

**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 \_\_\_\_\_

Gender  Female  Male

(Only if you want your employee to have paystub access online)

Pay Frequency \_\_\_\_\_ (list only if multiple pay frequencies for company)

If hired in the last 20 days, would you like New Hire Reporting on this employee?  Yes  No

**Direct Deposit Information (Max. of 2 Accounts)**

**Account #1**

Direct Deposit to Checking **Attach a voided check from the employee's checking account**

Direct Deposit to Savings Routing# \_\_\_\_\_ Acct# \_\_\_\_\_ Amount\$ \_\_\_\_\_  
Dollar amount only

**Account#2** (if applicable – both accounts must be Bank of America accounts for this option) No percentage

Direct Deposit to Checking **Attach a voided check from the employee's checking account**

Direct Deposit to Savings Routing# \_\_\_\_\_ Acct# \_\_\_\_\_ Amount: Remainder

**Tax Information**

**Federal Withholding Status - Specify below or attach a W-4 form**

Single  Married  Head of Household  Do Not Withhold

# Of Allowances \_\_\_\_\_ Any Additional Withholding \_\_\_\_\_

**State Withholding Status - Specify below or attach a State withholding form** (Please verify with your state regarding separate withholding information)

Single  Married  Head of Household  Do Not Withhold  Local taxes?  Yes  No  
 Do not withhold

# Of Allowances \_\_\_\_\_ Any Additional Withholding \_\_\_\_\_

Specify any situations that an employee may have tax exemptions such as Minor Children, Visa employees, Clergy, etc.

**Which types of pay does this employee receive?**

Salary \$ \_\_\_\_\_ per paycheck

Hourly \$ \_\_\_\_\_ per hour

2<sup>nd</sup> hourly rate \$ \_\_\_\_\_ per hour

Overtime Pay

Double Overtime

Holiday Pay

Reimbursement

Cash Tips

Paycheck Tips

Clergy Housing (Cash)

Clergy Housing (In-Kind)

Personal Use of Company

Car

Commission

Bonus

Non Taxable Per Diem

S-Corp Owners Health Ins.

Company HSA Contrib.(pretax)

Allowance (specify)

Other Earnings (specify)

Name: \_\_\_\_\_

**Employee Name** \_\_\_\_\_

**Select the voluntary deductions that apply and enter the \$ or % to be deducted from each paycheck.**

<u>Deduction</u>	<u>\$ Amount or % of Gross</u>	<u>Annual Max</u>	<u>Deduction</u>	<u>\$ Amount or % of Gross</u>	<u>Annual Max</u>
<input type="checkbox"/> Pre-tax Medical	_____	_____	<input type="checkbox"/> Simple 401K	_____	
<input type="checkbox"/> Pre-tax Dental	_____	_____	<input type="checkbox"/> Simple 401K Catch-up*	_____	
<input type="checkbox"/> Pre-tax Vision	_____	_____	<input type="checkbox"/> Simple IRA	_____	
<input type="checkbox"/> Post-Tax Medical	_____	_____	<input type="checkbox"/> Simple IRA Catch-up*	_____	
<input type="checkbox"/> Post-Tax Dental	_____	_____	<input type="checkbox"/> Medical expense FSA	_____	
<input type="checkbox"/> Post-Tax Vision	_____	_____	<input type="checkbox"/> Dependent care FSA	_____	
<input type="checkbox"/> 401K	_____		<input type="checkbox"/> Loan Repayment	_____	_____
<input type="checkbox"/> 401K Catch-up*	_____		<input type="checkbox"/> Advance	_____	_____
<input type="checkbox"/> 403b	_____		<input type="checkbox"/> Child Support (attach a copy of the original garnishment order)	_____	_____
<input type="checkbox"/> 403b Catch-up*	_____		<input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> 408P	_____				

*\* Employees 50+ yrs* *\*408k/SarSep not supported*

**Select the Company Contributions that apply to the employee and enter the \$ or % to be recorded on each paycheck**

<input type="checkbox"/> 401K	_____	<input type="checkbox"/> Simple 401k	_____
<input type="checkbox"/> 401K Catch-up*	_____	<input type="checkbox"/> Simple 401k Catch-up*	_____
<input type="checkbox"/> 403b	_____	<input type="checkbox"/> Simple IRA	_____
<input type="checkbox"/> 403b Catch-up*	_____	<input type="checkbox"/> Simple IRA Catch-up*	_____
<i>* Employees 50+ yrs</i>		<input type="checkbox"/> Company-only plan	_____

**If the employee is eligible for 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 \_\_\_\_\_

**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

**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.**