

Employee/Contractor Information Form

Please TYPE ALL data and sign form

COMPANY NAME: _____ DATE: _____
(THE COMPANY)

EMPLOYEE

CONTRACTOR

NEW

CHANGE/UPDATE

TERMINATION

TERMINATION DATE: _____

BASICS

Name: _____ TIN,EIN or SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Hire Date: _____ Date of Birth: _____ Email: _____

PAY (EMPLOYEES ONLY)

Hourly Hourly Rate 1: \$ _____ /hour Hourly Rate 2: \$ _____ /hour

Salary Annual: \$ _____ Monthly: \$ _____ Weekly: \$ _____

Commission Only: \$ _____

Health Benefits Deduction per Payroll

Medical \$ _____

Vision \$ _____

Dental \$ _____

(For Health Benefits, provide worksheet showing employee's premium for each type per payroll)

#Vacation Days/Yr: _____ #Sick Days/Yr: _____

DIRECT DEPOSIT (Provide check copy if applicable)

Bank Routing Number: _____ Bank Account Number: _____ Checking Savings

Partial Amount: \$ _____ * or Entire Paycheck

*Balance of Pay to:

Paper Check

Account information below (Split payments are not available for Contractors)

Bank Routing Number: _____ Bank Account Number: _____ Checking Savings

AGREEMENT

By signing this form I authorize THE COMPANY, named on this form, to deposit my pay automatically to the bank account(s) indicated on this form and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford THE COMPANY a reasonable opportunity to act on it.

FILING STATUS AND WITHHOLDING ALLOWANCES (EMPLOYEES MUST FILL OUT FEDERAL/STATE WITHHOLDING FORM)

FEDERAL (obtain from W4)

Single Married Head of Household Allowances: _____ Additional Withholdings: \$ _____

STATE (obtain from withholding form)

STATE NAME (if applicable): _____

Single Married Married Filing Separately Head of Household

Allowances: _____ Additional Withholdings: \$ _____

PLEASE ATTACH: (Company Use Only)

CHECK COPY

FEDERAL WITHHOLDING FORM

STATE WITHHOLDING FORM

HEALTH BENEFITS WORKSHEET

Employee/Contractor Signature: _____

Date: _____