



# 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			
<b>Marital Status</b>		<b>Federal Exemptions</b>			<b>AZ State Election Percent</b>	
Married	Joint	Single	0	1	2	3
			4	5	6	7
			8	9	Other: _____	
			<b>State W/Holding Exemptions</b>			
			# of Exemptions: _____			
			11.5	21.9	26.5	
			28.8	35.7	42.6	

## 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](http://www.amcheck.com).



Need Assistance Call: 888-AMCHECK