



# BUSINESS FINANCIALS

BOOKKEEPING · PAYROLL · TAXES · HR SOLUTIONS

# PAYROLL INFORMATION SHEET

FAX: 540-932-8564

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PLEASE CHECK:  New Employee  Employee Change \*for changes, please only fill in employee name AND item to be changed.

**IMPORTANT - BE SURE NAME IS LISTED EXACTLY AS SHOWN ON SOCIAL SECURITY CARD**

COMPANY/EMPLOYER NAME: \_\_\_\_\_

Swipeclock # (if applicable): \_\_\_\_\_ Social Security #: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle Initial

ADDRESS: \_\_\_\_\_  
(Physical Location) Mailing Address (if different)

City County State Zip Code

Work State: \_\_\_\_\_ Residence State: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Location: \_\_\_\_\_ Department(s): \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Male  Female

### Federal Withholding

Marital Status:  Single or Married filing separately  Married filing jointly  Head of Household Two Jobs Total: \_\_\_\_\_

Claim Dependents: If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000	Multiply the number of other dependents by \$500	Total

Other Adjustments: If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Other income (not from jobs)	Deductions	Extra withholding (withheld each pay period)

State: \_\_\_\_\_  Single  Married \_\_\_\_\_ # Exemptions \$ \_\_\_\_\_ Additional amount

Reporting Type:  Full-time  Part-time  Seasonal  Uninsured for health care

ACA Employment Status:  Variable hour  Full-time  Exempt

Pay Rate: \_\_\_\_\_/hour OR \_\_\_\_\_ Salary (Annual)  Exempt  Non-Exempt

Other Information: \_\_\_\_\_

Sent to BFI by: \_\_\_\_\_

Received by BFI on: \_\_\_\_\_