

## EMPLOYEE INFORMATION SHEET

Complete this form for each employee.

### General Information

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

### 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?

<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	

<b>Pay Frequency</b>	<b>Payday details</b>
<input type="checkbox"/> Every Week <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Every Month <input type="checkbox"/> Other _____	Date(s) or day(s) employees paid _____ <i>(for example, the 1<sup>st</sup> and 15<sup>th</sup> of the month)</i>  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>

### Payroll Deductions

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

<b>Deduction</b>	<b>\$ Amount or % of Gross</b>	<b>Deduction</b>	<b>\$ Amount or % of Gross</b>
<input type="checkbox"/> Pre-tax medical <input type="checkbox"/> Pre-tax vision <input type="checkbox"/> Pre-tax dental <input type="checkbox"/> Taxable medical <input type="checkbox"/> Taxable vision <input type="checkbox"/> Taxable dental <input type="checkbox"/> 401(k) <input type="checkbox"/> Simple 401(k)		<input type="checkbox"/> 403(b) <input type="checkbox"/> Simple IRA <input type="checkbox"/> SARSEP <input type="checkbox"/> Medical expense FSA <input type="checkbox"/> Dependent care FSA <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Cash Advance Repayment <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.

<b>Sick Pay</b>	<b>Vacation Pay</b>
No. of Hours Earned Per Year _____ Max. hours accrued per year (if any) _____  Current Balance _____  Hours are accrued: <input type="checkbox"/> As a lump sum at the beginning of year <input type="checkbox"/> Each pay period <input type="checkbox"/> Each hour worked	No. of Hours Earned Per Year _____ Max. hours accrued per year (if any) _____  Current Balance _____  Hours are accrued: <input type="checkbox"/> As a lump sum at the beginning of year <input type="checkbox"/> Each pay period <input type="checkbox"/> Each hour worked

### Notes