



Company Name: \_\_\_\_\_

CO. Number: \_\_\_\_\_

Phone: 503-520-1384 Fax: 503-520-1385

This worker is a (choose one): Employee (W2)  Independent Contractor (1099)

**Independent Contractor (Please include completed W-9)**

Business Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Should the contractor be included in New Hire Reporting, per individual State requirements? (Please be aware that State requirements for the inclusion of contractors in new hire reporting vary)*

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Employee Information (Please include completed Federal and State W-4 as applicable)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Employer**

Date of Hire: \_\_\_\_\_ Is the employee Remote? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Rate: \$ \_\_\_\_\_ /hour OR \$ \_\_\_\_\_ /year Status: Full Time  Part Time

Division. \_\_\_\_\_ Dept. \_\_\_\_\_ Branch. \_\_\_\_\_ Location. \_\_\_\_\_

Workers Comp Classification: \_\_\_\_\_ SOC Code\*: \_\_\_\_\_

*\*SOC Codes are required for the following States: AK / LA / NC / SC / WA / WV*

Accrual Plan(s): \_\_\_\_\_ Employee Portal Access: Yes: \_\_\_\_\_ No: \_\_\_\_\_

*(Please be aware that if Premier Payroll NW is not tracking your company's benefit plans, these fields may be informational and used for your internal use only.)*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Printed Name: \_\_\_\_\_ Employer Signature: \_\_\_\_\_