

# ACCOUNTING THERAPY, INC (310)791-1230 ACCOUNTINGTHERAPY.COM

# **EMPLOYEE INFORMATION FORM**

## **Employee Information Required for Payroll**

#### Full Legal Name (First, Middle, and Last Name) \*

Date of Birth \*

Date of Hire \*

Social Security Number \*

Marital Status \*

Current Address \*

City, State and Zip Code \*

### **Employment Verification Document(s)**

In the space below or as an attachment, provide a copy of all document(s) used to establish employee's Identity and Employment Authorization (e.g., a Passport, or a Driver's license and Social Security Card; see I-9 for full Lists of Acceptable Document) \*

	Employee Contact Info
Employee Phone Number *	
Employee Alternate Phone *	
Employee Email Address *	
	Emergency Contact Info
Emergency Contact Person *	
Relationship to Employee *	
Relationship to Employee * Phone Number *	
	ct Info *