

EMPLOYEE INFORMATION SHEET

Complete this form for each employee.

General Information

Employee Name _____
Address _____
City, State, Zip _____
Email Address _____

Birth Date MM____/DD____/YY____
Hire Date MM____/DD____/YY____
Social Security No. _____
Gender Female Male

Direct Deposit Information

Will this employee be paid by direct deposit?

Yes. If so, please complete the Authorization of Direct Deposit form

No

Tax Information

Please attach or specify the following information for this employee:

Attach completed federal Form W-4

Attach completed state withholding form. *Only applicable if state income tax and filing status/allowances are different from federal*

Specify any payroll taxes that this employee is exempt from, such as state unemployment, social security, or Medicare:

Specify any local taxes that need to be withheld from this employee's paycheck:

Notes:

Pay Information

Which types of pay does this employee receive?

Salary \$_____ per _____

Hourly Rates (up to 8 different)

\$_____ / hour

\$_____ / hour

\$_____ / hour

\$_____ / hour

\$_____ / hour

\$_____ / hour

\$_____ / hour

\$_____ / hour

Overtime Pay

Double Overtime

Sick Pay

Holiday Pay

Vacation Pay

Bonus

Commission

Allowance

Reimbursement

Cash Tips

Paycheck Tips

Clergy Housing (Cash)

Clergy Housing (In-Kind)

Bereavement Pay

Group Term Life Insurance

S-Corp Owners Health Ins.

Personal Use of Company Car

Other: _____

Pay Frequency	Payday details
Every Week	Date(s) or day(s) employees paid _____
Every Other Week	(for example, the 1 st and 15 th of the month)
Twice a Month	
Every Month	Period Covered _____
Other _____	(for example, Paycheck on the 1 st covers the 16 th to the end of the prior month)

Payroll Deductions

Select the voluntary deductions that apply and enter the \$ or % amount to be deducted from each paycheck.

Deduction	\$ Amount or % of Gross	Deduction	\$ Amount or % of Gross
Pre-tax medical		403(b)	
Pre-tax vision		Simple IRA	
Pre-tax dental		SARSEP	
Taxable medical		Medical expense FSA	
Taxable vision		Dependent care FSA	
Taxable dental		Loan Repayment	
401(k)		Cash Advance	
Simple 401(k)		Repayment	
		Other _____	

Is this employee subject to wage garnishments, such as a federal tax or child support garnishment?
 Yes If so, attach copies of all garnishment orders
 No

Sick and Vacation

If this employee earns paid time off, complete the section below; otherwise, leave blank.

Sick Pay	Vacation Pay
No. of Hours Earned Per Year _____	No. of Hours Earned Per Year _____
Max. hours accrued per year (if any) _____	Max. hours accrued per year (if any) _____
Current Balance _____	Current Balance _____
Hours are accrued:	Hours are accrued:
As a lump sum at the beginning of year	As a lump sum at the beginning of year
Each pay period	Each pay period
Each hour worked	Each hour worked

Notes