



Precision Payroll New Employee

(Attach Employee W-4)

Fax (812) 401-6880

From: _____ Date: _____
Company: _____

Employee Name: _____

Address: _____

City/State: _____ Zip: _____

Social Security # _____

Rate of Pay: Salary Per Pay Period _____
or
Hourly Rate: _____

Male: _____ or Female: _____ Part time or Full time

Email Address: _____

Birth Date: _____ Start Date: _____

County of Residence: _____

Division Name (if applicable): _____

Department Name (if applicable): _____

Submitted by: _____
Company Contact