



EMPLOYER INFORMATION

FEDERAL ID NUMBER (SAME AS UI #)

3 5 6 0 0 7 4 6 3

EMPLOYER NAME

M A N C H E S T E R C O M M . S C H O O L S

EMPLOYER ADDRESS (INCOME WITHHOLDING ADDRESS)

4 0 4 W N I N T H S T R E E T

CITY

N O R T H M A N C H E S T E R

STATE ZIP

I N 4 6 9 6 2

EMPLOYER CONTACT INFORMATION

FIRST

M E L I S S A

LAST

K L I N E

PHONE NUMBER

2 6 0 9 8 2 7 5 1 8

FAX NUMBER

2 6 0 9 8 3 4 5 8 3

E-MAIL ADDRESS

M E L I S S A _ K L I N E @ M C S . K 1 2 . I N . U S

EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER

- - - - -

IS HEALTH INSURANCE AVAILABLE TO EMPLOYEE? (OPTIONAL)

Y N

FIRST NAME

- - - - - MI

LAST NAME

- - - - -

ADDRESS

- - - - -

CITY

- - - - -

STATE

- -

ZIP

- - - - -

START DATE

/ / mm dd yyyy

DATE OF BIRTH (OPTIONAL)

/ / mm dd yyyy