

NEW EMPLOYEE INFORMATION SHEET

Complete this form for each employee.

General Information		
Company Name Employee Name Employee Address City, State, Zip Email Address		Birth Date MM/DD/YY Hire Date MM/DD/YY Social Security No. Gender Female Male
Direct Deposit Inform	ation	
Will this employee be paid by dire		
Yes. If so, please complete th	e Authorization of Direct Dep	osit form
Tax Information		
Please attach or specify the follow	ing information for this emplo	vee:
Attach completed federal Form	ו W-4	
Attach completed state withho	lding form. Only applicable it	state income tax and filing
status/allowances are differen	t from federal	
Specify any payroll taxes that security, or Medicare:	this employee is exempt from	n, such as state unemployment, social
Specify any local taxes that ne	eed to be withheld from this e	mployee's paycheck:
Notes: Pay Information		
Which types of pay does this emp	5	
Salary \$ per	Overtime PayDouble Overtime	Clergy Housing (Cash)Clergy Housing (In-Kind)
Hourly Rates	 Double Overtime Sick Pay 	 Bereavement Pay
□ \$ / hour	 Holiday Pay 	Group Term Life Insurance
	 Vacation Pay 	 S-Corp Owners Health Ins.
	□ Bonus	Personal Use of Company Car
	Commission	□ Other:
	Allowance	
	Reimbursement	
	Cash TipsPaycheck Tips	

Pay Frequency	Payday details
Every Week	Date(s) or day(s) employees paid
Every Other Week	(for example, the 1 st and 15 th of the month)
Twice a Month	
Every Month	Period Covered
Other	month)

Payroll Deductions

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
Pre-tax medical		□ 403(b)	
Pre-tax vision		□ Simple IRA	
Pre-tax dental		□ SARSEP	
Taxable medical		Medical expense	e FSA
Taxable vision		Dependent care	FSA
Taxable dental		Loan Repaymen	t
□ 401(k)		Cash Advance	
□ Simple 401(k)		Repayment	
		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.

Sick Pay	Vacation Pay
No. of Hours Earned Per Year Max. hours accrued per year (if any)	No. of Hours Earned Per Year Max. hours accrued per year (if any)
Current Balance	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