

# EMPLOYEE INFORMATION SHEET

## General Information

Employee Name \_\_\_\_\_ Birth Date MM\_\_\_ / DD\_\_\_ /YYYY\_\_\_\_

Address \_\_\_\_\_ Hiring Date MM\_\_\_ / DD\_\_\_ /YYYY\_\_\_\_

City, State, Zip \_\_\_\_\_ Social Security# □□□ - □□ - □□□□

Email Address \_\_\_\_\_ Is this a Rehire?  No  Yes

## Direct Deposit Information

Will this employee be paid by direct deposit?

Yes. A direct deposit authorization form is attached.  
*Note: A valid email address is required for Direct Deposit.*

No. Direct deposit is not selected (or not available).

## Payroll Information

Which types of pay does this employee receive?

Salary \$ \_\_\_\_\_/year

Hourly \$ \_\_\_\_\_/hour

If the employee has variable hourly rates, please list them and describe what the job is (examples-Warehouse, Sales, Delivery):

\_\_\_\_\_  Hourly \$ \_\_\_\_\_/hour

\_\_\_\_\_  Hourly \$ \_\_\_\_\_/hour

\_\_\_\_\_  Hourly \$ \_\_\_\_\_/hour

\_\_\_\_\_  Hourly \$ \_\_\_\_\_/hour

## Payroll Deductions

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

<b>DEDUCTION</b>	<b>\$ AMOUNT OR % OF GROSS</b>
<input type="checkbox"/> Pre-tax medical	_____
<input type="checkbox"/> Pre-tax vision	_____
<input type="checkbox"/> Pre-tax dental	_____
<input type="checkbox"/> Taxable medical	_____
<input type="checkbox"/> Taxable vision	_____
<input type="checkbox"/> Taxable dental	_____
<input type="checkbox"/> 401(k)	_____
<input type="checkbox"/> Simple 401(k)	_____
<input type="checkbox"/> 403(b)	_____
<input type="checkbox"/> Simple IRA	_____
<input type="checkbox"/> SARSEP	_____
<input type="checkbox"/> Medical expense FSA	_____
<input type="checkbox"/> Dependent care FSA	_____
<input type="checkbox"/> Loan Repayment	_____
<input type="checkbox"/> Cash Advance Repay	_____
<input type="checkbox"/> Other _____	_____

## Notes

## Tax Information

Federal tax withholding (W-4) form

State tax withholding form

Local Tax withholding (may be part of the state tax form)

Is this employee exempt from any taxes such as state unemployment, Social Security, or Medicare?

No  Yes. (if yes, please specify)

\_\_\_\_\_

\_\_\_\_\_

## Other Benefits

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

Please describe any of the benefits for this employee selected in the list above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Wage Garnishment & Child Support

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 & Vacation

### SICK PAY

No. of Hours Earned Per Year _____	Hours are accrued:
Max. hours accrued per year _____	<input type="checkbox"/> As a lump sum at the beginning of year
Current Balance _____	<input type="checkbox"/> Each pay period
	<input type="checkbox"/> Each hour worked

### VACATION PAY

No. of Hours Earned Per Year _____	Hours are accrued:
Max. hours accrued per year _____	<input type="checkbox"/> As a lump sum at the beginning of year
Current Balance _____	<input type="checkbox"/> Each pay period
	<input type="checkbox"/> Each hour worked