



# Cindie Payroll Employee Information Form

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

Employee ID: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ 1099 Employee?  Yes  No

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Company Officer?  Yes  No

Street Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Department Name: \_\_\_\_\_

County: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Location Name: \_\_\_\_\_

Employee Email: \_\_\_\_\_ Annual Salary: \_\_\_\_\_ **Pay Rate Starting Month: \_\_\_\_\_**

### Tax Withholding Information

	Federal	State	2nd State	City	City #2
Name	US				
Marital Status					
# of Exemptions					
Additional \$ Amount or %					
Flat Amount or %					
Table or State %					
Unemployment State					

Tax Exempt:  Yes  No  
 If Yes, select all that apply:  FED  FICA  STATE  FUTA  SUTA

### Direct Deposit Information (Applicable for 10+ Employees)

Bank Name: \_\_\_\_\_  
 Type of Account:  Checking  Savings  
 Bank Routing Code: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Retype Account Number: \_\_\_\_\_  
 Primary Account:  Yes  No  
 Dollar Amount: \_\_\_\_\_  
 Leave blank for your primary account.

*I hereby authorize my employer, C or its subsidiaries to initiate credit entries into my personal account(s) at the above listed bank(s) for my net pay each pay period. I further authorize my employer to debit my personal account(s) for any credit entries posted to my account(s) in error. This authority remains in force until terminated by me or by C.*

### Voluntary Deductions

Description	\$ or % per paycheck	Company Match Method	Company Match \$ or %

### Paycard Information

Mark only if you would like your net payroll made available to you on a paycard. (This is subject to employer participations.) \*\* If paycard is marked, do not complete bank information above, just sign & date below.

Internal Use Firm ID: \_\_\_\_\_ Client ID: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_