



The French City Child Care Center

New Employee Tax Information Form

**Please Print A Copy Of This Form And Bring It With You On Your First Day
And Submit It To Us By Clicking On The Submit Button At Bottom Of Page**

Employee's Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Social Security Number _____

Telephone Number: _____

Date Of Employment: _____

E-Mail Address: _____

Employee's Tax Information

Federal Income Tax

Please Check One Only!

Filing Status: Single Married Head of Household

Number of Exemptions: _____

Additional Federal Withholding: \$ _____

State Income Tax

Additional State Withholding: \$ _____

Number of Exemptions: _____