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 1ˢᵗ and 15ᵗʰ of the month)*
☐ Twice a Month	
☐ Every Month	Period Covered _____
☐ Other_____	*(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		☐ 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 Repayment	
☐ Simple 401(k)		☐ 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