

Altera Payroll

4729-B Northside Drive

Macon GA 31210

Phone: 478-477-6060 Fax: 478-477-6020

NEW EMPLOYEE INFORMATION

Company: _____

Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Gender _____ Birth Date _____ Soc Sec Number _____

Hire Date _____ Workers Comp Code _____ Department _____

Part-Time or Full-Time Does employee have Medical Insurance available? _____

Base Rate _____ Average Hours _____ Salary _____

(Per Pay Period Salary)

Pay Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

Federal Income Tax: Status: Married Single Exemptions/Dependents: _____

State Income Tax: Status: Married Single Exemptions/Dependents: _____

State for Income Tax Withholding: _____ Unemployment State: _____ Work State: _____

Other Information: _____

(Please note: W-4 forms and I-9 forms should NOT be sent to Altera Payroll)

Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Gender _____ Birth Date _____ Soc Sec Number _____

Hire Date _____ Workers Comp Code _____ Department _____

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