



..... CERTIFIED PUBLIC ACCOUNTANT

CATHERINE L. OZMENT, CPA PLLC
3402 JOHN STOCKBAUER DR
VICTORIA, TEXAS 77901
361-578-7333

Employee Information:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: ____ - ____ - ____ DOB: ____/____/____ Gender: Male Female

Email: _____ Phone: _____

Position: _____ Duties: _____

Please attach a copy of Identification and Social Security card

Pay Information:

Full Time Part Time Seasonal Temporary Hire Date: ____/____/____

Salary Employee

Hourly Employee

Annual Salary \$ _____

Regular Rate \$ _____ Per Hour

Salary Per Pay Period \$ _____

Overtime Rate \$ _____ Per Hour

Per Diem Rate: _____ Per Day Per Pay Period Per Month

Auto Allowance: _____ Per Day Per Pay Period Per Month

Additional Allowance: _____ Per Day Per Pay Period Per Month

Sick Pay: _____ Hours Per Calendar Year Each Pay Period Rollover: Yes No

Vacation Pay: _____ Hours Per Calendar Year Each Pay Period Rollover: Yes No

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Payroll Deductions Per Pay Period:

Medical: Pre -Tax YES NO \$ _____ Or _____ % Of Gross Company Match: _____ %

Dental: Pre -Tax YES NO \$ _____ Per Pay Period Company Match: _____ %

Vision: Pre -Tax YES NO \$ _____ Per Pay Period Company Match: _____ %

Simple IRA: \$ _____ Or _____ % Of Gross Per Pay Period Company Match: _____ %

401K: \$ _____ Or _____ % Of Gross Per Pay Period Company Match: _____ %

Court Ordered Child support Withholding:

Case Number: _____ State: _____ Amount Per Pay Period: \$ _____

Case Number: _____ State: _____ Amount Per Pay Period: \$ _____

Case Number: _____ State: _____ Amount Per Pay Period: \$ _____

Attach a copy of Court Orders issued

Pay Frequency:

Weekly Bi Weekly Monthly Semi Monthly

Weekly or Bi Weekly Pay Day: Monday Tuesday Wednesday Thursday Friday

Monthly Pay date: _____ OR Semi - Monthly Pay Dates: _____ & _____

Federal Tax Information:

Filing Status: Married Single Married but filing at the Single Rate

Allowances: _____ Additional Withholding: \$ _____

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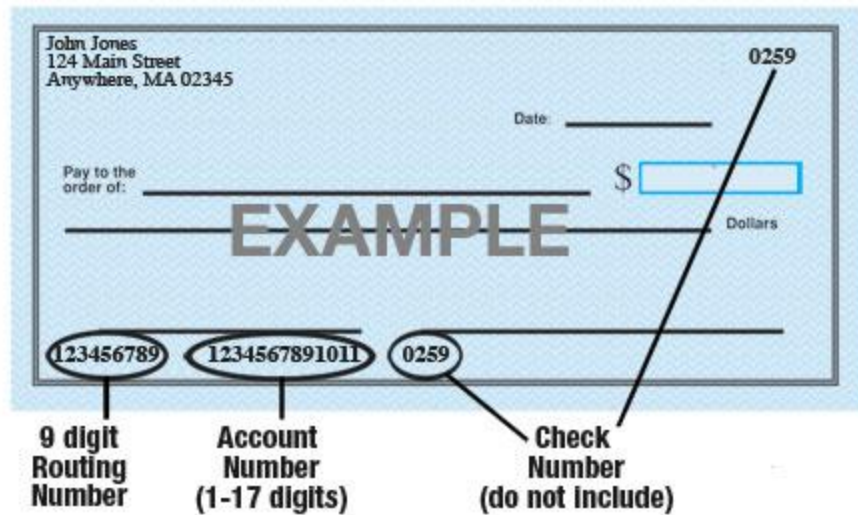
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Direct Deposit Enrollment Information:

Bank Name: _____

Checking

Savings



Bank Routing Number _____ Account Number _____

Amount: \$ _____ _____% or Entire Paycheck

Please attach a voided check for each bank account to which funds should be deposited.

_____ is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____

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Employee Information Packet

Employee Name _____

Employer Name _____