



P O BOX 3303, RIDGELAND, MS 39158
601.956.9764
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NEW EMPLOYEE DATA FORM

Employer Name _____

TO BE COMPLETED BY EMPLOYEE

SS # _____-_____-_____

First _____ MI _____ Last _____

Address _____

City _____ State _____ ZIP _____

Phone # _____ Email address _____

Birth Date _____ Sex _____ Ethnicity _____

TAX INFORMATION

Federal

- Single Married
- Married but withhold at single rate

of Dependents _____

Additional Withholding _____

FICA TAX EXEMPT Yes No

State

Work State _____

- Single Head of Household
- Married (Spouse is not employed)
- Married (Spouse is employed)

of Dependents _____

Total Amount of Exemptions _____

Additional Withholding _____

FUTA TAX EXEMPT Yes No

TO BE COMPLETED BY EMPLOYER

Hire Date _____ Status: Full Time Part Time Temporary

Job Title _____ WC Code _____

Hourly: Pay Rate _____ Salary: Pay Rate _____

Employer Signature _____