



# 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 (please write NA if not applicable, do not leave blank)

Which types of pay does this employee receive?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Salary \$_____ per _____ | <input type="checkbox"/> Overtime Pay    | <input type="checkbox"/> Clergy Housing (Cash)       |
|   | <input type="checkbox"/> Double Overtime | <input type="checkbox"/> Clergy Housing (In-Kind)    |
| Hourly Rates (up to 8 different)                  | <input type="checkbox"/> Sick Pay        | <input type="checkbox"/> Bereavement Pay             |
| <input type="checkbox"/> \$_____ / hour           | <input type="checkbox"/> Holiday Pay     | <input type="checkbox"/> Group Term Life Insurance   |
| <input type="checkbox"/> \$_____ / hour           | <input type="checkbox"/> Vacation Pay    | <input type="checkbox"/> S-Corp Owners Health Ins.   |
| <input type="checkbox"/> \$_____ / hour           | <input type="checkbox"/> Bonus           | <input type="checkbox"/> Personal Use of Company Car |
| <input type="checkbox"/> \$_____ / hour           | <input type="checkbox"/> Commission      | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> \$_____ / hour           | <input type="checkbox"/> Allowance       |  |
| <input type="checkbox"/> \$_____ / hour           | <input type="checkbox"/> Reimbursement   |  |
| <input type="checkbox"/> \$_____ / hour           | <input type="checkbox"/> Cash Tips       |  |
| <input type="checkbox"/> \$_____ / hour           | <input type="checkbox"/> Paycheck Tips   |  |

<p><b>Pay Frequency</b></p> <input type="checkbox"/> Every Week <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Every Month <input type="checkbox"/> Other _____	<p><b>Payday details</b></p> <p>Date(s) or day(s) employees paid _____  <i>(for example, the 1<sup>st</sup> and 15<sup>th</sup> of the month)</i></p> <p>Period Covered _____  <i>(for example, Paycheck on the 1<sup>st</sup> covers the 16<sup>th</sup> to the end of the prior month)</i></p>
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**Payroll Deductions (please write NA if not applicable, do not leave blank)**

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 (please write NA if not applicable, do not leave blank)**

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:
<input type="checkbox"/> As a lump sum at the beginning of year <input type="checkbox"/> Each pay period <input type="checkbox"/> Each hour worked	<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**