

New Employee Checklist

Employee Name: _____

Page _____ of _____

Company Name: _____

Start Date: _____ D.O.B. _____ Gender: M or F Employee's first check date: _____

Forms: Submit this checklist and the following forms with **all fields filled in and legible.**

****Errors due to poor penmanship or eliminated fields may result in added processing fees****

W-4 ~ IRS Withholding Certificate IT- 2104 ~ NYS Withholding Certificate Direct Deposit Form (if applicable)

Wage Information:

Pay Frequency: Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly _____ Other _____

Position(s): _____ Department /Location _____

Hourly Y / N rate per hour \$ _____ **AND/OR** Salary Y / N Specify both amounts: per pay \$ _____ Annual \$ _____

Other Pay (ex: commission, bonus, travel reimb, mileage) _____ Amt \$ _____

Tips: Y / N If yes: Credit Card / Cash / Both Need Tip Confirmation Report: Y / N

Direct Deposit: Yes or No **(If yes, attach authorization form)**

Deductions: All deductions will be made *per pay period* unless otherwise indicated. Check all that apply and indicate dollar amount. Send copy of court order for all garnishment and child support deductions.

	<u>Per Pay</u>	<u>Pretax</u>	<u>Effective</u>		<u>Per Pay</u>	<u>Effective</u>
Health Ins.	Amount \$ _____	Y / N _____		Cafeteria Flex _____	Amount \$ _____	_____
Dental Ins.	Amount \$ _____	Y / N _____		Cafeteria Flex Annual Max \$ _____		
Life Ins.	Amount \$ _____	Y / N _____		Garnishment _____	Amount \$ _____	_____
HSA	Amount \$ _____	Y / N _____		Child Support _____	Amount \$ _____	_____
Savings	Amount \$ _____	Y / N _____		_____ Loan _____	Amount \$ _____	_____
				Union Dues _____	Amount \$ _____	_____
Other _____	Specify deduction type _____			Pretax Y / N _____	Amount \$ _____	_____
Pension Type (i.e. 401k): _____	Amount \$ _____	or _____ %				
Retirement Code: _____		(Municipals ONLY)				

Notes: _____

Benefits (Employer Provided):

Pension Type (i.e. 401k): _____ Amount per pay \$ _____ or _____ % Start Date ____/____/____

HSA _____ Amount \$ _____ Annual limit \$ _____

You MUST report your New Hire information to NYS. Fax the IT-2104 (no cover letter) to 518- 320-1080 or report online.

****Remember to complete the company portion in the middle before faxing. Keep confirmation for your records. ****