



**EMPLOYEE INFORMATION**

Employee Name  
Address  
City  
State  
Zip  
Email Address  
Birth Date  
Hire Date  
End Date  
Social Security  
Gender  
Job Title


**FEDERAL TAX INFORMATION**

2020 W-4 Form

Fill in below from Federal W-4 Form

Step 1: (c) Single or Married filing separately /  
Married filing jointly / Head of Household  
Step 2: Multiple Jobs or Spouse Works  
Step 3: Claim Dependents: Number of  
qualifying children under age 17  
Step 3: Claim Dependents: Number of  
other dependents  
Specify additional taxes to be withheld


**PAY FOR THIS EMPLOYEE**

Complete Here - Leave blank if not applicable

Salary (amount per pay period)  
Hourly (amount per hour)  
Overtime Pay  
Sick Pay  
Vacation Pay  
Holiday Pay  
Bonus  
Commission  
Double Overtime  
Allowance  
Reimbursement  
Cash Tips  
Paycheck Tips  
Bereavement Pay


**Employer: Employer's Name**



## Authorization for Direct Deposit

I authorize **Employer's Name** to deposit my pay automatically to the account 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 **Employer's Name** a reasonable opportunity to act on it.

**PAYMENT OPTIONS** (please select one payment method)

**Pay Card** (Please skip Direct Deposit Account Information section and sign authorization on the bottom)

**Traditional Bank Direct Deposit** (Please continue to Direct Deposit Account Information below)

**DIRECT DEPOSIT ACCOUNT INFORMATION**

*(Please fill in the information below. See SAMPLE check to locate bank account and routing numbers)*

Name on bank account: \_\_\_\_\_

Bank account number: \_\_\_\_\_ Checking  Savings

Bank routing number: \_\_\_\_\_

**IMPORTANT:** Please attach a voided check for the bank account to which funds will be deposited. If no voided check is available, please submit a document from the bank where your name, routing and account numbers show clearly.

**IF YOU DO NOT INCLUDE A COPY OF A CHECK AND WE PROCESS PAYROLL TO THE WRONG BANK OR BANK ACCOUNT, YOU MAY INCURE A BANK FEE UP TO \$50.00 FOR THE ERROR.**

Attach Blank  
Check Here!

Employee Signature: \_\_\_\_\_

Employee Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

Please email to [monica@workgrouppayroll.com](mailto:monica@workgrouppayroll.com) or fax back to 305-359-5185