

Employee Information Form



Business
Employer Name: _____

First Name		MI		Last Name	
Address					
City		State		Zip Code	
SSN		Gender	Male	Female	Hire Date
DOB		Email			

Fed Filing Status	Single	Married	Married - at Higher Single Rate	Allowances	
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Additional Federal Withholdings (check one)

<input type="checkbox"/>	Additional \$ Withheld	<input type="checkbox"/>	Flat \$ Amount	\$	
<input type="checkbox"/>	Additional % Withheld	<input type="checkbox"/>	Flat % Amount		%

State Filing Status	Single	Married	Married - at Higher Single Rate	Allowances	
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Additional State Withholdings (check one)

<input type="checkbox"/>	Additional \$ Withheld	<input type="checkbox"/>	Flat \$ Amount	\$	
<input type="checkbox"/>	Additional % Withheld	<input type="checkbox"/>	Flat % Amount		%

Direct Deposit Information ***Voided check needed*

Bank Routing #		Account Type	Checking	Savings	
Bank Account #					
Deposit Amount	<input type="checkbox"/> Full Amount	<input type="checkbox"/> Partial \$	\$	<input type="checkbox"/> Partial %	%

Bank Routing #		Account Type	Checking	Savings	
Bank Account #					
Deposit Amount	<input type="checkbox"/> Full Amount	<input type="checkbox"/> Partial \$	\$	<input type="checkbox"/> Partial %	%

Hourly Rate: \$ _____

Gross Salary (per pay period) \$ _____