



EMPLOYEE INFORMATION SHEET

Need help? Call us at 501 225 6555.

When complete, email your payroll specialist.

Complete this form for each employee. Starred fields indicate required information.

Company Name* _____

General Information:

Employee ID No.* _____ Birthdate* MM ____ / DD ____ / YY ____
If left blank, CPS will assign ID
Employee Name* _____ Hire Date* MM ____ / DD ____ / YY ____
Employee Address* _____ SSN* _____
City, State, Zip code* _____ Gender* Female Male
Email Address* _____ Department _____
Check One*: Full-time Part-time Cell Phone* _____

Direct Deposit Information: Fill in below or attach completed and signed form.

Bank Name _____
Routing _____
Account Number _____
Check One: Checking Savings
Direct Deposit Authorization Forms, from the CPS website, must be kept in each employee's file for 3 years.

Tax Information: Fill in below or attach completed and signed W-4 and state withholding forms.

Federal Withholdings (information from the W-4):
 Single Married Do Not Withhold
Step 2: Multiple Jobs?
State Withholdings (information from state form):
 Single Married Do Not Withhold State _____
Step 3: Claim Dependents _____
Step 4(a): Other Income _____
Step 4(b): Deductions _____
Step 4(c): Extra Withholding _____
W-4, State Withholding and I-9 Forms for each employee must be kept his/her employee file in your office

Compensation:

How will the employee be paid? Hourly: _____ per hour or Salary: _____ per pay period
Other pay types, Check all that apply: Bonus Commission Vacation/Sick/PTO
 Holiday Other: _____

Vacation Pay:

Eligible for Vacation/Sick/PTO pay? Yes No
Accrued at what rate? _____ Beginning Balance? _____

Deductions:

	\$	or	%	Pretax (check if applicable)
401(k)/Retirement	_____		_____	<input type="checkbox"/>
Health Insurance	_____		_____	<input type="checkbox"/>
Dental Insurance	_____		_____	<input type="checkbox"/>
Garnishments	_____		_____	
Other	_____		_____	<input type="checkbox"/>
Other (2)	_____		_____	<input type="checkbox"/>



C O M P L E T E
PAYROLL SERVICES

Authorization for Direct Deposit

I authorize my employer to instruct our payroll provider, **Complete Payroll Services**, to deposit my pay automatically to the account indicated below so that my pay will be via “Direct Deposit.” This authorization extends to **Complete Payroll Services’** banking and/or payroll software partners.

I specifically give permission to my employer and **Complete Payroll Services** to make adjusting or reversing entries on my account in the event of a mistake or error. I understand that power outages, internet outages, banking errors, human errors, terrorist acts, and acts of God all could prevent my pay from being deposited according to the normal pay schedule. I agree to hold harmless my employer, the banks, and **Complete Payroll Services** if any problem were to occur.

I understand that this authorization will remain in effect until I cancel it in writing and such time beyond that cancellation that affords **Complete Payroll Services** a reasonable opportunity to act on the cancellation.

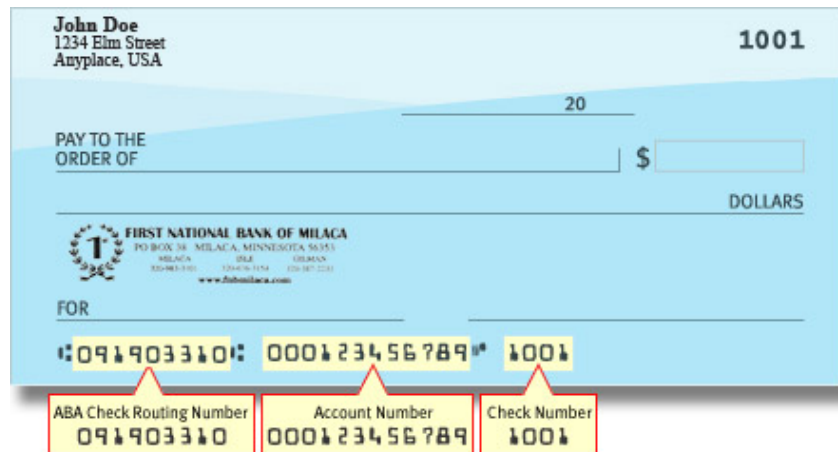
Company Name: _____

Employee Name (Please Print): _____

Employee Signature: _____ Date: _____

Bank Name: _____ Checking OR Savings

Routing Number: _____ Account Number: _____



(Always 9 Digits)

EMPLOYER: Employer must retain direct deposit authorizations for two years past revocation of direct deposit or termination of employee. If employer relays account information directly to **Complete Payroll Services** without Authorization for Direct Deposit, employer warrants that employer has signed Authorization for Direct Deposit on file.