



New Hire Information Sheet

Div: _____ Dept: _____

Date of Birth: _____

Date of Hire: _____

Full Time or Part Time: FT PT

Employer AmCheck Code: _____

Employer Name: _____

New Hire Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Circle One Of Each			Arizona Employees Only Circle one			
Marital Status		Federal Exemptions			AZ State Election Percent	
Married	Joint	Single	0	1	2	3
			4	5	6	7
			8	9	Other: _____	
			State W/Holding Exemptions			
			# of Exemptions: _____			
			1.3	1.8	2.7	
			3.6	4.2	5.1	

Social Security Number

Starting Pay Rate: \$ _____ Hourly / Salary _____ - _____ - _____

Special Notes, Garnishments, Deductions, Etc.: _____

NEW CUSTOMER BALANCE SECTION

	YEAR-TO-DATE	QUARTER-TO-DATE
GROSS PAY:	_____	_____
SOCIAL SECURITY:	_____	_____
MEDICARE:	_____	_____
FEDERAL W/H:	_____	_____
STATE W/H:	_____	_____
_____:	_____	_____
_____:	_____	_____
_____:	_____	_____

When This Form Is Complete Please Forward to Your Customer Service Representative.

For Our Online Customers, Use This Form To Input New Employees Only Through www.amcheck.com.



Need Assistance Call: 888-AMCHECK