

Distinct Golf Corporation

Employee information Sheet

Emergency Contact _____

Phone Number 1 _____

Phone Number 2 _____

COMPANY NAME: Willow Hollow

EMPLOYEE NAME: _____
First Middle Last

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ - _____ - _____ PHONE: (____) _____ - _____

FOR PENNSYLVANIA EMPLOYERS ONLY.

THE FOLLOWING INFORMATION IS TAKEN FROM THE PA LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

EMPLOYEE RESIDENCE IS LOCATED IN: TOWNSHIP or BORO: _____

PSD CODE _____ It is the employer's responsibility to provide the proper PSD Code for each employee.
This can be found at <http://munstatspa.dced.state.pa.us/FindLocalTax.aspx>

EMPLOYEE # _____ DEPT NAME _____ DEPT # _____ JOB # _____
(If applicable) (If applicable) (If applicable) (If applicable)

JOB POSITION: _____

HOURLY RATE \$ _____ / hour **or** SALARY AMOUNT \$ _____ / per pay period
(Please provide per pay period amount, NOT annual amount)

IS OVERTIME CALCULATED AT 1.5 TIMES THE REGULAR RATE ? Yes No

FEDERAL WITHHOLDING STATUS: (W-4 information)

SINGLE MARRIED MARRIED But Withhold at Higher Single Rate

OF EXEMPTIONS _____ (If ADDITIONAL AMOUNT \$ _____ FLAT AMOUNT \$ _____ FLAT % _____)

HIRE DATE: ____/____/____ BIRTH DATE: ____/____/____ Gender _____
Required Required

LOCAL SERVICES TAX (LST) : If you are required to pay LST (formerly EMST) Tax.

Have you filed an up-front exemption certificate with your employer and local municipality? ____Yes ____No

If "YES", indicate the reason? _____

P - Primary employer is deducting L - Low earnings (under \$ 12,000/year) M - Military Active D - Disabled Military

VOLUNTARY DEDUCTIONS (Deductions other than taxes)

If employee has any garnishment / attachment, please supply copy of the Court Order / Documentation.

DEDUCTION NAME	AMOUNT PER PAY PERIOD	DEDUCTION NAME	AMOUNT PER PAY PERIOD
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

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www.distinctgolf.com