

Reed Strategic Partnerships

Employee Information Form

Company Name: _____

Employee Details

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Social Security Number: _____

Employment Information

Start Date: _____

Pay Rate: \$ _____ per Hour Salary

Department: _____

Direct Deposit:

Bank Name: _____

Account Type: Checking Savings

Routing Number: _____

Account Number: _____

Taxes

Fill out W4

Fill out NC4

Employee Signature: _____ Date: _____