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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 until the new law is implemented*

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? \_\_\_\_\_