

Company Name:

Please complete this page for each employee that you have.

Enter employee information below:

First Name: Middle Initial: Last Name:

Street Address:

City: State: Zip Code

Email Address: Phone Number:

Social Security Number: Allowances: Additional Withholding per Paycheck:

Tax Filing Status:

Is this employee exempt from any of the following tax deductions?

FUTA SUI/SUTA Medicare Social Security

How do you want to pay this employee?

Please select only one.

Paper Check Direct Deposit Combination

What type of employee is this individual?

Check all that apply.

Hourly Wage Salary/Base Pay

Part-time Full-time

Commission Other:

How **much** do you pay this employee? per

How **often** do you pay this employee? per

If commission is paid to this employee,
please explain the fee structure here:

In what other ways do you pay this employee? *Check all that apply. *non-taxable*

Holiday Pay Allowance Reimbursement* Flex spending account Personal Use of Company Car

Bonuses Tips Group Term Life Insurance Bereavement Pay

Overtime Per Diem* Health Insurance HSA contribution Other:

What company contributions does this employee receive,
if any? *Check all that apply.*

401(k) 401(k) catch-up

403(b) 403(b) catch-up

SARSEP SARSEP catch-up

SIMPLE 401(k) SIMPLE 401(k) catch-up

SIMPLE IRA SIMPLE IRA catch-up

Company-only retirement plan

What deductions does this employee receive, if any?
Check all that apply.

Taxable Insurance Premiums

Pre-tax Insurance Premiums

Retirement Plan(s)

Flex Spending Accounts

HSA Plan(s)

Child Support/Alimony

Federal Tax Levy

Other