EMPLOYER SETUP FORM

CONTACT INFORMATION   *see Instructions: Employer Setup > Contact Information*

Employer Name _____ EIN _____
Address _____
City _____ State _____ Zip _____
Phone (_____) _____ - _____   Fax (_____) _____ - _____

Primary Contact:
Name _____   Title _____
Phone (_____) _____ - _____   E-mail _____ @ _____ . ____

Alternate Contact:
Name _____   Title _____
Phone (_____) _____ - _____   E-mail _____ @ _____ . ____

PAY SCHEDULES   *see Instructions: Employer Setup > Pay Schedules*

Name	Frequency	Pd. End Date	Pay Date
	○ Weekly ○ Biweekly ○ Semimonthly ○ Monthly	__ / ___ / ___	__ / __ / ___
	○ Weekly ○ Biweekly ○ Semimonthly ○ Monthly	__ / ___ / ___	__ / __ / ___
	○ Weekly ○ Biweekly ○ Semimonthly ○ Monthly	__ / ___ / ___	__ / __ / ___

FEDERAL PAYMENT INFORMATION   *see Instructions: Employer Setup > Federal Payment Frequency, Other Information*

Federal Payments	○ Semi-Weekly	○ Monthly	○ With Form
940/941 Address	○ Cincinnati	○ Odgen	○ Philadelphia

943 ☐   944 ☐   FUTA Exempt ☐   SUTA Exempt ☐

STATE PAYMENT INFORMATION   *see Instructions: Employer Setup > State Payment Information*

State 1 _____	Employer ID _____ Unemployment Account Number _____ SUTA Rate _____ Effective Date _____ Payment Frequency _____ Other Information _____
State 2 _____	Employer ID _____ Unemployment Account Number _____ SUTA Rate _____ Effective Date _____ Payment Frequency _____ Other Information _____

EMPLOYER SETUP FORM

PAY TYPES

see Instructions: Employer Setup > Pay Types

☑ Regular	☐ Overtime	☐ Vacation	☐ Sick
☐ Personal	☐ Holiday	☐ Tips (Cash)	☐ Tips (Check)
☐ Bonus (Regular)	☐ Bonus (Supp. Rate)	☐ Commission (Regular)	☐ Commission (Supp. Rate)
☐ Other 1 _____	☐ Other 2 _____	☐ Other 3 _____	☐ Other 4 _____
☐ Reimbursements	☐ Retroactive	☐ Dep. Care Benefit	☐ Advance EIC

☐ Allowance 1 _____	Allowance 1 Tax Exemptions: Fed ☐ FICA ☐ FUTA ☐ State ☐ SUTA ☐ Local ☐
☐ Allowance 2 _____	Allowance 2 Tax Exemptions: Fed ☐ FICA ☐ FUTA ☐ State ☐ SUTA ☐ Local ☐

DEDUCTIONS

see Instructions: Employer Setup > Deductions

For Type, enter code 1-6:
1 = Fixed Amount, 2 = % of Gross, 3 = % of Net, 4 = % of Gross-Tax, 5 = Amount per Hour, 6 = % of Compensation

Name _____   Default Amount _____   Type ____
Annual Limit _____ Exemptions: ☐ Fed ☐ FICA ☐ FUTA ☐ State ☐ SUTA ☐ Local

Name _____   Default Amount _____   Type ____
Annual Limit _____ Exemptions: ☐ Fed ☐ FICA ☐ FUTA ☐ State ☐ SUTA ☐ Local

Name _____   Default Amount _____   Type ____
Annual Limit _____ Exemptions: ☐ Fed ☐ FICA ☐ FUTA ☐ State ☐ SUTA ☐ Local

Name _____   Default Amount _____   Type ____
Annual Limit _____ Exemptions: ☐ Fed ☐ FICA ☐ FUTA ☐ State ☐ SUTA ☐ Local

Name _____   Default Amount _____   Type ____
Annual Limit _____ Exemptions: ☐ Fed ☐ FICA ☐ FUTA ☐ State ☐ SUTA ☐ Local

Name _____   Default Amount _____   Type ____
Annual Limit _____ Exemptions: ☐ Fed ☐ FICA ☐ FUTA ☐ State ☐ SUTA ☐ Local

Name _____   Default Amount _____   Type ____
Annual Limit _____ Exemptions: ☐ Fed ☐ FICA ☐ FUTA ☐ State ☐ SUTA ☐ Local

Name _____   Default Amount _____   Type ____
Annual Limit _____ Exemptions: ☐ Fed ☐ FICA ☐ FUTA ☐ State ☐ SUTA ☐ Local

Name _____   Default Amount _____   Type ____
Annual Limit _____ Exemptions: ☐ Fed ☐ FICA ☐ FUTA ☐ State ☐ SUTA ☐ Local

Firm _____ **Client Code** _____ **Client Name** _____ **Employer** _____

EMPLOYER SETUP FORM

CHECK PRINTING

Employers wishing to print digital signatures on their checks should also submit the Digital Signature Form.

If salaried, suppress: ☐ Hours ☐ Rates
Preprinted Checks: ⃝ Middle ⃝ QuickBooks Compatible / Top
Federal Depository Bank _____
MICR Checks: ⃝ Top ⃝ Middle ⃝ Bottom Bank Name _____ Address _____ _____ City _____ State _____ Zip _____ - _____ Phone # _____ Routing _____ Account: _____ Fraction: _____ Starting Check Number: _____

401(k) MATCH

Employer Match _____ . _____ %	Maximum Matched $ _____ . _____
Payment Frequency ⃝ Monthly ⃝ Quarterly ⃝ Yearly	
Maximum % Base Salary _____ . ____ .% Include: ☐ Bonus ☐ Commissions ☐ Overtime	
Contributions Begin: ⃝ ___ day of ___ month after employee hire date ⃝ ___ days after employee hire date	

DEPARTMENTS / LOCATIONS

Departments:
Code _____ Name _____
Code _____ Name _____
Code _____ Name _____
Code _____ Name _____
Code _____ Name _____
Code _____ Name _____
Code _____ Name _____
Code _____ Name _____
Locations:
Location Name _____ User Name _____
Location Name _____ User Name _____
Location Name _____ User Name _____
Location Name _____ User Name _____