



Capital Clarity Co. Payroll

Employee Information Form

Employee: Fill out this form and return to your employer.

Employer: Save a copy of this file for your records. Return a copy of this file to Capital Clarity Co.

NAME OF EMPLOYER:

EMPLOYEE TO COMPLETE

Last Name: First Name: M.I.:

Street Address:

City: State: Zip:

Email Address: Phone Number:

Date of Birth:

EMPLOYER TO COMPLETE

Select One: ☐ New Employee ☐ Update Current Employee ☐ Rehire Previous Employee

Job Title: Hire Date:

Salary: \$ ☐ Per Pay Period ☐ Annually

Hourly Rate 1: \$ Hourly Rate 2: \$ Hourly Rate 3: \$

Payroll Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

What state(s) does this employee work in?

Employer Signature: _____ Date: