

EMPLOYEE INFORMATION SHEET

Complete this form for each employee OR provide us with reports that offer the same info.

General Information – Company Name or FEIN _____

Employee Name _____

Birth Date MM____/DD____/YY____

Address _____

Hire Date MM____/DD____/YY____

City, State, Zip _____

Social Security No. _____

Email Address _____

Gender Female Male

(Only if you want your employee to have paystub access online)

Pay Frequency _____(list only if multiple pay frequencies for company)

Direct Deposit Information

Form with three radio button options for Direct Deposit: Checking, Savings, and Second Account, each with associated routing and account numbers.

Tax Information

Federal Withholding Status - Specify below or attach a W-4 form

Single Married Head of Household Do Not Withhold

Allowances Additional Withholding

Please attach completed state withholding form (Most states withholding status' are different than Federal)

Specify any payroll taxes that this employee is exempt from, such as state unemployment, social security, or Medicare:

Cobra Credit Yes No Details:

Which types of pay does this employee receive?

- List of checkboxes for various pay types: Salary Amount, Hourly, Overtime Pay, Double overtime, Holiday Pay, Bonus, Allowance, Reimbursement, Custom Reimbursement, Cash Tips, Paycheck Tips, Clergy Housing, Non Taxable Per Diem, S- Corp Owners Health Ins., Company HSA Contribution, Personal Use of Company Car, Other Earnings, etc.

continued

EMPLOYEE NAME: _____

Select the voluntary deductions that apply and enter the \$ or % amount to be deducted from each paycheck

Deduction	\$ Amount or % of Gross	Annual Max	Deduction	\$ Amount or % of Gross	Annual Max
<input type="checkbox"/> Pre-tax medical	_____	_____	<input type="checkbox"/> SAR SEP	_____	
<input type="checkbox"/> Pre-tax vision	_____	_____	<input type="checkbox"/> SAR SEP Catchup	_____	
<input type="checkbox"/> Pre-tax dental	_____	_____	<input type="checkbox"/> Simple 401K	_____	
<input type="checkbox"/> Taxable medical	_____	_____	<input type="checkbox"/> Simple 401K Catchup	_____	
<input type="checkbox"/> Taxable vision	_____	_____	<input type="checkbox"/> Simple IRA	_____	
<input type="checkbox"/> Taxable dental	_____	_____	<input type="checkbox"/> Simple IRA Catchup	_____	
<input type="checkbox"/> 401K	_____	_____	<input type="checkbox"/> Medical expense FSA	_____	
<input type="checkbox"/> 401K Catchup	_____		<input type="checkbox"/> Dependent care FSA	_____	
<input type="checkbox"/> 403b	_____		<input type="checkbox"/> Loan Repayment	_____	_____
<input type="checkbox"/> 403b Catchup	_____		<input type="checkbox"/> Cash Advance Repayment	_____	_____
			<input type="checkbox"/> Other	_____	

Select the Company Contributions that apply to the employee and enter the \$ or % to be recorded on each paycheck

<input type="checkbox"/> 401K	_____	<input type="checkbox"/> SAR SEP	_____
<input type="checkbox"/> 401K Catchup	_____	<input type="checkbox"/> Simple 401k	_____
<input type="checkbox"/> 403b	_____	<input type="checkbox"/> Simple 401k	_____
<input type="checkbox"/> 403b Catchup	_____	<input type="checkbox"/> Simple IRA	_____
<input type="checkbox"/> Company-only plan	_____	<input type="checkbox"/> Simple IRA Catchup	_____

If the employee is paid time off, complete the section below, otherwise leave blank.

Sick Pay

No. of Hours Earned Per Year _____

Max. hours accrued per year (if any) _____

Current Balance _____

Vacation Pay

No. of Hours Earned Per Year _____

Max. hours accrued per year (if any) _____

Current Balance _____

Hours are accrued:

- As a lump sum at the beginning of year
- Each pay period
- Each hour worked

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- As a lump sum at the beginning of year
- Each pay period
- Each hour worked