



1205 Manor Drive Suite 201 Mechanicsburg, PA 17055 717 766 1777 1 866 3 paysmart fax 717 307 3159

Business Name \_\_\_\_\_

New Employee Sheet  
Fill out **all** information

• **Circle One** ?

Current Employee Changes  
Fill in what applies

**NOTE: ALL DOCUMENTATION IS CONFIDENTIAL**

Employee Name \_\_\_\_\_ S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Main Dept. \_\_\_\_\_ 2<sup>nd</sup> Dept. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Hire \_\_\_\_\_

Township Employee Lives In \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Federal Filing Status \_\_\_\_S \_\_\_\_M # of Dependents \_\_\_\_\_ Additional w/h \_\_\_\_\_

Local % to W/H \_\_\_\_\_ (If no rate provided the rate of employers locality will be used)

Withhold LST ? \_\_\_\_\_ (Y/N) (If N, must provide exemption form)

**Deductions from Paycheck:**

Medical / Effective Date \_\_\_\_\_ / \_\_\_\_\_

Dental / Effective Date \_\_\_\_\_ / \_\_\_\_\_

Vision / Effective Date \_\_\_\_\_ / \_\_\_\_\_

Simple / 401K / IRA / Effective Date \_\_\_\_\_ / \_\_\_\_\_

Other deductions / Effective Date \_\_\_\_\_ / \_\_\_\_\_

\*\*\* If employee elects Direct Deposit, please attach completed Direct Deposit form.

**Please Fax To: (717-307-3159)**

- Please include your client name on the top of this sheet
- Please return with employee's first pay
- **DO NOT** include W4 with this form. Keep W4 and I9 for your records.

Thank you,  
**PaySmart Payroll Services**