

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?

- No
 Yes. (Please attach a copy of your voided check)

I authorize my employer to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford my employer a reasonable opportunity to act on it.

Bank account number: _____ (Checking ___ Savings ___)

Bank routing number: _____

Employee/Contractor signature:

Tax Information

Please attach or specify the following information for this employee:

- Attach completed federal Form W-4
 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?

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

Pay Frequency

- Every Week
- Every Other Week
- Twice a Month
- Every Month
- Other _____

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