



# Flex Checks

## Employee Information Sheet

Phone: (616) 791-7900

Fax: (616) 791-7901

Company Name \_\_\_\_\_

\_\_\_\_\_ **New Employee**      \_\_\_\_\_ **Change**      \_\_\_\_\_ **Rehire**

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SS # \_\_\_\_\_ Employee # \_\_\_\_\_

Date of Hire \_\_\_\_\_ Date of Birth \_\_\_\_\_

*The following information should be entered on a **per pay-period** basis:*

**Employee Pay:**

\_\_\_\_\_ Hourly      Rate: \_\_\_\_\_

**Dept. Code** (if applicable)

\_\_\_\_\_ Salary      Rate: \_\_\_\_\_

**Taxes:**

**Federal:**      \_\_\_\_\_ Married      \_\_\_\_\_ Single

\_\_\_\_\_ Exemptions

\_\_\_\_\_ Additional Withholding

**State:**      \_\_\_\_\_ Exemptions

\_\_\_\_\_ Additional Withholding

**Local:**    \_\_\_\_\_ GrRapids    \_\_\_\_\_ Resident (1.3%)    \_\_\_\_\_ Non-Resident (.65%)

\_\_\_\_\_ Exemptions

\_\_\_\_\_ Additional Withholding

\_\_\_\_\_ Walker    \_\_\_\_\_ Resident (1%)    \_\_\_\_\_ Non-Resident (.5%)

\_\_\_\_\_ Exemptions

\_\_\_\_\_ Additional Withholding

**Deductions (Permanent):**

|               |       |
|---------------|-------|
| Insurance     | _____ |
| Flex          | _____ |
| Child Care    | _____ |
| 401K          | _____ |
| SIMPLE        | _____ |
| Add'l Pension | _____ |
| Uniforms      | _____ |

|                |       |
|----------------|-------|
| Garnish/FOC    | _____ |
| Union Dues     | _____ |
| Savings        | _____ |
| United Way     | _____ |
| Travel Reimb.  | _____ |
| Purchase (A/R) | _____ |
| Miscellaneous  | _____ |



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