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 • Every Other Week • Twice a Month • Every Month • Other_____	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)*

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 • Pre-tax vision • Pre-tax dental • Taxable medical • Taxable vision • Taxable dental • 401(k) • Simple 401(k)		• 403(b) • Simple IRA • SARSEP • Medical expense FSA • Dependent care FSA • Loan Repayment • Cash Advance 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 _____ 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	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

Notes