

Potomac Advisory Group Employee Information Form

Employer Name: _____

Employee Information		
Employee ID: _____ <input type="checkbox"/>	Social Security Number: _____	1099 Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Name: _____	Date of Birth: _____	Company Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address: _____ Apt. No.: _____	Date of Hire: _____	
City/State/Zip: _____		
County: _____	Hourly Rate: _____	Department Name: _____
Employee email: _____	Annual Salary: _____	Location Name: _____

Tax Withholding Information					
	Federal	State	2nd State	City	City #2
Name	US				
Marital Status					
# of Exemptions					
Additional \$ Amount or %					
Flat Amount or %					
Table or State %					
Unemployment State					

Tax Exempt: Yes No
 If Yes select all that apply: FED FICA STATE FUTA SUTA

Direct Deposit Information	
Bank Name: _____	
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Routing Code: _____	
Account Number: _____	
Retype Account Number: _____	
Primary Account: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dollar Amount: _____ <i>Leave blank for your primary account.</i>	

I hereby authorize my employer 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.

Voluntary Deductions			
Description	\$ or % per paycheck	Company Match Method	Company Match \$ or %

Paycard Information

Mark only if you would like your net payroll made available to you on a paycard.
 (This is subject to employer participation.) **If paycard is marked, do not complete bank information above, just sign & date below.

Employee Signature

Date

Internal Use Firm ID: _____ Client ID: _____