

Employee Information Form

Fax: 212-684-6036 or email to mweiss@basicpay.biz
New Employee Information (make one copy for each employee)

Company: _			
Name:	first name	middle initial	last name
Address:			
riuuress.	street	apt. or suite #	_
	city	state	zip
Telephone #	()		
Work Email			
Soc Sec # (SS	SN):		
Work State ((if different from home add	lress state):	
Division/Dep	ot:	Job Title	
Hire Date: _	// Birth Date:	_//	emale
W-2 🗌	or 1099		
Marital statı	us:	☐ Single	
Number Dec	ductions/Exemptions:	(# claimed on line 5 of W	V4)
Pay rate:	Hourly: \$	or Salary: \$	
Direct Depos	sit: Yes No If yes,	please enter the information be	elow:
I would lik	e my wages/salary deposited Checking	to the following bank account Savings	(s):
Bank Name	e:		
Routing Nu	umber: (The routing number is the	Account #9 digit number that can be found at the	bottom of your check)
☐ Entire N		☐ Specific Dollar Amount \$	
	Important! Must a	attach a void check – o	original or copy
Employee	Signature	Date//	