



W-4 Employee New Hire Form

Washington Deli Outlet: 1990 K Street, NW Washington DC 20006 Phone 202-331-3344

Employee Name: _____

Date of Hire: _____ Social Security Number: _____

Gender: Male Female Transgender Other _____ Prefer not to say

Employee Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Emergency Contact: _____

Tax Status: Single Married Student/Exempt

Exemptions/Dependents: _____

Deductions: _____

All information on this form must be completed prior to the employee's first paycheck. Please use black ink and send to:

Payroll Services LLC. Phone 240-699-0060 FAX 1-240-699-0062

jonp@payrollservicesllc.com

Office Use

ROP: _____

Additional Comments: _____