

# 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="radio"/> Female <input type="radio"/> Male |

## Direct Deposit Information

Will this employee be paid by direct deposit?

Direct deposit  Yes  No If yes, attach completed Authorization of Direct Deposit form

## 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

How often will this employee be paid?

### Pay Frequency

- Every Week
- Every Other Week
- Twice a Month
- Every Month
- Other \_\_\_\_\_

### Payday details

Date(s) or day(s) employees paid \_\_\_\_\_  
(e.g. 1<sup>st</sup> and 15<sup>th</sup> of the month)

Period Covered \_\_\_\_\_  
(e.g. Paycheck on the 1<sup>st</sup> covers the 16<sup>th</sup> to the end of the prior month)

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Salary _____ per _____                     | <input type="checkbox"/> Bonus           | <input type="checkbox"/> Clergy Housing (Cash)       |
| <input type="checkbox"/> Hourly _____ per hour                      | <input type="checkbox"/> Commission      | <input type="checkbox"/> Clergy Housing (In-Kind)    |
| <input type="checkbox"/> 2 <sup>nd</sup> hourly rate _____ per hour | <input type="checkbox"/> Double overtime | <input type="checkbox"/> Bereavement Pay             |
| <input type="checkbox"/> Overtime Pay                               | <input type="checkbox"/> Allowance       | <input type="checkbox"/> Group Term Life Insurance   |
| <input type="checkbox"/> Sick Pay                                   | <input type="checkbox"/> Reimbursement   | <input type="checkbox"/> S-Corp Owners Health Ins.   |
| <input type="checkbox"/> Vacation Pay                               | <input type="checkbox"/> Cash Tips       | <input type="checkbox"/> Personal Use of Company Car |
| <input type="checkbox"/> Holiday Pay                                | <input type="checkbox"/> Paycheck Tips   | <input type="checkbox"/> Other:                      |

**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<br><input type="checkbox"/> Pre-tax vision<br><input type="checkbox"/> Pre-tax dental<br><input type="checkbox"/> Taxable medical<br><input type="checkbox"/> Taxable vision<br><input type="checkbox"/> Taxable dental<br><input type="checkbox"/> 401K<br><input type="checkbox"/> Simple 401K |                         | <input type="checkbox"/> 403b<br><input type="checkbox"/> Simple IRA<br><input type="checkbox"/> SAR SEP<br><input type="checkbox"/> Medical expense FSA<br><input type="checkbox"/> Dependent care FSA<br><input type="checkbox"/> Loan Repayment<br><input type="checkbox"/> Cash Advance Repayment<br><input type="checkbox"/> Other _____ |                         |

Is this employee subject to wage garnishments, such as a federal tax or child support garnishment?  
 Yes  No If yes, attach copies of all garnishment orders

**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:<br><input type="radio"/> As a lump sum at the beginning of year<br><input type="radio"/> Each pay period<br><input type="radio"/> Each hour worked | Hours are accrued:<br><input type="radio"/> As a lump sum at the beginning of year<br><input type="radio"/> Each pay period<br><input type="radio"/> Each hour worked |

**Notes:**