

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

Complete the Authorization of Direct Deposit form?

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

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

Notes