

# 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="radio"/> Female <input type="radio"/> Male

## Direct Deposit Information

Will this employee be paid by direct deposit?	
Direct Deposit <input type="radio"/> Yes <input type="radio"/> No	If yes, attach completed Authorization of Direct Deposit form

## Tax Information

Please attach or specify the following information for this employee:	
<input type="radio"/> Attach completed Federal Form W-4	
<input type="radio"/> Attach completed state withholding form (only applicable if state withholding and filing status/allowances differ from Federal)	
<input type="radio"/> Specify any payroll taxes this employee is exempt from, such as state unemployment, social security, or Medicare:	
_____	
<input type="radio"/> Specify any local taxes that need to be withheld from this employee's paycheck	
_____	
NOTES:	

## Pay Information

How often will this employee be paid?	
Pay Frequency	Payday Details
<input type="radio"/> Every Week	Date(s) or Day(s) employees paid _____
<input type="radio"/> Every Other Week	(e.g. 1st and 15th of the month)
<input type="radio"/> Twice a Month	
<input type="radio"/> Every Month	Period Covered _____
<input type="radio"/> Other _____	(e.g. Paycheck on the 1st covers the 16th to the end of the month)

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## Pay Rate Information

Pay Type  Salary  Hourly  Commission

Employee Type  Full-Time  Part-Time  Seasonal  Corporate Officer

### Salaried

Annual Salary \_\_\_\_\_

### Hourly

Regular Rate \_\_\_\_\_

Job Code (if applicable) \_\_\_\_\_

Overtime Rate \_\_\_\_\_

Rate 2 \_\_\_\_\_

Job Code (if applicable) \_\_\_\_\_

Overtime Rate 2 \_\_\_\_\_

Rate 3 \_\_\_\_\_

Job Code (if applicable) \_\_\_\_\_

Overtime Rate 3 \_\_\_\_\_

## Non-Tax Deductions

Special Deductions  Yes  No

(Loan/Garnishment etc.)

Type/Name

Amount: \_\_\_\_\_

Frequency: \_\_\_\_\_

Start Date: \_\_\_\_\_

Stop Date: \_\_\_\_\_

Type/Name

Amount: \_\_\_\_\_

Frequency: \_\_\_\_\_

Start Date: \_\_\_\_\_

Stop Date: \_\_\_\_\_

Type/Name

Amount: \_\_\_\_\_

Frequency: \_\_\_\_\_

Start Date: \_\_\_\_\_

Stop Date: \_\_\_\_\_