL BENEFITS	YES		NO	
				CHECK YES OR NO

FAX COMPLETED FORM TO:

INCOME TAX SPECIALISTS

(877) 820-7066