Payroll 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: _____	
Email Address: _____	
Social Security No.: _____	

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

Attach the following information for this employee:

☐ Completed federal Form W-4

☐ 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?

☐ Salary $_____ per ____

Hourly Rates (up to 8 different)

☐ $_____ / hour
☐ $_____ / hour
☐ $_____ / hour
☐ $_____ / hour
☐ $_____ / hour
☐ $_____ / hour
☐ $_____ / hour
☐ $_____ / hour

☐ Overtime Pay
☐ Double Overtime
☐ Sick Pay
☐ Holiday Pay
☐ Vacation Pay
☐ Bonus
☐ Commission
☐ Allowance
☐ Reimbursement
☐ Cash Tips
☐ Paycheck Tips

☐ Clergy Housing (Cash)
☐ Clergy Housing (In-Kind)
☐ Bereavement Pay
☐ Group Term Life Insurance
☐ S-Corp Owners Health Ins.
☐ Personal Use of Company Car
☐ Other: _____

Payday details

Date(s) or day(s) employees paid: _____

(for example, the 1st and 15th of the month)

Period Covered _____

(for example, Paycheck on the 1st covers the 16th to the end of the prior month)

Pay Frequency

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

☐ Other_____

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
☐ Pre-tax medical		☐ 403(b)	
☐ Pre-tax vision		☐ Simple IRA	
☐ Pre-tax dental		☐ SARSEP	
☐ Taxable medical		☐ Medical expense FSA	
☐ Taxable vision		☐ Dependent care FSA	
☐ Taxable dental		☐ Loan Repayment	
☐ 401(k)		☐ Cash Advance Repayment	
☐ Simple 401(k)		☐ 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**
# of Hours Earned Per Year: _____ Max. hours accrued per year: _____ Current Balance: _____ Hours are accrued: ☐As a lump sum each year ☐Each pay period ☐Each hour worked	# of Hours Earned Per Year: _____ Max. hours accrued per year: _____ Current Balance _____ Hours are accrued: ☐As a lump sum each year ☐Each pay periods ☐Each hour worked