

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

Direct Deposit Information

Will this employee be paid by direct deposit?

Direct deposit Yes No If yes, attach completed Authorization of Direct Deposit form

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

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	Period Covered _____
<input type="radio"/> Every Month	(e.g. Paycheck on the 1st covers the
<input type="radio"/> Other _____	16th to the end of the prior month)

Which types of pay does this employee receive?

- | | | |
|---|--|--|
| <input type="checkbox"/> Salary _____ per _____ | <input type="checkbox"/> Bonus | <input type="checkbox"/> Clergy Housing (Cash) |
| <input type="checkbox"/> Hourly _____ per hour | <input type="checkbox"/> Commission | <input type="checkbox"/> Clergy Housing (In-Kind) |
| <input type="checkbox"/> 2nd hourly rate _____ per hour | <input type="checkbox"/> Double overtime | <input type="checkbox"/> Bereavement Pay |
| <input type="checkbox"/> Overtime Pay | <input type="checkbox"/> Allowance | <input type="checkbox"/> Group Term Life Insurance |
| <input type="checkbox"/> Sick Pay | <input type="checkbox"/> Reimbursement | <input type="checkbox"/> S-Corp Owners Health Ins. |
| <input type="checkbox"/> Vacation Pay | <input type="checkbox"/> Cash Tips | <input type="checkbox"/> Personal Use of Company Car |
| <input type="checkbox"/> Holiday Pay | <input type="checkbox"/> Paycheck Tips | <input type="checkbox"/> Other: |

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"/> 403b	
<input type="checkbox"/> Pre-tax vision		<input type="checkbox"/> Simple IRA	
<input type="checkbox"/> Pre-tax dental		<input type="checkbox"/> SAR SEP	
<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"/> 401K		<input type="checkbox"/> Cash Advance Repayment	
<input type="checkbox"/> Simple 401K		<input type="checkbox"/> Other _____	

Is this employee subject to wage garnishments, such as a federal tax or child support garnishment?

- Yes No If yes, attach copies of all garnishment orders

Sick and Vacation

If this employee earns 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 _____

Hours are accrued:

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

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

Notes: