



## EMPLOYEE INFORMATION SHEET

Employer: \_\_\_\_\_

New Employee

Change Employee Information

Name \_\_\_\_\_  
First Middle I. Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

S.S.# \_\_\_\_\_

Gender  M  F  X

(For DBL insurance purposes)

Birth Date \_\_\_\_\_ Dept \_\_\_\_\_ Hire Date \_\_\_\_\_

Email \_\_\_\_\_

Federal Withholding

State Withholding

\_\_\_\_ Attach W-4 (must be 2020 version or later)

\_\_\_\_ NYS - attach IT-2104

\_\_\_\_ Other State - attach form for that state

Salary \_\_\_\_\_  
(per pay period)

Hourly Rate \_\_\_\_\_

Accruals Yes? \_\_\_\_ No? \_\_\_\_

Accrual Category \_\_\_\_\_

Deduction 1 \_\_\_\_\_ Amount \_\_\_\_\_ Note \_\_\_\_\_

Deduction 2 \_\_\_\_\_ Amount \_\_\_\_\_ Note \_\_\_\_\_