



## Employee Information

**\*\*Please complete one of these sheets per employee**

**Employee Number:** \_\_\_\_\_ **Employment Category:** \_\_\_\_\_

Must be 4 digits. If left blank the system will auto-generate.

Full-Time, Part-Time, 1099, etc.

**Social Security #:** \_\_\_\_\_ **Date of Hire:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Rate of Pay:**  **Hourly** **Hourly Rate 1:** \_\_\_\_\_ **Hourly Rate 2:** \_\_\_\_\_ **Hourly Rate 3:** \_\_\_\_\_  
(please choose one)

**Salary** **Rate per Pay Period:** \_\_\_\_\_

**Federal Marital Status:** \_\_\_\_\_

**State Marital Status:** \_\_\_\_\_

**# of Exemptions:** \_\_\_\_\_

**# of Exemptions:** \_\_\_\_\_

**Extra Amount Withheld:** \_\_\_\_\_ **or** **Fixed amount Withheld:** \_\_\_\_\_

### Voluntary Deductions

Description	Amount

Description	Amount

**\*\*Please attach to each Employee Information sheet the following:**

- Any Year-to-Dates, gross to net breakdown**       **Quarter-to-Date for current quarter, gross to net breakdown**