



EMPLOYEE INFORMATION SHEET

Complete this form for each employee.

General Information

Employer Company Name:

Employee Name	Birth Date
Street Address	Hire Date
City, State, Zip	Social Security #
Email Address	Gender <input type="radio"/> Female <input type="radio"/> Male
Mobile Phone #	W-4 Filing Status:(attach w4) <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Head of Household
	More than one job at a time: <input type="radio"/>
	Dependent Credit (dollars): \$

Direct Deposit Information

Will this employee be paid by direct deposit?

Direct deposit ☐ Yes ☐ No If yes, attach completed Authorization of Direct Deposit form

Pay Information

How often will this employee be paid?

Pay Frequency

- ☐ Every Week
☐ Every Other Week
☐ Twice a Month
☐ Every Month
☐ Other

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 16th to the end of the prior month)

Which types of pay does this employee receive?

- | | | |
|---|--|--|
| <input type="checkbox"/> Salary _____ per | <input type="checkbox"/> Bonus | <input type="checkbox"/> Clergy Housing (Cash) |
| <input type="checkbox"/> Hourly Rate: | <input type="checkbox"/> Commission | <input type="checkbox"/> Clergy Housing (In-Kind) |
| <input type="checkbox"/> 2 nd hourly rate: | <input type="checkbox"/> Double overtime | <input type="checkbox"/> Bereavement Pay |
| <input type="checkbox"/> Overtime Pay | <input type="checkbox"/> Allowance | <input type="checkbox"/> Group Term Life Insurance |
| <input type="checkbox"/> Sick Pay | <input type="checkbox"/> Reimbursement | <input type="checkbox"/> S-Corp Owners Health Ins. |
| <input type="checkbox"/> Vacation Pay | <input type="checkbox"/> Cash Tips | <input type="checkbox"/> Personal Use of Company Car |
| <input type="checkbox"/> Holiday Pay | <input type="checkbox"/> Paycheck Tips | <input type="checkbox"/> Other: |



Employee Tax & Benefit 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:

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"/> 401K <input type="checkbox"/> Simple 401K		<input type="checkbox"/> 403b <input type="checkbox"/> Simple IRA <input type="checkbox"/> SAR SEP <input type="checkbox"/> Medical expense FSA <input type="checkbox"/> Dependent care FSA <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Cash Advance Pymt <input type="checkbox"/> Other -----	

Is this employee subject to wage garnishments, such as a federal tax or child support garnishment? ☐ Yes ☐ No If yes, attach copies of all garnishment orders

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 per year (if any)
Current Balance	Current Balance
Hours are accrued:	Hours are accrued:
<input type="radio"/> As a lump sum at the beginning of year	<input type="radio"/> As a lump sum at the beginning of year
<input type="radio"/> Each pay period	<input type="radio"/> Each pay period
<input type="radio"/> Each hour worked	<input type="radio"/> Each hour worked

Notes: