EMPLOYEE INFORMATION SHEET

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

Employee Name	Birth Date MM/DD/YY
Address	Hire Date MM/DD/YY
City, State, Zip	Social Security No
Email Address (Only if you want your employee to have paystub access online) If hired in the last 20 days, would you like New Hire Reporting on this employee? Yes No	Gender • Female • Male Pay Frequency (list only if multiple pay frequencies for company)
<u>Direct Deposit Information (Max. of 2 Accounts)</u> Account #1	
O Direct Deposit to Checking Attach a voided check from the emp	loyee's checking account
O Direct Deposit to Savings Routing#Acct Account#2 (if applicable – both accounts must be Bank of Ame	Dollar amount only
O Direct Deposit to Checking Attach a voided check from the emp	
O Direct Deposit to Savings Routing# Acct	#Amount: <u>Remainder</u>
Tax Information	
Federal Withholding Status - Specify below or attach a W-4 for	m
☐ Single ☐ Married ☐ Head of Household ☐ Do Not Withh	
# Of Allowances Any Additional Withholding	
State Withholding Status - Specify below or attach a State with	holding form (Please verify with your state regarding
separate withholding information)	. , , , , ,
☐ Single ☐ Married ☐ Head of Household ☐ Do Not Withh	nold
# Of Allowances Any Additional Withholding	
☐ Specify any situations that an employee may have tax exemptions s	uch as Minor Children, Visa employees, Clergy, etc.
Which types of pay does this employee receive?	
	☐ Bonus
☐ Salary \$ per paycheck ☐ Cash Tips	Non Taxable Per Diem
☐ Hourly \$ per hour ☐ Paycheck Tips	S-Corp Owners Health Ins.
□ 2 nd hourly rate \$ per hour □ Clergy Housing (Cas	h) Gompany HSA Contrib.(pretax)
☐ Overtime Pay ☐ Clergy Housing (In-k	(ind)
☐ Double Overtime ☐ Personal Use of Cor	
☐ Holiday Pay Car	Name:
☐ Reimbursement ☐ Commission	

Select the volun	tary deductions	that apply and	enter the \$ or % to be dedu	cted from <mark>each paycheck</mark> .
<u>Deduction</u>	\$ Amount or <u>% of Gross</u>	Annual <u>Max</u>	<u>Deduction</u>	\$ Amount or Annual <u>% of Gross Max</u>
☐ Pre-tax Medica	al		☐ Simple 401K	
☐ Pre-tax Dental			☐ Simple 401K Catch-up	o*
☐ Pre-tax Vision			☐ Simple IRA	
☐ Post-Tax Medic	cal		☐ Simple IRA Catch-up	*
☐ Post-Tax Denta	al		☐ Medical expense FSA	
☐ Post-Tax Vision	n		☐ Dependent care FSA	
□ 401K			☐ Loan Repayment	
☐ 401K Catch-up	*		☐ Advance	
☐ 403b			☐ Child Support (attach a copy of the original	
☐ 403b Catch-up	*		garnishment order)	
□ 408P			Other	
* Employees 50+	yrs		*408k/SarSep not supp	orted
Select the Compa	ny Contributions	that apply to the	employee and enter the \$ or 9	% to be recorded on each pa
□ 401K			☐ Simple 401k	
☐ 401K Catch-up	*		☐ Simple 401k Catch-up*	
□ 403b			☐ Simple IRA	
☐ 403b Catch-up	*		☐ Simple IRA Catch-up*	
* Employees 50+	+ yrs		☐ Company-only plan	
If the employee is	s eligible for paid	time off, complet	e the section below, otherwis	e leave blank.
Sick Pay No. of Hours Earn	ed Per Year		Vacation Pay No. of Hours R	Earned Per Year
Max. hours accrue	ed per year (if any)	Max. hours accrued per year (if any)	
Current Balance			Current Balance	
Hours are accrued O As a lump sum O Each pay perio O Each hour wor	at the beginning o	of year	Hours are accrued: As a lump sum at the beginning of year Each pay period Each hour worked	

Please Note: We are not able to track or accrue "PTO" plans at this time. To track on payroll, PTO must be designated as Sick or Vacation pay.

Employee

Name_____