

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: ____/____/____

Email Address _____ @ _____

Job Position _____

Pay Rate Information

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

Hourly Rate1: \$ _____

Salary: \$ _____ per Pay Period **

Rate2: \$ _____

Pay Overtime: Yes No (If Salaried)

First Pay Amount if Prorated: \$ _____

Tax Information

W-4 Filing Status: Single or Married Filing Separately Married Filing Jointly Head of Household Step 2-C Higher

W-4 Total Dependents Tax Credit: _____ Other Income: _____ Deductions: _____

State: Single, Married, Married w/h at Single Rate; Number of Allowances _____

Extra Taxes Withheld (\$/ %) Federal _____ State _____ Block (Exempt)

Direct Deposit Information

Bank Routing #: _____ Account #: _____

Account Type (Circle One): Checking Savings Money Market

Deduction Information

Deduction _____ Amount _____ per _____

Deduction _____ Amount _____ per _____