



# BookSmarts Accounting

## EMPLOYEE INFORMATION SHEET

*Complete this form for each employee.*

### General Information

Employee Name _____	Birth Date MM___/DD___/YY___
Address _____	Hire Date MM___/DD___/YY___
City, State, Zip _____	Social Security No. _____
Email Address _____	Gender <input type="radio"/> Female <input type="radio"/> Male

### Direct Deposit Information

**Will this employee be paid by direct deposit?**

Direct deposit  Yes  No    If yes, attach completed Authorization of Direct Deposit form

### 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

**How often will this employee be paid?**

Pay Frequency	Payday details
<input type="radio"/> Every Week	Date(s) or day(s) employees paid _____
<input type="radio"/> Every Other Week	<i>(e.g. 1<sup>st</sup> and 15<sup>th</sup> of the month)</i>
<input type="radio"/> Twice a Month	Period Covered _____
<input type="radio"/> Every Month	<i>(e.g. Paycheck on the 1<sup>st</sup> covers the 16<sup>th</sup> to the end of the prior month)</i>
<input type="radio"/> Other _____	

**Which types of pay does this employee receive?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Salary _____ per _____                     | <input type="checkbox"/> Bonus                 | <input type="checkbox"/> Clergy Housing (In-Kind)    |
| <input type="checkbox"/> Hourly _____ per hour                      | <input type="checkbox"/> Commission            | <input type="checkbox"/> Bereavement Pay             |
| <input type="checkbox"/> 2 <sup>nd</sup> hourly rate _____ per hour | <input type="checkbox"/> Double overtime       | <input type="checkbox"/> Group Term Life Insurance   |
| <input type="checkbox"/> Overtime Pay                               | <input type="checkbox"/> Allowance             | <input type="checkbox"/> S-Corp Owners Health Ins.   |
| <input type="checkbox"/> Sick Pay                                   | <input type="checkbox"/> Reimbursement         | <input type="checkbox"/> Personal Use of Company Car |
| <input type="checkbox"/> Vacation Pay                               | <input type="checkbox"/> Cash Tips             | <input type="checkbox"/> Other:                      |
| <input type="checkbox"/> Holiday Pay                                | <input type="checkbox"/> Paycheck Tips         | <input type="checkbox"/> Other:                      |
|   | <input type="checkbox"/> Clergy Housing (Cash) |  |

**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"/> 403b	
<input type="checkbox"/> Pre-tax vision		<input type="checkbox"/> Simple IRA	
<input type="checkbox"/> Pre-tax dental		<input type="checkbox"/> SAR SEP	
<input type="checkbox"/> Taxable medical		<input type="checkbox"/> Medical expense FSA	
<input type="checkbox"/> Taxable vision		<input type="checkbox"/> Dependent care FSA	
<input type="checkbox"/> Taxable dental		<input type="checkbox"/> Loan Repayment	
<input type="checkbox"/> 401K		<input type="checkbox"/> Cash Advance Repayment	
<input type="checkbox"/> Simple 401K		<input type="checkbox"/> Other _____	

Is this employee subject to wage garnishments, such as a federal tax or child support garnishment?

- Yes    No   If yes, attach copies of all garnishment orders

**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:
<input type="radio"/> As a lump sum at the beginning of year	<input type="radio"/> As a lump sum at the beginning of year
<input type="radio"/> Each pay period	<input type="radio"/> Each pay period
<input type="radio"/> Each hour worked	<input type="radio"/> Each hour worked

**Notes:**