Crossroads Accounting, LLC
Employee Information Sheet

Employee Name: _____ _____ _____
First Name MI Last Name

Address: _____ **Contact #:** _____

_____ **Contact # 2:** _____

SSN: _____ **DOB:** _____

Emergency Contacts:

1) Name: _____ **Contact #:** _____

Relationship: _____ **Contact # 2:** _____

2) Name: _____ **Contact #:** _____

Relationship: _____ **Contact # 2:** _____

3) Physician: _____ **Contact #:** _____

Location _____ **Contact # 2:** _____

Position: _____ **Date of Hire:** _____

Hourly/Salary: _____ **Pay Rate:** _____

Part Time/Full Time: _____ **W-4 Allowances:** _____

Additions and/or Deductions: _____

Documents on File: (Yes/No)

IRS W-4	_____	Job Offer Letter	_____
USCIS I-9	_____	Direct Deposit	_____
State W-4	_____	Training Docs	_____