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New Employee Information

For each new employee, please complete this form and return it to KAT & Company Accounting.

Unlike the I9 and W4, this form should be filled out by a company representative, not by the new employee.

Company Information:

Company Name: _____

Signature of Person Completing this Form: _____ Phone #: _____

Will the company offer health insurance to this employee immediately or after a waiting period? **Yes / No**

Does the company have a completed I-9 and W-4 on file for this employee? **Yes / No**

Employee's Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone #: (____) _____

Employee's Tax Information:

In Box 3 on the W-4, is the employee: **Single / Married / Married, but withhold at higher single rate (Circle One)**

In Box 5 on the W-4, how many exemptions has the employee claimed? _____

In Box 6 on the W-4, what is the additional amount, if any, that the employee would like withheld? _____

In Box 7 on the W-4, has the employee written "Exempt"? _____

Pay Information:

Date of Hire: _____ Job Title: _____

Probationary Period: **None / 30 days / 60 days / Other?** _____ Status? **Full-time / Part-time / Seasonal / Temporary**

Is this employee **Hourly** or **Salaried (Circle One)** *Reminder: Employees must pass the "duties test" AND be paid a minimum of \$455 per week in order to be exempt from overtime pay under current federal law.*

How much does this employee earn? \$_____ per _____

Does this employee receive additional pay? **Commission / Bonuses / Tips / Other** _____

Will the employee earn paid vacation time? **Yes / No** Sick leave? **Yes / No** Combined Paid Time Off (PTO)? **Yes / No**

If so, how many hours and how often? _____