

EMPLOYEE REQUIRED FORMS

Complete a W-4 and I-9 for each employee

Employee's Withholding Allowance Certificate (Form W-4)	http://www.irs.gov/pub/irs-pdf/fw4.pdf
Employment Eligibility Verification (I-9)	http://uscis.gov/graphics/formsfee/forms/files/i-9.pdf

EMPLOYEE INFORMATION SHEET

Complete this form for each employee.

General Information

Employee Name _____
Address _____
City, State, Zip _____
Email Address _____

Birth Date MM____/DD____/YY____
Hire Date MM____/DD____/YY____
Social Security No. _____
Gender Female Male

Direct Deposit Information

Will this employee be paid by direct deposit?

- Yes. If so, please complete the Authorization of Direct Deposit form
 No

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

Which types of pay does this employee receive?

- | | | |
|---|--|--|
| <input type="checkbox"/> Salary \$_____ per _____ | <input type="checkbox"/> Overtime Pay | <input type="checkbox"/> Clergy Housing (Cash) |
| | <input type="checkbox"/> Double Overtime | <input type="checkbox"/> Clergy Housing (In-Kind) |
| Hourly Rates (up to 8 different) | <input type="checkbox"/> Sick Pay | <input type="checkbox"/> Bereavement Pay |
| <input type="checkbox"/> \$_____ / hour | <input type="checkbox"/> Holiday Pay | <input type="checkbox"/> Group Term Life Insurance |
| <input type="checkbox"/> \$_____ / hour | <input type="checkbox"/> Vacation Pay | <input type="checkbox"/> S-Corp Owners Health Ins. |
| <input type="checkbox"/> \$_____ / hour | <input type="checkbox"/> Bonus | <input type="checkbox"/> Personal Use of Company Car |
| <input type="checkbox"/> \$_____ / hour | <input type="checkbox"/> Commission | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> \$_____ / hour | <input type="checkbox"/> Allowance | |
| <input type="checkbox"/> \$_____ / hour | <input type="checkbox"/> Reimbursement | |
| <input type="checkbox"/> \$_____ / hour | <input type="checkbox"/> Cash Tips | |
| <input type="checkbox"/> \$_____ / hour | <input type="checkbox"/> Paycheck Tips | |

Pay Frequency	Payday details
<input type="checkbox"/> Every Week <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Every Month <input type="checkbox"/> Other _____	Date(s) or day(s) employees paid _____ <i>(for example, the 1st and 15th of the month)</i> Period Covered _____ <i>(for example, Paycheck on the 1st covers the 16th to the end of the prior month)</i>

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
<input type="checkbox"/> Pre-tax medical <input type="checkbox"/> Pre-tax vision <input type="checkbox"/> Pre-tax dental <input type="checkbox"/> Taxable medical <input type="checkbox"/> Taxable vision <input type="checkbox"/> Taxable dental <input type="checkbox"/> 401(k) <input type="checkbox"/> Simple 401(k)		<input type="checkbox"/> 403(b) <input type="checkbox"/> Simple IRA <input type="checkbox"/> SARSEP <input type="checkbox"/> Medical expense FSA <input type="checkbox"/> Dependent care FSA <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Cash Advance <input type="checkbox"/> Repayment <input type="checkbox"/> 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 _____	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:	Hours are accrued:
<input type="checkbox"/> As a lump sum at the beginning of year <input type="checkbox"/> Each pay period <input type="checkbox"/> Each hour worked	<input type="checkbox"/> As a lump sum at the beginning of year <input type="checkbox"/> Each pay period <input type="checkbox"/> Each hour worked

Notes

AUTHORIZATION FOR DIRECT DEPOSIT

Complete this form for each employee or contractor electing direct deposit.

I authorize _____ to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford _____ a reasonable opportunity to act on it.

Primary Direct Deposit

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Amount: \$ _____ or entire paycheck: _____

*Balance of pay to:

_____ Manual (paper check)

_____ Secondary account described below

*Note: Split payments are not available for contractors.

Secondary Direct Deposit (balance after direct deposit entry above)

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor signature: _____

Date: _____

Payers: Don't send us this form with your Direct Deposit enrollment. Keep for your records.