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**

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

	Before tax	After tax
Insurance	_____	_____
Retirement plan	_____	_____
Saving plan	_____	_____
_____	_____	_____
_____	_____	_____