

## 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 <input type="checkbox"/> Female <input type="checkbox"/> 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

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>
--	--

**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 Repayment	
<input type="checkbox"/> Simple 401(k)		<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 _____	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"/> As a lump sum at the beginning of year
<input type="checkbox"/> Each pay period	<input type="checkbox"/> Each pay period
<input type="checkbox"/> Each hour worked	<input type="checkbox"/> Each hour worked

**Notes**