Firm _____ **Client** _____ **Employer** _____ **Employee** _____

GENERAL INFORMATION

EMPLOYEE SETUP FORM

Employee # _____ SSN _____ - _____ - _____

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ County _____ Zip _____

◯ M ◯ F   Date of Birth _____ (M) / _____ (D) / _____ (Y)

EMPLOYMENT INFORMATION

Status: ◯ Active   ◯ Inactive

Pay Type: ◯ Salaried   ◯ Hourly

Employee Type: ◯ Full-Time   ◯ Part-Time

Corporate Officer   ☐   Seasonal   ☐

Statutory   ☐   Covered by Pension Plan   ☐

Hire Date   _____ / ___ / _____
Last Review   _____ / ___ / _____
W-4 Date   _____ / ___ / _____
I-9 Date   _____ / ___ / _____
Termination   _____ / ___ / _____

Exempt from: ☐ FUTA ☐ SUTA ☐ FICA ☐ Soc. Sec. ☐ Worker s Comp

Advance EIC: ☐ Employee ☐ Spouse   W-5 Date _____ / ___ / _____

Pay Schedule _____   Annual Salary $ _____ . _____   Job Category _____

Default Hours: Rate:

Regular ____ . _____ ___ . _____

Overtime ___ . _____ ___ . _____   or 1x ◯ 1.5x ◯ 2x ◯ 3x ◯

Other 1   ____ . _____ ___ . _____   or 1x ◯ 1.5x ◯ 2x ◯ 3x ◯

Other 2   ____ . _____ ___ . _____   or 1x ◯ 1.5x ◯ 2x ◯ 3x ◯

Other 3   ____ . _____ ___ . _____   or 1x ◯ 1.5x ◯ 2x ◯ 3x ◯

Other 4   ____ . _____ ___ . _____   or 1x ◯ 1.5x ◯ 2x ◯ 3x ◯

Allowance 1 _____   Allowance 2 _____

Location _____   Group _____

Departments:
1 _____ _____ % 2 _____ _____ % 3 _____ ____ %

Firm _____ **Client** _____ **Employer** _____ **Employee** _____

TAX INFORMATION

EMPLOYEE SETUP FORM

FEDERAL	Filing Status: ◯Married ◯Single ◯HoH ◯Exempt Exemptions: _____ Additional Withholding: _____
STATES:	Unemployment State _____ Worked in State _____
Withholding State 1: _____	Filing Status: _____ Allowances _____ Addl. Withholding _____ Local: Withholding: _____ Filing Status: ____ Allowances: _____ Other Withholding: _____ Other: _____
Withholding State 2: _____	Filing Status: _____ Allowances _____ Addl. Withholding _____ Local Withholding: _____ Local Filing Status: ____ Local Allowances _____
Additional Information	

DEDUCTIONS

DEDUCTION NAME	Amount (optional)	Start Date (MM/DD/YYYY, opt.)	Stop Date (MM/DD/YYYY, opt.)	Goal (optional)

Child Support Information *(if employer offers this deduction for electronic payment):*

Ordering State: _____   Case Number: _____   FIPS code (FL, IL, MI, NY): _____

ACCRUALS (Paid Time Off)

PAY TYPE	Accrual Amt in Hours	Accrual Period	Start Date	Accrued Hours	Used Hours Adjusted	Maximum Carryover
Vacation		☐ Pay Pd. ☐ Mo. ☐ Yr.				
Sick		☐ Pay Pd. ☐ Mo. ☐ Yr.				
Personal		☐ Pay Pd. ☐ Mo. ☐ Yr.				