

Employee Information Sheet

First Name: _____ Last Name: _____

Employee Number _____ Start Date: ____ / ____ / ____ Circle One: W2 / 1099

Company: _____ Position Title: _____

Gender: _____ SSN _____ Date of Birth: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Pay Frequency: _____ Pay Rate: _____ Salary: _____

Federal Withholding from W4

Filing Status: S M H

Multiple Jobs: Yes No

Line 3 Dependents Amount: _____

Line 4a Other Income Amount: _____

Line 4b Other Deductions Amount: _____

Line 4c Extra Withholding Amount: _____

State Withholding from IT-2104

Filing Status: S M M,HSR

Total Allowances: _____

Additional Amount / % : _____

Local Jurisdiction: _____

PSD Code: (If Applicable) _____

Direct Deposit Information:

Routing Number: _____ Account Number: _____

Account Type: Checking Savings HSA

I hereby authorize and request my Employer and Creekside Business Consulting, LLC to make direct deposits into the bank account listed above. This Authorization will remain in effect until I modify it or cancel it in writing.

Employee Signature: _____ Date: _____