



EMPLOYER INFORMATION

FEDERAL ID NUMBER (SAME AS UI #)

EMPLOYER NAME

EMPLOYER ADDRESS (INCOME WITHHOLDING ADDRESS)

CITY

STATE ZIP

EMPLOYER CONTACT INFORMATION

FIRST

LAST

PHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER

IS HEALTH INSURANCE AVAILABLE TO
EMPLOYEE? (OPTIONAL)

 Y N

FIRST NAME

MI

LAST NAME

ADDRESS

CITY

STATE

ZIP

START DATE

mm dd yyyy

DATE OF BIRTH (OPTIONAL)

mm dd yyyy