

EMPLOYEE PAYROLL INFORMATION SHEET

Company: _____

Completed by: _____ Date: _____

Instructions: This form should be completed for each employee. A new form should be completed as changes in an employee's general information, pay rate, or payroll deductions occur.

General Information

Employee number: _____ Social Security number: _____

Name: _____
(First, middle, last)

Address: _____

City: _____ State: _____ Zip: _____

Department: _____ Title: _____

Date employed: _____ Date terminated: _____

Payment Information

Pay frequency: Weekly Biweekly Semimonthly Monthly

Pay rate (annual salary or hourly rate): _____

Overtime rate (if hourly): _____

Deduction Information:

Income taxes Federal State
Number of allowances claimed: _____
Additional withholding requested: _____
Marital status Married
 Single
 Married, but withhold at higher single rate

Earned income credit
Has the employee filed Form W-5 for this year with the employer? Yes No
Has the employee's spouse filed Form W-5 for this year with any employer? Yes No

Other deductions (Enter the deduction amount or percentage of gross wages that should be deducted before or after income taxes in each pay period.)

Insurance Before tax After tax
Retirement plan _____
Saving plan _____
