

Custom  
Payroll  
Associates, Inc.

**Employee Information Sheet**

**Existing and New Employee Information**

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Department \_\_\_\_\_  
***EXACTLY as it appears on their social security card)***

Rate of Pay: \_\_\_\_\_

Please attach copies of employee's completed [Federal W4](#) and if appropriate State Withholding Certificate.

Please attach copy of the [Direct Deposit Authorization](#) available at and original bank documents to set up Direct Deposit (keep originals for your file).

**Existing Employee's Current Year Payroll Information**

**Please attach current year employee payroll information including all earnings, deductions and taxes withheld.**