



ACCOUNTING & TAX SERVICES

New Hire / Employee Update Form

Company Name: \_\_\_\_\_

To Be Filled out By Employee

Employee Information:

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Email Address: \_\_\_\_\_
Emergency Contact Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

To Be Filled out By Employer

Employment Information: \*\* For updates please include effective date \*\*

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_
Department: \_\_\_\_\_ Effective Date: \_\_\_\_\_
Employment Type:

90 Day Trial Permanent Temporary (circle one)
Full Time Part Time (circle one)

Rate of Pay:
Salary: \$ \_\_\_\_\_ per \_\_\_\_\_
Hourly: \$ \_\_\_\_\_ per \_\_\_\_\_
Commission: \_\_\_\_\_
Other: \_\_\_\_\_

Eligible for vacation days, sick days, or personal days? If so, please provide company policy details.
\_\_\_\_\_

Special Deductions: (Medical, Dental, Retirement, Garnishment, Uniform, Loans, etc.)
\_\_\_\_\_

Other mandatory employment forms: (All forms can be found at www.cfocolorado.biz)

- For W2 Employee:
o Form W-4: for an employee ONLY
o Form I-9: complete form and keep identification copies
For 1099 Contractor:
o Form W-9: for Independent Contractor ONLY
o Form I-9: complete form and keep identification copies
o Certificate of Insurance: for workers comp
o Independent Contractor Agreement

Direct Deposit? Yes or No (circle one)

Gulf Management Systems Direct Deposit of Payroll form
Include a voided check or a Bank Direct Deposit Authorization. No deposit slips allowed.

Employee Signature: \_\_\_\_\_ Employer Signature: \_\_\_\_\_