



NEW EMPLOYEE INFORMATION SHEET

Complete this form for each employee.

General Information

Company Name _____	Birth Date MM____/DD____/YY____
Employee Name _____	Hire Date MM____/DD____/YY____
Employee Address _____	Social Security No. _____
City, State, Zip _____	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Email Address _____	

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?

<input type="checkbox"/> Salary \$_____ per _____	<input type="checkbox"/> Overtime Pay	<input type="checkbox"/> Clergy Housing (Cash)
	<input type="checkbox"/> Double Overtime	<input type="checkbox"/> Clergy Housing (In-Kind)
Hourly Rates	<input type="checkbox"/> Sick Pay	<input type="checkbox"/> Bereavement Pay
<input type="checkbox"/> \$_____ / hour	<input type="checkbox"/> Holiday Pay	<input type="checkbox"/> Group Term Life Insurance
	<input type="checkbox"/> Vacation Pay	<input type="checkbox"/> S-Corp Owners Health Ins.
	<input type="checkbox"/> Bonus	<input type="checkbox"/> Personal Use of Company Car
	<input type="checkbox"/> Commission	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Allowance	
	<input type="checkbox"/> Reimbursement	
	<input type="checkbox"/> Cash Tips	
	<input type="checkbox"/> Paycheck Tips	

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

Notes

Please upload this form at www.3ClickPayroll.com/resources or email us at Forms@3ClickPayroll.com

or call us at 866-3CP-4PAY (866-327-7429)