

# EMPLOYEE INFORMATION SHEET

## Complete These 3 Forms For Each Employee

### General Information

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Birth Date MM\_\_\_\_/DD\_\_\_\_/YY\_\_\_\_

Hire Date MM\_\_\_\_/DD\_\_\_\_/YY\_\_\_\_

Termination Date MM\_\_\_\_/DD\_\_\_\_/YY\_\_\_\_

Social Security # \_\_\_\_\_

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. Provide state forms that are needed in notes section below.**
- 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

### Which types of pay does this employee receive

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Salary \$_____ per _____ | <input type="checkbox"/> Overtime Pay    | <input type="checkbox"/> Clergy Housing (Cash)       |
| Hourly Rates (up to 8 different)                  | <input type="checkbox"/> Double Overtime | <input type="checkbox"/> Clergy Housing (In-Kind)    |
| <input type="checkbox"/> \$_____ / hour           | <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   |  |

#### Pay Frequency

- Every Week
- Every Other Week
- Twice a Month
- Every Month
- Other \_\_\_\_\_

#### Payday details

Date(s) or day(s) employees paid \_\_\_\_\_

*(for example, the 1<sup>st</sup> and 15<sup>th</sup> of the month)*

Period Covered \_\_\_\_\_

*(for example, Paycheck on the 1<sup>st</sup> covers the 16<sup>th</sup> to the end of the prior month)*

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

