

Client #:
Client Name:

Employee Information Worksheet

1.	First Name:						
2.	Middle Initial:						
3.	Last Name:						
4.	Street Address:					_	
5.	City:						
6.	State:						
7.	Zip Code:						
8.	Department:		Pay	group:		(if applicable)	
9.	Social Security Nu	mber:					
10.	Birth Date:						
11.	Date of Hire:						
12.	Status Type:	☐ Full Time	or 🗆 P	art Time			
13.	3. Employee Number: (if applicable, not required)						
14.	Marital Filing Statu	is:	Married	Single			
15.	15. Number of Exemptions:		Federal	State	Local _		
16.	16. Additional Withholding \$ or %:		Federal	State	Local _		
17.	Work-In State:	te: (needed to verify correct unemployment state)					
18.	Pay Rate:	☐ Hourly		or □ Salary		_	
	Effective Date:						
Pay Rate Description:							
	Pay Rate #2:			or ⊔ Salary			
	Effective Date:						
	Pay Rate Description:						
<u>Direct Deposit – Bank Information (if applicable)</u>							
□ Savings or □ Checking				☐ Savings or ☐ 0	Checking		
Bank Name:				Bank Name:			
Routing #:				Routing #:			
Account #:				Account #:			
Dollar Amount / % of pay:				Dollar Amount / %	6 of pay:		