

APPALACHIAN STAFFING SERVICE, LLC

BASIC INFORMATION SHEET

This form is for Tax and Check Payment Purposes.

It will ONLY be shared with IATSE Local 197's Payroll Company, Appalachian Staffing Service.

Please completely fill out the form below:

Employee Name: _____

Last

First

Middle

Social Security #: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Sex: _____ **Pronouns:** _____

Birth Date: _____