



# 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: \_\_\_\_\_

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

**Dept. Code** (if applicable) \_\_\_\_\_

**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	_____