

## IN THE BUSINESS OF YOUR SUCCESS<sup>SM</sup>

## **Employee Information Sheet**

Checking Account  Bank Name:  Bank Account Number:  Bank Routing Number:  Amount to be deposited here:	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):  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 che  Bank Name:  Bank Routing Number:  Checking Account - OR-  Bank Name:  Checking Account  - OR-  Savings Account  Bank Name:  Bank Routing Number:  Bank Routing Number:  Amount to be deposited here:  Bank Routing Number:  Amount to be deposited here:  Amount to be deposited here:		_
Social Security #:	Email Address:	
Social Security #:	Date of Birth:	
Total Federal Allowances:		
Additional Federal Withholdings (if any):	Marital Status: (Single/Married/Married but withhold at a Single rate	e)
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 che  Bank Name:  Bank Account Number:  Bank Routing Number:  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:	Total Federal Allowances: (Line #5 on a W-4, ex. number of dependant	ts)
Date of Hire:  Additional Deductions (401k, dental, etc. this is optional):  For employees using Direct Deposit, fill out below or attached a VOIDED personal che  Bank Name:  Bank Account Number:  Bank Routing Number:  tire 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:	Additional Federal Withholdings (if any): (Line #6 on a W-4, ex. \$25.00	0)
Additional Deductions (401k, dental, etc. this is optional):  For employees using Direct Deposit, fill out below or attached a VOIDED personal che  Bank Name:  Bank Account Number:  Bank Routing Number:  Checking Account  Bank Name:  Bank Name:  Bank Name:  Bank Routing Number:	Rate of Pay: \$ per hour - OR - \$ annuall	ly
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Bank Name:	Traditional Deductions (1011), deritary etc. time is optionary.	
Bank Routing Number:		he
tire 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:	Bank Account Number:	
Checking Account  Bank Name:  Bank Account Number:  Bank Routing Number:  Amount to be deposited here:	Bank Routing Number:	
Bank Name:  Bank Account Number:  Bank Routing Number:  Amount to be deposited here:	tire Amount to be deposited in this account? If not, Amount to be deposited here:	
Bank Account Number:  Bank Routing Number:  Amount to be deposited here:	Checking Account - OR- Savings Account	
Bank Routing Number:  Amount to be deposited here:	Bank Name:	
Amount to be deposited here:	Bank Account Number:	
	Amount to be deposited here:	
Checking Account - <b>OR</b> - Savings Account	Checking Account - OR- Savings Account	