



IN THE BUSINESS OF YOUR SUCCESSSM

Employee Information Sheet

Employee Name: _____

Address: _____

Email Address: _____

Cell Number: _____

Date of Birth: _____

Social Security #: _____

Marital Status: _____ (Single/Married/Married but withhold at a Single rate)

Total Federal Allowances: _____ (Line #5 on a W-4, ex. number of dependants)

Additional Federal Withholdings (if any): _____ (Line #6 on a W-4, ex. \$25.00)

Rate of Pay: \$ _____ per hour - **OR** - \$ _____ annually

Date of Hire: _____

Additional Deductions (401k, dental, etc. this is optional): _____

For employees using Direct Deposit, fill out below or attached a VOIDED personal check:

Bank Name: _____

Bank Account Number: _____

Bank Routing Number: _____

Entire Amount to be deposited in this account? _____ If not, Amount to be deposited here: _____

Checking Account

- **OR** -

Savings Account

Bank Name: _____

Bank Account Number: _____

Bank Routing Number: _____

Amount to be deposited here: _____

Checking Account

- **OR** -

Savings Account