PREMIER PAYROLL SERVICES
290 Main Street Royersford, PA 19468
610-917-2281 · support@premiernow.com

Employee Information Form

Employee Information

Company Name:		Date of Hire:	
Carfagno Cleaning Incorporated		12/11/21	
Employee Full Name:		Social Security Number:	Date of Birth:
Street Address:	Apt # (If Applicable):	Email Address:	
City, State, Zip:	Township:	Home Phone:	Cell Phone:

Payroll Information

Pay Type:	Amount:	Category:	Job Title:	Division (if applicable):
◉ Hourly ○ Salary	$ 15.00 Per Hour	○ Full Time ◉ Part Time ○ 1099	Cleaning Specialist	
			Department (if applicable):	Work Location (if company has more than one):

Tax Information

New hires MUST complete the new **2020 FORM W4**. This can be found under quick links in iSolved.
For more guidance in completing, employee should go to: https://apps.irs.gov/app/tax-withholding-estimator
Employer to retain all W4 and I9 forms.

Deductions / Garnishments Per Pay (complete only if company has ACTIVE plans for the employee)

Pay Type:	Amount:	
401K/Simple IRA	$ 0	per **PAY**
Medical	$ 0	per **PAY**
Child Support	$ 0	per **PAY** (Include copy of the court order)