

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?

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

Murphy Associates, LLC

☐ \$_____ / hour

☐ Paycheck Tips

Pay Frequency

- ☐ Every Week
- ☐ Every Other Week
- ☐ Twice a Month
- ☐ Every Month
- ☐ Other _____

Payday details

Date(s) or day(s) employees paid _____
(for example, the 1st and 15th of the month)

Period Covered _____
(for example, Paycheck on the 1st covers the 16th to the end of the prior month)

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

No. of Hours Earned Per Year _____
Max. hours accrued per year (if any) _____

Current Balance _____

Hours are accrued:

- ☐ As a lump sum at the beginning of year
- ☐ Each pay period
- ☐ Each hour worked

Vacation Pay

No. of Hours Earned Per Year _____
Max. hours accrued per year (if any) _____

Current Balance _____

Hours are accrued:

- ☐ As a lump sum at the beginning of year
- ☐ Each pay period
- ☐ Each hour worked

Notes