

2 Employee Setup Form

Employee Information - Complete one form per employee paid in the current year (Please include terminated & inactive)

Company Name: _____

First Name: _____ **Last Name:** _____
(Legal Name on Social Security Card)

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number (Optional): _____ **Gender:** Male Female

Social Security #: _____

Email Address: _____ **Hire Date:** ____ / ____ / ____

Employee Type: Full Time Temporary 1099 Part Time

Employee Status: Active Terminated New Hire Inactive

Select Employee Type (Salary or Hourly)

Salary Rate: \$ _____ Pay Period _____ **Overtime Rate?** \$ _____ Pay Period _____

Hourly Rate: \$ _____ Per Hour **Other Rate?** \$ _____ Pay Period _____

Deductions:

Name (Medical, Dental, 401(k), etc.)	How Often
_____	_____
_____	_____
_____	_____

Additional Earnings:

Name (Bonus, Auto, etc.)	How Often
_____	_____
_____	_____
_____	_____

Federal Tax Info: Filing Status Single Married Head of Household
(Get From W-4)

Allowances: _____ Additional Withholding Amount [\$ or %]: _____

State Tax Info: Income Tax Filing State: _____ Unemployment Filing State: _____
(Get From State-4)

Filing Status: Single Married Head of Household Other

Allowances: _____ Add'l Withholding [\$ or %]: _____ Flat Withholding [\$]: _____

Local Taxes: Authority Name: _____

If the employee moved within the current calendar year, while employed by you, please check here

DIRECT DEPOSIT(S):

To activate Direct Deposit, please complete. (We'll create a check if blank)



Account Type	Write in \$ amount or "net pay"	Routing Number (9 digits)	Account Number	Bank Name
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				

Any "remainder" will be paid by check.