

# EMPLOYER INFORMATION SHEET

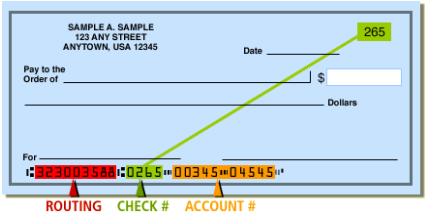
## General

Business Name: _____ Business Address: _____ City, State, Zip: _____ Filing Name (if different): _____ Filing Address (if different): _____ City, State, Zip: _____	Contact Name: _____ Phone: _____ Fax: _____ Email: _____
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Company Type:  
 S-Corp  
 C-Corp  
 LLC  
 LLP  
 Partnership  
 Sole Proprietor  
 501c3  
 Other \_\_\_\_\_

## Direct Deposit

Employer Bank Routing Number: \_\_\_\_\_  
 Employer Bank Account Number: \_\_\_\_\_



Principal Officer's Name: \_\_\_\_\_  
 Principal's Social Security Number: \_\_\_\_\_  
 Principal's Date Of Birth: \_\_\_\_\_

Federal law requires that we store and verify information about the principal officer to help prevent money laundering and the funding of terrorist activity. The principal officer is the person who is the main contact for the bank account from which electronic payments (including direct deposit) are made.

## Payroll

No. of W-2 employees _____ No. of 1099 contractors to be paid through payroll _____ First Date To Run Payroll    MM____/ DD____/ YY ____ Federal EIN _____ <input type="checkbox"/> Applied For State Employer Account No. _____ <input type="checkbox"/> Applied For State Unemployment No. _____ <input type="checkbox"/> Applied For State Unemployment Insurance Rate _____% (if known) Other state tax rates, if applicable: _____ _____	<p><b>Federal Deposit Schedule</b></p> <p>€ Monthly                  € Semi-Weekly                  € Other _____</p> <p><b>State Deposit Schedule</b>  <i>Only applicable to states with income tax</i></p> <p>€ Same as federal                  € Other _____</p>
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# 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)       |
| Hourly Rates (up to 8 different) | € Double Overtime | € Clergy Housing (In-Kind)    |
| € \$_____ / hour                 | € 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       |                               |
| € \$_____ / hour                 | € Paycheck Tips   |                               |

Pay Frequency	Payday details
€ Every Week	Date(s) or day(s) employees paid _____
€ Every Other Week	(for example, the 1 <sup>st</sup> and 15 <sup>th</sup> of the month)
€ Twice a Month	
€ Every Month	Period Covered _____
€ Other _____	(for example, Paycheck on the 1 <sup>st</sup> covers the 16 <sup>th</sup> 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
€ Pre-tax medical		€ 403(b)	
€ Pre-tax vision		€ Simple IRA	
€ Pre-tax dental		€ SARSEP	
€ Taxable medical		€ Medical expense FSA	
€ Taxable vision		€ Dependent care FSA	
€ Taxable dental		€ Loan Repayment	
€ 401(k)		€ Cash Advance	
€ Simple 401(k)		€ Repayment	
		€ 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 _____	No. of Hours Earned Per Year _____
Max. hours accrued per year (if any) _____	Max. hours accrued per year (if any) _____
Current Balance _____	Current Balance _____
Hours are accrued:	Hours are accrued:
€ As a lump sum at the beginning of year	€ As a lump sum at the beginning of year
€ Each pay period	€ Each pay period
€ Each hour worked	€ Each hour worked

## Notes

# CONTRACTOR INFORMATION SHEET

Complete this form for each 1099 contractor.

## General Information

Contractor Type:     Individual     Business

Contractor Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security No./

Employer Identification No. \_\_\_\_\_

## Direct Deposit Information

Will this contractor be paid by direct deposit?

Yes    If so, complete the Authorization of Direct Deposit form.

No

## Pay Information

Has this contractor already been paid this calendar year?

Yes

If so, enter the total compensation and/or reimbursement amounts that you have paid the contractor during the current year.

No

Compensation amount \$ \_\_\_\_\_

Reimbursement amount \$ \_\_\_\_\_

## NOTES

## AUTHORIZATION FOR DIRECT DEPOSIT

Complete this form for each employee or contractor electing direct deposit.

I authorize \_\_\_\_\_ to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford \_\_\_\_\_ a reasonable opportunity to act on it.

### **Primary Direct Deposit**

Name on bank account: \_\_\_\_\_

Bank account number: \_\_\_\_\_ Checking \_\_\_ Savings \_\_\_

Bank routing number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ or entire paycheck: \_\_\_\_\_

\*Balance of pay to:

\_\_\_\_\_ Manual (paper check)

\_\_\_\_\_ Secondary account described below

\*Note: Split payments are not available for contractors.

### **Secondary Direct Deposit** (balance after direct deposit entry above)

Name on bank account: \_\_\_\_\_

Bank account number: \_\_\_\_\_ Checking \_\_\_ Savings \_\_\_

Bank routing number: \_\_\_\_\_

**Important:** Please attach a voided check for each bank account to which funds should be deposited.

**Employee/Contractor signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Payers:** Don't send us this form with your Direct Deposit enrollment. Keep for your records.