

myPay Solutions Employee Information Form

Employer Name: **Grace Lutheran Church & Childcare Center**



Employee Information											
Employee ID: church use only _____	Social Security Number: _____										
Employee Name: _____	Date of Birth: _____										
Street Address: _____ Apt. No.: _____	Date of Hire: _____										
City/State/Zip: _____ County: _____	New Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Phone Number: _____	Hourly Rate: _____										
Employee email: _____	Position: _____										
Tax Withholding Information	Direct Deposit Information										
<p><i>Use your W-4 and NC-4EZ forms to complete this tax-withholding section.</i></p> <p>Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">FEDERAL (W-4)</td> <td style="width: 50%;">STATE (NC-4 EZ)</td> </tr> <tr> <td>Claim Dependents \$ _____</td> <td>Total Deductions \$ _____</td> </tr> <tr> <td>Other Income \$ _____</td> <td>Additional Amount \$ _____</td> </tr> <tr> <td>Deductions \$ _____</td> <td></td> </tr> <tr> <td>Additional Amount \$ _____</td> <td></td> </tr> </table>	FEDERAL (W-4)	STATE (NC-4 EZ)	Claim Dependents \$ _____	Total Deductions \$ _____	Other Income \$ _____	Additional Amount \$ _____	Deductions \$ _____		Additional Amount \$ _____		<p>Bank Name: _____</p> <p>Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Bank Routing Code: _____</p> <p>Account Number: _____</p> <p>Retype Account Number: _____</p> <p>Account in Good Standing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
FEDERAL (W-4)	STATE (NC-4 EZ)										
Claim Dependents \$ _____	Total Deductions \$ _____										
Other Income \$ _____	Additional Amount \$ _____										
Deductions \$ _____											
Additional Amount \$ _____											
Voluntary Deductions	Validation										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Description</th> <th style="width: 30%;">\$ or % per paycheck</th> </tr> </thead> <tbody> <tr> <td>WELS 403b Shepherd Plan</td> <td></td> </tr> <tr> <td>Insurance</td> <td></td> </tr> <tr> <td>Tuition & Fees</td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> </tbody> </table> <p><input type="checkbox"/> check here to decline 403b contributions at this time. This can be changed at a later date.</p>	Description	\$ or % per paycheck	WELS 403b Shepherd Plan		Insurance		Tuition & Fees				<p><i>I hereby authorize my employer, Thomson Reuters or its subsidiaries to initiate credit entries into my personal account(s) at the above listed bank(s) for my net pay each pay period. I further authorize my employer to debit my personal account(s) for any credit entries posted to my account(s) in error. This authority remains in force until terminated by me or by Thomson Reuters.</i></p> <p>_____ Employee Signature</p> <p>_____ Date</p>
Description	\$ or % per paycheck										
WELS 403b Shepherd Plan											
Insurance											
Tuition & Fees											

Please email this completed form to brent.bitter@grace-charlotte.org. Also print, sign and submit this form to the childcare director along with your W-4 and NC-4EZ.