



Employee Information Sheet

Consumer/Company Name: _____

Employee Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____

Hire Date: _____ Birthdate: _____

Hourly Rate: _____

Marital Status (circle one): Married Single

If Married (circle one): Spouse Works Spouse does not Work

Number of Dependents - Federal: _____ State: _____

Additional Federal Tax Withheld: _____ Additional State Tax Withheld: _____

Direct Deposit Information Please Attaché VOID CHECK or PRINT OUT From Your BANK

Bank Name: _____ Checking ☐ - OR - Savings ☐

Routing Number: _____

Account Number: _____

Office Staff – Please Answer:

1st Payroll Period Start Date: _____

1st Payroll Period End Date: _____

1st Payroll Check Date for employee: _____