

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 € Female € 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?

- | | | |
|----------------------------------|-------------------|-------------------------------|
| € Salary \$_____ per _____ | € Overtime Pay | € Clergy Housing (Cash) |
| Hourly Rates (up to 8 different) | € Double Overtime | € Clergy Housing (In-Kind) |
| € \$_____ / hour | € Sick Pay | € Bereavement Pay |
| € \$_____ / hour | € Holiday Pay | € Group Term Life Insurance |
| € \$_____ / hour | € Vacation Pay | € S-Corp Owners Health Ins. |
| € \$_____ / hour | € Bonus | € Personal Use of Company Car |
| € \$_____ / hour | € Commission | € Other: _____ |
| € \$_____ / hour | € Allowance | |
| € \$_____ / hour | € Reimbursement | |
| € \$_____ / hour | € Cash Tips | |
| € \$_____ / hour | € Paycheck Tips | |

Pay Frequency	Payday details
€ Every Week	Date(s) or day(s) employees paid _____
€ Every Other Week	(for example, the 1 st and 15 th of the month)
€ Twice a Month	Period Covered _____
€ Every Month	(for example, Paycheck on the 1 st covers the 16 th to the end of the prior 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	
€ Simple 401(k)		€ Repayment	
		€ 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:
€ As a lump sum at the beginning of year	€ As a lump sum at the beginning of year
€ Each pay period	€ Each pay period
€ Each hour worked	€ Each hour worked

Employee Email Address _____

Employee Phone Number _____

Notes