

Payroll - Employee Information
(ALL INFORMATION IS REQUIRED)

Employee Cover Sheet

Employee Name: _____

**LEAVE THIS PAGE ATTACHED
FOR EMPLOYEES INFORMATION PRIVACY**

Payroll - Employee Information

(ALL INFORMATION IS REQUIRED)

General Information

Full Name: _____
Street Address: _____
City, State & Zip: _____
County: _____
Email: _____
Gender (Circle): Female Male
Date of Birth: ____/____/____
Date of Hire: ____/____/____

Pay Information

Pay Type (Complete): Hourly: _____ per hour Salary: _____ per year

Other Pay Types (Check/Complete as Necessary)

- | | |
|--|---|
| <input type="checkbox"/> 2 nd Hourly _____ per hour | <input type="checkbox"/> Reimbursement |
| <input type="checkbox"/> Overtime | <input type="checkbox"/> Bereavement |
| <input type="checkbox"/> Holiday | <input type="checkbox"/> S-Corp Owners Health Insurance Premium _____ per check |
| <input type="checkbox"/> Bonus | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Commission | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Allowance _____ per check | <input type="checkbox"/> Other _____ |

General Payroll Information

Pay Frequency (circle): Every Week Every-Other Week Twice a Month Every Month Other

Payday Details

Pay Date/Days: _____

Period Covered: _____

(Ex. Pay Date/Days are 15th and End of Month, Periods, 25th through 12th and 13th through 24th)

If employee wishes to be paid by direct deposit, complete attached Authorization for Direct Deposit.

Tax Information

ALL EMPLOYEES MUST ATTACH A COMPLETED W-4

Social Security #: _____

Marital Status (Circle One): Married Single Married, but withhold at higher single rate

Federal Allowances: _____ Additional Federal Withholdings (per pay-check): _____

If different from Federal: State Allowances: _____ Additional State Withholdings: _____

Local Taxes: _____

Tax Exemptions (Ex. Federal, SS, Medicare...): _____

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Deductions

Deduction	\$ per check or % of Gross	Deduction	\$ per check or % of Gross	Deduction	\$ per check or % of Gross
<input type="checkbox"/> Pre-tax Medical		<input type="checkbox"/> Pre-tax Vision		<input type="checkbox"/> Pre-Tax Dental	
<input type="checkbox"/> Taxable Medical		<input type="checkbox"/> Taxable Vision		<input type="checkbox"/> Taxable Dental	
<input type="checkbox"/> 401(k)		<input type="checkbox"/> Simple 401(k)		<input type="checkbox"/> 403(b)	
<input type="checkbox"/> Simple IRA		<input type="checkbox"/> SAR/SEP		<input type="checkbox"/> Medical Expense FSA	
<input type="checkbox"/> Dependent Care FSA		<input type="checkbox"/> Loan Repayment		<input type="checkbox"/> Cash Advance Repayment	
<input type="checkbox"/> HSA Contribution		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	

If Applicable: 401(k) Carrier: _____ HSA Carrier: _____ Medical Carrier: _____ Other: _____

Company Contributions

Contribution	\$ per check or % of Gross	Contribution	\$ per check or % of Gross	Contribution	\$ per check or % of Gross
<input type="checkbox"/> Pre-tax Medical		<input type="checkbox"/> Pre-tax Vision		<input type="checkbox"/> Pre-Tax Dental	
<input type="checkbox"/> Taxable Medical		<input type="checkbox"/> Taxable Vision		<input type="checkbox"/> Taxable Dental	
<input type="checkbox"/> 401(k)		<input type="checkbox"/> Simple 401(k)		<input type="checkbox"/> 403(b)	
<input type="checkbox"/> Simple IRA		<input type="checkbox"/> SAR/SEP		<input type="checkbox"/> Medical Expense FSA	
<input type="checkbox"/> Dependent Care FSA		<input type="checkbox"/> HSA Contribution		<input type="checkbox"/> Other: _____	

Vacation

Hours Earned Per Year: _____

Max Hours Allowed: _____

Current Balance: _____

Hours Accrued:

- ☐ As a Lump Sum
 - ☐ At Beginning of Year
 - ☐ At Anniversary
- ☐ Each Pay Period
- ☐ Each Hour Worked

Sick Pay

Hours Earned Per Year: _____

Max Hours Allowed: _____

Current Balance: _____

Hours Accrued:

- ☐ As a Lump Sum
 - ☐ At Beginning of Year
 - ☐ At Anniversary
- ☐ Each Pay Period
- ☐ Each Hour Worked

Other

Is this employee subject to wage garnishments, such as a federal tax, child support or other garnishment? ☐ Yes ☐ No *If yes, attach copies of all garnishment orders.*

Notes

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Authorization for Direct Deposit

I authorize _____ (my employer) and Professional Financial Specialists, Inc. (PFSI) to deposit my pay automatically to the account(s) indicated below and if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford my employer and/or PFSI a reasonable opportunity to act on it. I also accept that a copy of this form is as valid as the original.

☐ New Direct Deposit Setup

☐ Changes to Current Direct Deposit

Primary Account: (Attach Voided Check, Deposit Slip or Account Verification Letter)

Bank Name: _____

Name on Bank Account: _____

Bank Routing Number: _____

Bank Account Number: _____

Account Type: ☐ Checking ☐ Savings

Amount: ☐ Entire Paycheck ☐ Amount \$ _____

Pay Balance (if any) to: ☐ Manual Check ☐ Secondary Account

Secondary Account: (Attach Voided Check, Deposit Slip or Account Verification Letter)

Bank Name: _____

Name on Bank Account: _____

Bank Routing Number: _____

Bank Account Number: _____

Account Type: ☐ Checking ☐ Savings

Amount: ☐ Remaining Paycheck

A VOIDED CHECK, DEPOSIT SLIP or ACCOUNT VERIFICATION LETTER IS REQUIRED FOR THE ABOVE ACCOUNT(S). DIRECT DEPOSIT WILL NOT BE SETUP WITHOUT THEM!

(Copies of a voided check, deposit slip or verification are acceptable)

Signature of Employee/Contractor: _____

Date: _____

To submit this form, please fax it to: 800.230.5687 or 303.444.6124, ATTN: Payroll Dept.