

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

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 filing status/allowances are different from federal*

GdYVWZmUbmidUmfc`HJl Yg`hUh`h`jg`Ya d`cmYY`jg`Yl Ya dh`Zca ž`gi Vx`Ug`ghUHY`i bYa d`cma Ybhž`gcVWU`
 gYVW f]mž`cf`A YX]VW`.

State Taxes - both taxes have 2 portions, the employer portion and the employee portion. You as the employer have the option to cover the tax for the employee or have the employee pay the tax.

Would you like the employee to pay the tax or will you cover the cost?

WA Paid Family & Medical Leave Employee to pay Employer will cover the cost

WA Labor & Industries Employee to pay Employer will cover the cost

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, or every other Friday)</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 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 _____ Max. hours accrued per year (if any) _____ Current Balance _____ 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	No. of Hours Earned Per Year _____ Max. hours accrued per year (if any) _____ Current Balance _____ 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

Notes