



EMPLOYEE INFORMATION FORM

First Name

Middle Initial

Last Name

Address 1

Gender

Male

Female

Address 2

Status

Single

Married

Widow/Widower

City

State

Zip

Social Security Number

Date of Birth

Email Address

Phone Number

Pay Rate

Amount

Tax Status

Hourly

Salary

\$

W-2

1099

Pay Frequency

Weekly

Bi-weekly

Semi-monthly

Quarterly

Federal Filing Status

Single

Married

Married - at Higher Single Rate

Allowances

Additional Federal Withholdings

Additional Amount Withheld

Flat \$ Amount

Additional % Withheld

Flat % Amount

State Filing Status

Single

Married

Married - at Higher Single Rate

Allowances

Additional State Withholdings

Additional Amount Withheld

Flat \$ Amount

Additional % Withheld

Flat % Amount

Direct Deposit Information

Bank Routing Number

Bank Routing Number

Bank Account Number

Bank Account Number

Account Type

Checking

Savings

Account Type

Checking

Savings

Deposit Amount

Full Amount

Partial \$

Partial %

Deposit Amount

Full Amount

Partial \$

Partial %