

CPS New Hire Form

Co. Code _____ Sent by: _____ Date _____

This is the permanent set up form for new hires. Circle the correct tax form below. The county or local is required for each MD resident. Do not attach federal, state or customized forms that you may be using. If you do not provide the information, the field will default as noted below.

Emp #	Last Name	First Name	Middle Name	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="- -"/>

Address Line 1	Address Line 2	Zip	County / local	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Fed. Tax Status*	Fed. Exemptions*	Additional Withholding		StateTax Stat*	State Exempt*	SUI ST *
<input type="text" value="S M"/>	<input type="text"/>	<input type="text" value="\$"/>	<input style="text-align: right;" type="text" value="%"/>	<input type="text" value="S M"/>	<input type="text"/>	<input type="text"/>

* If left blank, default is S-0.

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*Where ee works.

Branch	Dept.	Hire Date	Birth Date	Gender
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="M F"/>

Base Rate	Salary Per Pay	Full Time Part Time	Tax Form *
<input type="text"/>	<input type="text"/>	<input type="text" value="FT PT"/>	<input type="text" value="W2 1099"/>

* Default is w-2

Recurring Deductions / WCC/ Other

Direct Deposit Y / N Attach check or form