EMPLOYEE INFORMATION SHEET

*Required Field

*Company # _____ ***Company Name** _____

*Employee Name _____

*Gender ☐ Male ☐ Female   **Social Security #** _____ - ____ - _____   **Birth Date** ____ /____ /_____

Address _____

City _____   **State** _____   **Zip** _____

Employee # _____ **Dept Name** _____ **Dept #** _____ **Job #** _____

Job Position _____   ***Hire Date** ____ /____ /_____

Home Phone (_____) _____ - _____   **Mobile Phone** (_____) _____ - _____

Email Address _____

*Federal Form W-4

Step 1   ☐ Single or Married filing separately   ☐ Married filing jointly   ☐ Head of Household

Step 2   ☐ Multiple Jobs or Spouse Works

Step 3   Claim Dependents $_____ (Annual)

Step 4   (a) Other Income $_____ (Annual)   (b) Deductions $_____ (Annual)

(c) Extra Withholding $_____ (Per Pay)

*Hourly Rate $_____ per Hour   **or**   ***Salary Amount** $_____ per Pay Period
Please provide Per Pay amount, **NOT** annual amount

Is Overtime calculated at 1.5 times the Regular Hourly Rate?   ☐ Yes   ☐ No

Local Services Tax (LST) – If you are required to pay LST (Formerly EMST) tax.

Have you filed an Exemption Certificate with your employer and local municipality?   ☐ Yes   ☐ No

If "Yes", indicate reason: ☐ P – Primary employer is deducting   ☐ M – Military Active
☐ L – Low earnings (under $12,000/year)   ☐ D – Disabled Military

Voluntary Deductions (Deductions other than taxes)
If employee has any garnishment/attachments, please supply copy of the Court Order/Documentation

Deduction Name	Amt/Pct per pay period	Deduction Name	Amt/Pct per pay period
1 _____	$ / %_____	3 _____	$ / %_____
2 _____	$ / %_____	4 _____	$ / %_____

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