



TRICORE

EMPLOYEE INFORMATION FORM

Section A – To be completed by Employee

Please fill out completely & clearly

Company Name: _____

Last Name: _____ First Name: _____ Middle Initial: _____

SS #: _____ Date of Birth: _____ Home Phone: () _____

Address: _____ Email: _____

City, State & Zip: _____ Resident Tax District: _____

Ethnic Origin: (for EEO purposes only)

<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian
<input type="checkbox"/> Other _____	

Gender: Male Female

Person to Contact in Case of Emergency:

Name: _____

Address: _____

Telephone: Home: () _____ Work: () _____

Relationship to You: _____

Section B – To be completed by Employer

Employee Hire Date: _____ Job Title: _____

Department (if applicable): _____ Workers Comp Code (if applicable): _____

Employee's Work State (Need state that employee physically works in for proper taxing) _____

Full Time/ Part Time: _____ Rate of Pay: _____ per _____

Withholding Status: (From Line # 5 on Form W-4) _____ Single Married

Received Copy of Employee Handbook Acknowledgement Form: _____

If Applicable:

Deduction Type: _____ Deduction Amount: _____ Effective Date: _____

Deduction Type: _____ Deduction Amount: _____ Effective Date: _____

This Box for Company Use Only

Information above approved by: _____ W-4 _____ I-9 _____ ID _____ Direct Dep. _____

Initial