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Phone (978) 649-3777
Fax (866) 677- 4222
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Form to be completed by the EMPLOYER ONLY

New Hire Employee Change Effective on Check Date

Employer
Employee Name
Employee Address
City/State/Zip
Employee Email
Social Security #
Date of Hire
Date of Termination

DOB
Marital Status
Male
Female

Rate of Pay/Period
Department
Other Pay
Number of Withholding Allowances Federal
State

Pay Type Frequency
Hourly Weekly
Salary Bi-weekly
1099 Semi-monthly
Monthly

Employer Benefits

Vacation Time Rate Sick Time Rate
Personal Time Rate
401K/Simple IRA \$ or % Employer Match %

Voluntary & Mandetory Deductions

401K/Simple IRA \$ or %
Insurance \$
Garnishment \$
Workers Comp Hartford
EComp
Intego

Agency Info
PreTax PostTax
Agency

DO NOT attach W4 or state withholding forms. All info should be on this form.

Authorized By:

Submit to Payplus

Clear Form