**COMPANY NAME/LOGO**

**PAYROLL EMPLOYEE PROFILE SETUP FORM**

Personal Info

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| First | MI | Last |  |  |
|  |  |  |  |  |
| Social Security No. | Date of Birth | Email |  | Phone |
|  |  |  |  |
| Address – Street/PO Box | City | State | Zip |
| \*If you are a resident of one state and work in another, what is your Living address in the state you work in?  |
|  |  |  |  |
| Address – Street/PO Box | City | State | Zip |

Withholdings

|  |  |  |
| --- | --- | --- |
| Check if Received and Complete |  | If your state requires you to have withholding: |
| * W4
* Form I-9
* Form I-9 Documents Copied/Verified
1. Valid Driver’s License
2. Social Security Card
* State New Hire Reporting Form
 |  | * Single
* Married
* Married, but withhold at Single Rate
* Exempt
 |
|  |  |  |  |
|  | Allowances | Additional | County Live In |
|  |  |  |

Pay Info

|  |  |  |  |
| --- | --- | --- | --- |
| Salary/Hourly Rate |  |  | Other Pay: |
| State Work In |  |  | * Holiday
* Truck Pay
* Per Diem
* Mileage
 | * Commission
* Truck Rental
* PTO
 | * Other:
 |
| Date of Hire  |  |  |
| Supervisor |  |  |
| Job Title |  |  |
|  |
| DIRECT DEPOSIT | Type | Amount | Routing: | Account: |  |
| Account 1 |  |  |  |  | * Form Received
 |
| Account 2 |  |  |  |  | * Form Received
 |

Deductions

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| INSURANCE | Start Date | Amount | Paperwork |  | Others Payable to | Amount | Paperwork |
| Medical |  |  |  |  |  |  |  |
| Dental |  |  |  |  |  |  |  |
| Vision |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |