

EMPLOYER NAME: _____

EMPLOYEE INFORMATION SHEET

EMPLOYEE INFORMATION

Full Name: _____

Last _____ *First* _____ *M.I.* _____

Address: _____

Street Address _____ *Apartment/Unit #* _____

City _____ *State* _____ *ZIP Code* _____

Phone: _____ Alternate Phone: _____

E-mail Address: _____

Social Security No: _____ Birth Date: MM___/DD___/YY___

Title/Position: _____ Hire Date: MM___/DD___/YY___

Direct Deposit information

Yes If yes, attach completed Authorization of Direct Deposit form

No

Tax Information

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 to be withheld if any: _____

Pay Information

Pay Frequency

Weekly

Biweekly

Monthly

Semi-monthly

Payday details

Date(s) or day(s) employees paid (e.g. 1st and 15th of the month): _____

Period Covered (e.g. Paycheck on the 1st covers the 1st to 15th of the prior month): _____

EMPLOYER: _____
EMPLOYEE NAME: _____

Pay types

Salary \$ _____ per _____

Hourly \$ _____ per _____

2nd hourly rate \$ _____

Select the following types if qualify:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Overtime pay | <input type="checkbox"/> Double Overtime | <input type="checkbox"/> Clergy Housing (In-Kind) |
| <input type="checkbox"/> Sick Pay | <input type="checkbox"/> Allowance | <input type="checkbox"/> Bereavement Pay |
| <input type="checkbox"/> Vacation Pay | <input type="checkbox"/> Reimbursement | <input type="checkbox"/> Group Term Life Insurance |
| <input type="checkbox"/> Holiday Pay | <input type="checkbox"/> Cash tips | <input type="checkbox"/> S-Corp Owners Health Ins. |
| <input type="checkbox"/> Bonus | <input type="checkbox"/> Paycheck tips | <input type="checkbox"/> Personal Use of Company Car |
| <input type="checkbox"/> Commission | <input type="checkbox"/> Clergy Housing (cash) | <input type="checkbox"/> Other: _____ |

Deductions

Select the deductions with details of the \$ or % amount from each paycheck if qualify:

- | | |
|---|--|
| <input type="checkbox"/> Pre-tax medical: _____ | <input type="checkbox"/> 403b: _____ |
| <input type="checkbox"/> Pre-tax vision: _____ | <input type="checkbox"/> Simple IRA: _____ |
| <input type="checkbox"/> Pre-tax dental: _____ | <input type="checkbox"/> SAR SEP: _____ |
| <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"/> 401K: _____ | <input type="checkbox"/> Cash Advance Repayment: _____ |
| <input type="checkbox"/> Simple 401K: _____ | <input type="checkbox"/> Other: _____ |

Is this employee subject to wage garnishments? Yes If yes, attach copies of all garnishment orders. No

Sick and Vacation

Sick Pay

- # of Hours Earned: _____ Per Year
 Max Hours accrued: _____ Per Year
 Current balance: _____

Hours are accrued:

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

Vacation Pay

- # of Hours Earned: _____ Per Year
 Max Hours accrued: _____ Per Year
 Current balance: _____

Hours are accrued:

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

ADDITIONAL INFO

Note:

