



EMPLOYEE INFORMATION SHEET

Complete this form for each employee.

GENERAL

Employee Name _____

Employee Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Birth Date
MM____/DD____/YY____

Hire Date
MM____/DD____/YY____

Social Security 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:

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

- 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

- Every Week Twice a Month
- Every Other Week Every Month

Payday details

Date(s) or day(s) employees paid

(for example, the 1st and 15th of the month)

Period Covered

(for example, Paycheck on the 1st covers the 16th to the end of the prior month)

Other _____



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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
<input type="checkbox"/> Pre-tax medical		<input type="checkbox"/> 403(b)	
<input type="checkbox"/> Pre-tax vision		<input type="checkbox"/> Simple IRA	
<input type="checkbox"/> Pre-tax dental		<input type="checkbox"/> SARSEP	
<input type="checkbox"/> Taxable medical		<input type="checkbox"/> Medical expense FSA	
<input type="checkbox"/> Taxable vision		<input type="checkbox"/> Dependent care FSA	
<input type="checkbox"/> Taxable dental		<input type="checkbox"/> Loan Repayment	
<input type="checkbox"/> 401(k)		<input type="checkbox"/> Cash Advance Repayment	
<input type="checkbox"/> Simple 401(k)		<input type="checkbox"/> 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

_____ No. of Hours Earned Per Year

_____ Max. hours accrued per year (if any)

_____ Current Balance

Vacation Pay

_____ No. of Hours Earned Per Year

_____ Max. hours accrued per year (if any)

_____ Current Balance

Hours are accrued:

- As a lump sum at the beginning of year
- Each pay period
- Each hour worked

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