

Company Name \_\_\_\_\_

## Employee Information Sheet

New Hire,  Change,  Re-hire,  Termination,  1099/Contractor

Social Security Number \_\_\_\_\_ Employee # \_\_\_\_\_

Name: Last \_\_\_\_\_ First: \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Department: \_\_\_\_\_ Status:  Full Time,  Part time,  Other \_\_\_\_\_

Hire Date: \_\_\_\_\_ Re-hire Date: \_\_\_\_\_ Term Date: \_\_\_\_\_

### Pay Rate Information

Pay Frequency:  Weekly,  Bi-Weekly,  Semi-Monthly,  Monthly

Hourly Rate1: \$ \_\_\_\_\_  
Rate2: \$ \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per Pay Period \*\*  
Pay Overtime:  Yes  No (If Salaried)  
First Pay Amount if Prorated: \$ \_\_\_\_\_

### Tax Information

**W-4 Filing Status:**  Single,  Married,  Married w/h at Single Rate; Number of Allowances \_\_\_\_\_

**State:**  Single,  Married,  Married w/h at Single Rate; Number of Allowances \_\_\_\_\_

Extra Taxes Withheld (\$/ %) Fed \_\_\_\_\_ State \_\_\_\_\_

### Deduction Information

Deduction \_\_\_\_\_ Amount \_\_\_\_\_ per \_\_\_\_\_

Deduction \_\_\_\_\_ Amount \_\_\_\_\_ per \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_