PayrollPlus
complete employee services

EMPLOYEE INFORMATION SHEET

Company: _____

Please complete this form in full. Where items do not apply be sure to indicate N/A. Do not send copies of the W-4, state tax withholding allowance certificates, or Form I-9. Please retain these documents in your permanent files. **PLEASE PRINT LEGIBLY AND IN BLACK INK.**

1. Check one: New Hire _____ Rehire _____ Change of Information _____
2. Employee's Full Name_____ _____ _____
   (First Name) (MI) (Last Name)
3. Department # _____ 4. Pay Frequency _____
5. Employee's Address_____
   (Number, Street, or P.O. Box)
   _____
   (City, State, Zip Code)
6. Home Phone _____ 7. S.S. # _____
8. E-Mail Address _____
9. Gender (M/F) _____ 10. Card (Clock) # _____ (if on time clock)
11. Date of Birth _____ 12. Date of Hire _____ 13. Date of Separation _____
14. Pay Type: *Hourly* *Salary/Exempt from OT* *Salary with OT* *Commission*
    (Please circle)
15. Rate of Pay _____ *per hour* *per pay period*
    (If salary, please list at per pay period amount, not annual amount) (Please circle one)
16. If variable rates, please explain: _____ _____
17. If salary, is full salary to be paid this pay period? Yes ____ No ____
18. If not full salary, please list amount to be paid this pay period $_____
19. List any additional salary to be paid for previous pay period $_____

20. Tax filing status/FEDERAL: *Married* *Single* *Married, but withhold Single*
    (Please circle one)

W-2 Federal Exemptions _____ Additional Amount $_____

21. Tax filing status/STATE: *Married* *Single* *Head of Household*
    (Please circle one)

ST-4 State Exemptions _____ Additional Amount $_____

22. Please note any special tax information, such as local tax: _____
23. List any deductions or special conditions: _____
    _____

24. If using Payroll Plus Insurance Options: EE only ___ EE + Spouse ___ EE + Child(ren) ___ Family ___

ATTACH DIRECT DEPOSIT FORM (IF APPLICABLE)