



California Payroll Concepts

NEW EMPLOYEE INFORMATION SET UP FORM

Employee Name: _____

Address: _____

Social Security #: _____

Withholding Status: (check one) Single _____ Married _____ Head of Household _____

Exempt: _____ OR Number of Deductions: _____

Additional withholding (if any, amount or %): F _____ S _____

Date of Hire: _____

Date of Last Raise: _____

Paid: Hourly: _____

OR Salary/ per pay period: _____

Deductions, garnishments, or simple/cafeteria plans: _____

Department: _____

Additional information, if any: _____

Manager Signature: _____

Date: _____

One form per employee, please. Optional for accuracy, please attach copy of W-4.