

EMPLOYEE INFORMATION SHEET
Complete this form for each employee.

General Information	
Employee Name _____	Birth Date MM____/DD____/YY____
Address _____	Hire Date MM____/DD____/YY____
City, State, Zip _____	Social Security No. _____
Email Address _____	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male

Direct Deposit Information
Will this employee be paid by direct deposit?
<input type="checkbox"/> Yes. This is required.

Tax Information
Please attach or specify the following information for this employee:
<input type="checkbox"/> Attach completed federal Form W-4
<input type="checkbox"/> Attach completed state withholding form. <i>Only applicable if state income tax and filing status/allowances are different from federal</i>
<input type="checkbox"/> Specify any payroll taxes that this employee is exempt from, such as state unemployment, social security, or Medicare: _____
<input type="checkbox"/> 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?
<input type="checkbox"/> Salary \$_____ per _____
<input type="checkbox"/> Overtime Pay
<input type="checkbox"/> Double Overtime
<input type="checkbox"/> Clergy Housing (Cash)
<input type="checkbox"/> Clergy Housing (In-Kind)
Hourly Rates (up to 8 different)
<input type="checkbox"/> \$_____ / hour
<input type="checkbox"/> \$_____ / hour
<input type="checkbox"/> \$_____ / hour
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<input type="checkbox"/> \$_____ / hour
<input type="checkbox"/> \$_____ / hour
<input type="checkbox"/> \$_____ / hour
<input type="checkbox"/> Sick Pay
<input type="checkbox"/> Holiday Pay
<input type="checkbox"/> Vacation Pay
<input type="checkbox"/> Bereavement Pay
<input type="checkbox"/> Bonus
<input type="checkbox"/> Commission
<input type="checkbox"/> Group Term Life Insurance
<input type="checkbox"/> Allowance
<input type="checkbox"/> Reimbursement
<input type="checkbox"/> S-Corp Owners Health Ins.
<input type="checkbox"/> Cash Tips
<input type="checkbox"/> Paycheck Tips
<input type="checkbox"/> Personal Use of Company Car
<input type="checkbox"/> Other: _____

Pay Frequency	Payday details
<input type="checkbox"/> Every Week	Date(s) or day(s) employees paid _____ <i>(for example, the 1st and 15th of the month)</i>

<input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Every Month <input type="checkbox"/> Other _____	Period Covered _____ <i>(for example, Paycheck on the 1st covers the 16th to the end of the prior month)</i>
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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
<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 Repayment <input type="checkbox"/> 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: <input type="checkbox"/> As a lump sum at the beginning of year <input type="checkbox"/> Each pay period <input type="checkbox"/> Each hour worked	No. of Hours Earned Per Year _____ Max. hours accrued per year (if any) _____ Current Balance _____ Hours are accrued: <input type="checkbox"/> As a lump sum at the beginning of year <input type="checkbox"/> Each pay period <input type="checkbox"/> Each hour worked

Notes