



# Employee Information Sheet

Phone: (616) 791-7900

Fax: (616) 791-7901

Company Name \_\_\_\_\_  New Employee  Change  Rehire

Employee Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Employee Number \_\_\_\_\_

Date of Hire \_\_\_\_\_ Date of Birth \_\_\_\_\_

The following information should be entered on a **per pay-period** basis:

### Employee Pay

Hourly Rate: \$ \_\_\_\_\_

Salary Rate: \$ \_\_\_\_\_ Department Code (if applicable) \_\_\_\_\_

### Taxes

#### Federal:

Single or Married Filing Separately

Married filing jointly or Qualifying widow(er)

Head of Household

Claim Dependents: Line 3 \$ \_\_\_\_\_

Other Adjustments: 4(a) \$ \_\_\_\_\_

4(b) \$ \_\_\_\_\_

4(c) \$ \_\_\_\_\_

#### State:

State Name \_\_\_\_\_ # of Exemptions \_\_\_\_\_ Additional Withholding \$ \_\_\_\_\_

#### Local:

City Name \_\_\_\_\_  Resident  Non-Resident

If you work and live in the city, you are a resident. If you work in the city but live outside the city, you are a non-resident.

# of Exemptions: \_\_\_\_\_ Additional Withholding: \$ \_\_\_\_\_

#### Other:

Tax Type \_\_\_\_\_ # of Exemptions \_\_\_\_\_ Additional Withholding \$ \_\_\_\_\_

### Deductions (Permanent)

Insurance _____	Garnishment _____
Flex _____	Union Dues _____
Child Care _____	Savings _____
401K _____	United Way _____
SIMPLE _____	Travel Reimbursement _____
Add'l Pension _____	Purchase (A/R) _____
Uniforms _____	Miscellaneous _____

If employee needs Direct Deposit Information set up, please fill out the Direct Deposit Form and send that with this sheet.