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Your Payroll Experts

EMPLOYEE INFORMATION SHEET

COMPANY NAME: _____

EMPLOYEE NAME: _____
First Middle Last

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ - _____ - _____ PHONE: (____) _____ - _____

LOCAL EARNED INCOME TAX RATE: _____ %

EMPLOYEE RESIDENCE IS LOCATED IN:

TOWNSHIP or BOROUGH: _____ SCHOOL DISTRICT: _____

EMPLOYEE # _____ DEPT NAME _____ DEPT # _____ JOB # _____
(If applicable) (If applicable) (If applicable)

JOB POSITION: _____

HOURLY RATE \$ _____ / hour *or* SALARY AMOUNT \$ _____ / per pay period
(Please provide per pay period amount, NOT annual amount)

IS OVERTIME CALCULATED AT 1.5 TIMES THE REGULAR RATE ? ___ Yes ___ No

If no, how is overtime calculated ? _____

FEDERAL WITHHOLDING STATUS: (W-4 information)

___ SINGLE ___ MARRIED ___ MARRIED But Withhold at Higher Single Rate

OF EXEMPTIONS _____ (If ADDITIONAL AMOUNT \$ _____ FLAT AMOUNT \$ _____ FLAT % _____)

HIRE DATE: ____/____/____ BIRTH DATE: ____/____/____ Gender _____
Required Required

LOCAL SERVICES TAX (LST) : If you are required to pay LST (formerly EMST) Tax.

Have you filed an up-front exemption certificate with your employer and local municipality? ___ Yes ___ No

If "YES", for what reason? _____

P – Primary employer is deducting **L** – Low earnings (under \$ 12,000/year) **M** – Military Active **D** – Disabled Military

VOLUNTARY DEDUCTIONS (Deductions other than taxes)

If any employee has any garnishment / attachment, please supply copy of the Court Order / Documentation.

DEDUCTION NAME	AMOUNT PER PAY PERIOD	DEDUCTION NAME	AMOUNT PER PAY PERIOD
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

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EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

[ACH CREDITS & DEBITS]

Check one: _____ New Payroll Deposit; _____ Change Deposit Information; _____ Revoke Authorization

COMPANY NAME _____ COMPANY NUMBER _____

EMPLOYEE NAME _____ SSN _____ - _____ - _____

I hereby authorize my employer, _____, (the "COMPANY"), to initiate credit entries to my account(s) indicated below, and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account(s). I authorize COMPANY to debit such account(s) in the event of a credit that should not have been made for an amount not to exceed the original amount of the erroneous credit.

NOTE: If splitting deposits into different banks use one form for each bank!

Bank/Depository Name _____ Branch _____
City _____ State _____ Zip _____
Bank Transit/ABA Number _____ (Required)

*** ATTACH COPY OF VOIDED CHECK FOR EACH CHECKING ACCOUNT**

<input type="checkbox"/> Checking Account or <input type="checkbox"/> Savings Account	I wish to deposit _____ Entire Net Pay or \$ _____ or _____ % of gross pay	Account Number _____
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<input type="checkbox"/> Checking Account or <input type="checkbox"/> Savings Account	I wish to deposit _____ Entire Net Pay or \$ _____ or _____ % of gross pay	Account Number _____
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<input type="checkbox"/> Checking Account or <input type="checkbox"/> Savings Account	I wish to deposit _____ Entire Net Pay or \$ _____ or _____ % of gross pay	Account Number _____
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This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE _____ DATE _____

A COPY OF THIS AGREEMENT MUST BE GIVEN TO THE EMPLOYEE

NOTE: ALL WRITTEN DEBIT AND CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE EMPLOYEE MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. THE COMPANY SHALL RETAIN THIS AUTHORIZATION OR A COPY THEREOF FOR A **PERIOD OF TWO (2) YEARS AFTER** TERMINATION OR REVOCATION OF SUCH AUTHORIZATION.