COMMISSION
EMPLOYEE PAYROLL FORMS & INFORMATION PACKAGE

PLEASE FILL OUT THE FOLLOWING:

W-4 FORM IT-2104
I-9 FORM

PROVIDE THE EMPLOYEE THE FOLLOWING:

A COPY OF THE SIGNED NYS PAY RATE & PAY DATE NOTICE
PAYROLL SCHEDULE

NOTE: MAKE SURE YOU SIGN AND DATE ALL FORMS. PLEASE READ ALL FORMS CAREFULLY. IF YOU MAKE A MISTAKE WHEN FILLING OUT THE W-4 FORM PLEASE FILL OUT A NEW FORM. WE CANNOT ACCEPT FORMS WITH CROSSED OUT OR CORRECTED INFORMATION (i.e. WHITE OUT).

PLEASE FILL IN THE NECESSARY INFORMATION CLEARLY:

LEGAL NAME: _____
Last First Middle

DATE OF BIRTH: _____ SOC SEC #: _____ PESON #: _____

SEX: ____Male ____Female EMAIL: _____

MARITAL STATUS: ____Single ____Married

LOCAL ADDRESS: _____

_____

PHONE #: (____) _____ - _____ CELL PHONE # (____) _____ - _____

PARENT'S ADDRESS:_____

_____

PHONE #: (____) _____ - _____

THIS INFORMATION IS IMPORTANT TO HELP DELIVER W-2 FORMS

PAYCHECK DISTRIBUTION OPTIONS:

CHECK ONE:
_____PAYCHECK
_____PAYCHECK DIRECT DEPOSIT
(ATTACHED FORM)

CHECK ONE :
_____PICKUP
_____MAIL-LOCAL ADDRESS
_____MAIL-PARENTS ADDRESS

UNIVERSITY STATUS:

CHECK ONE:
_____FULL-TIME UNDERGRADUATE STUDENT
_____PART-TIME UNDERGRADUATE STUDENT
_____FULL-TIME GRADUATE STUDENT
_____PART-TIME GRADUATE STUDENT
_____NON-STUDENT

U.S. CITIZEN:

_____YES
_____NO COUNTRY _____