



## 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: \_\_\_\_\_

Sex: Male Female

Primary Department: \_\_\_\_\_

Secondary Department: \_\_\_\_\_

Employee Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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](mailto:jonp@payrollservicesllc.com)

**Office Use**

ROP: \_\_\_\_\_

Additional Comments: \_\_\_\_\_