

# Payroll Tax Withholding Form

## For New Employees

### Employee Information

First Name

Last Name

Social Security Number

 XXX-XX-XXXX

Date of Birth

Address

City

State

ZIP Code

### Tax Withholding

Filing Status

 Select 

Number of Dependents

Additional Withholding (\$ per paycheck)

I claim exemption from withholding

### Employer Information

Employer Name

Employer EIN

Employee Signature

Date