

## EMPLOYEE INFORMATION SHEET

Complete this form for each employee.

<b>General Information</b>	
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

<b>Direct Deposit Information</b>
Will this employee be paid by direct deposit?
<input type="checkbox"/> Yes. If so, please complete the Authorization of Direct Deposit form
<input type="checkbox"/> No

<b>Tax Information</b>
Please attach or specify the following information for this employee:
<input type="checkbox"/> Attach completed federal Form W-4
<input type="checkbox"/> Attach completed state withholding form. <i>Only applicable if state income tax and filing status/allowances are different from federal</i>
<input type="checkbox"/> Specify any payroll taxes that this employee is exempt from, such as state unemployment, social security, or Medicare: _____
<input type="checkbox"/> Specify any local taxes that need to be withheld from this employee's paycheck: _____
Notes:

<b>Pay Information</b>		
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	

<p><b>Pay Frequency</b></p> <p><input type="checkbox"/> Every Week</p> <p><input type="checkbox"/> Every Other Week</p> <p><input type="checkbox"/> Twice a Month</p> <p><input type="checkbox"/> Every Month</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Payday details</b></p> <p>Date(s) or day(s) employees paid _____  <i>(for example, the 1<sup>st</sup> and 15<sup>th</sup> of the month)</i></p> <p>Period Covered _____  <i>(for example, Paycheck on the 1<sup>st</sup> covers the 16<sup>th</sup> to the end of the prior month)</i></p>
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**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
<input type="checkbox"/> Pre-tax medical		<input type="checkbox"/> 403(b)	
<input type="checkbox"/> Pre-tax vision		<input type="checkbox"/> Simple IRA	
<input type="checkbox"/> Pre-tax dental		<input type="checkbox"/> SARSEP	
<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"/> 401(k)		<input type="checkbox"/> Cash Advance Repayment	
<input type="checkbox"/> Simple 401(k)		<input type="checkbox"/> 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:
<input type="checkbox"/> As a lump sum at the beginning of year	<input type="checkbox"/> As a lump sum at the beginning of year
<input type="checkbox"/> Each pay period	<input type="checkbox"/> Each pay period
<input type="checkbox"/> Each hour worked	<input type="checkbox"/> Each hour worked

**Notes**