

EMPLOYEE WORKSHEET

New Hire

Re-Hire

Address Change

Name: _____

Address: _____

Soc. Sec. #: _____

Telephone #: _____ EMail _____

Township/Borough: _____

School District: _____ County: _____

W-4 Filing Status: Single Married or Married claiming Higher Rate
(Circle one)

Of Exemptions: _____ Add'l Fed W/H Amt (if desired) \$ _____

Pay Rate: \$ _____ Hourly or Salary

Department/Labor Code: _____

Hire Date: _____ Birth Date: _____

Has the Local Services Tax (LST) been paid for this year? (circle one) YES NO

** If yes, please list the amount of tax withheld \$ _____ and Complete and attach the Local Services Tax-Exemption Certificate with Proof of LST withholding.

DEDUCTIONS

Description	Amount	Goal/Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____