

Company Name* _____

*Indicates required field

ORDAINED EMPLOYEE INFORMATION SHEET

____ New Hire ____ Change ____ Re-hire ____ Termination

Attention Employers: Please verify after employee's first payroll that all info is entered into the payroll system correctly. Any corrections need to be conveyed to Payroll Partners immediately.

Social Security Number*: _____ Employee # _____

Name: Last* _____ First* _____ MI _____

Address*: _____

City*: _____ State*: _____ ZIP*: _____

Telephone #: _____ Gender: _____ Birth Date: _____

Hire Date: _____ Re-hire Date: _____ Term Date: _____

Status: ____ Full Time ____ Part time ____ Other _____ Department: _____

Email Address*: _____

PAY RATE INFORMATION

Pay Frequency*: ____ Weekly ____ Bi-Weekly ____ Semi-Monthly ____ Monthly

PER PAY PERIOD:

Clergy Earnings: \$ _____ First Pay Amount if Prorated: \$ _____

Housing Allowance: \$ _____ First Pay Amount if Prorated: \$ _____

Auto Allowance: \$ _____ First Pay Amount if Prorated: \$ _____

Self Emp Tax Reimb. (\$/%) _____ First Pay Amount if Prorated: \$ _____

_____ Allowance: \$ _____ First Pay Amount if Prorated: \$ _____

TAX INFORMATION

Step 1-W-4 Filing Status*: ____ Single or Married Filing Separately ____ Married Filing Jointly ____ Head of Household

Step 2c-Multiple Jobs or Spouse Works: ____ More than One Job or Married Filing Jointly and Spouse Works

Step 3-Claim Dependent and Other Credits: \$ _____

Step 4-Other Adj: Other Income: \$ _____ Deductions: \$ _____ Extra W/H (\$/%) _____
____ Block (Exempt)

State: ____ Single ____ Married ____ Married w/h at Single Rate Number of Allowances _____
____ Block (Exempt) Add'l. State Taxes (\$/%) _____ Regular Amt State Taxes (\$/%) _____

DEDUCTION INFORMATION

Deduction _____ Amount \$ _____ per pay period

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