PAYROLL INFORMATION FORM

This form is for the collection of employee information for payroll purposes. Please ensure each field is filled out legibly and correctly. Kindly send the completed form to *info@fractalaccounting.com*

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| --- | --- |
| FIRST NAME: | LAST NAME: |
| SOCIAL INSURANCE NUMBER (SIN): | |
| DATE OF BIRTH:(MM/DD/YYYY) | |
| HOME ADDRESS: | |
| POSTAL CODE: | PROVINCE: |
| E-MAIL ADDRESS: | |
| FIRST DAY AT WORK: MM…………..DD…………YYYY……………. | |
| WAGE PER HOUR | SALARY PER YEAR |
| PER HOUR……………. | PER YEAR………………………. |

\*PLEASE ATTACH A DIRECT DEPOSIT FORM OR VOID CHEQUE\*