

# EMPLOYEE INFORMATION SHEET

**Complete this form for each employee.**

Company \_\_\_\_\_

**General Information**

<p>Employee Legal Name _____</p> <p>Address _____</p> <p>City, State, Zip, and <b>County</b> (NOT country) _____</p> <p>Email Address _____</p> <p>Job Title _____</p> <p>Department / Supervisor _____</p> <p><b>Pay Frequency:</b>   <input type="radio"/> Default   <input type="radio"/> Other _____</p>	<p>Social Security No _____</p> <p>MM____/DD____/YYYY____</p> <p><b>Birth Date</b></p> <p>Gender:   <input type="radio"/> Female   <input type="radio"/> Male</p> <p>MM____/DD____/YYYY____</p> <p><b>Hire Date</b></p> <p>New Hire:   <input type="radio"/> No   <input type="radio"/> Yes</p> <p>Workers' Comp Class _____</p> <p><input type="radio"/> Active   <input type="radio"/> Terminated</p>
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**Pay Types**

<input type="checkbox"/> Salary _____ per year <input type="checkbox"/> Hourly _____ per hour <input type="checkbox"/> 2 <sup>nd</sup> Hourly _____ per hour <input type="checkbox"/> 3 <sup>rd</sup> Hourly _____ per hour <input type="checkbox"/> Overtime Pay 1.5 x regular rate <input type="checkbox"/> Double Overtime 2 x regular rate <input type="checkbox"/> Bonus <input type="checkbox"/> Commission	<input type="checkbox"/> Sick Pay <input type="checkbox"/> Vacation Pay <input type="checkbox"/> Holiday Pay <input type="checkbox"/> Allowance <input type="checkbox"/> Reimbursement <input type="checkbox"/> Cash Tips <input type="checkbox"/> Paycheck Tips <input type="checkbox"/> Clergy Housing (Cash) <input type="checkbox"/> Clergy Housing (In-Kind)	<input type="checkbox"/> Nontaxable Per Diem <input type="checkbox"/> Group Term Life Insurance <input type="checkbox"/> S-Corp Owners Health Ins. <input type="checkbox"/> Company HSA Contribution <input type="checkbox"/> Personal Use, Company Car <input type="checkbox"/> Bereavement Pay <input type="checkbox"/> Other1: <input type="checkbox"/> Other2:
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**Vacation Pay**

**Sick Pay**

<p><b>Hours are accrued:</b></p> <p><input type="radio"/> Each pay period  <input type="radio"/> Each hour worked  <input type="radio"/> As a lump sum at the beginning of year  <input type="radio"/> As a lump sum on the anniversary date</p> <p>Hours Earned Per Year _____</p> <p>Maximum Hours Allowed _____</p> <p>Current Balance _____</p>	<p><b>Hours are accrued:</b></p> <p><input type="radio"/> Each pay period  <input type="radio"/> Each hour worked  <input type="radio"/> As a lump sum at the beginning of year  <input type="radio"/> As a lump sum on the anniversary date</p> <p>Hours Earned Per Year _____</p> <p>Maximum Hours Allowed _____</p> <p>Current Balance _____</p>
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**Notes**

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Employee Name \_\_\_\_\_

### Direct Deposit Information

**Paid by Direct Deposit?**     Yes     No  
 If yes, have Employee complete Authorization of Direct Deposit form and record info below.

1. Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Routing/Transit # (9-digits) \_\_\_\_\_ Account # \_\_\_\_\_

Checking     Savings     Other

**ATTACH A VOIDED CHECK**

2. Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Routing/Transit # (9-digits) \_\_\_\_\_ Account # \_\_\_\_\_

Checking     Savings     Other    \$ \_\_\_\_\_ Amount

**ATTACH A VOIDED CHECK**

### Voluntary Deductions / Company Contributions (for retirement plans only)

**Enter the \$Amount or %Amount to be deducted from each paycheck**

Deduction	\$ Amount or % of Gross	Company Contribution	Deduction	\$ Amount or % of Gross	Company Contribution
<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"/> 401k <input type="checkbox"/> 401k Catchup <input type="checkbox"/> Simple 401k <input type="checkbox"/> Simple 401k Catchup <input type="checkbox"/> 403b <input type="checkbox"/> 403b Catchup <input type="checkbox"/> SAR SEP <input type="checkbox"/> SAR SEP Catchup			<input type="checkbox"/> Simple IRA <input type="checkbox"/> Simple IRA Catchup <input type="checkbox"/> Company Only Plan <input type="checkbox"/> After-tax Roth 401k <input type="checkbox"/> After-tax Roth 403b <input type="checkbox"/> Medical expense FSA <input type="checkbox"/> Dependent care FSA <input type="checkbox"/> Pre-tax HSA <input type="checkbox"/> Taxable HSA <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Cash Advance Repay <input type="checkbox"/> Other:		

### Wage Garnishments (e.g., federal tax or child support)

Yes     No    If yes, attach copies of all garnishment orders

### Tax Information

**Have Employee complete Form W4 and keep on file**

Do Not Withhold     Single     Married     Head of Household

Number of Allowances \_\_\_\_\_ Additional Amount to be Withheld \_\_\_\_\_

Specify any local taxes that need to be withheld from this employee's paycheck:

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 Specify Exempt Payroll Taxes, such as State Unemployment, Social Security, or Medicare: