



# AccounTek Advantage

  

## Employee Enrollment Form

**Company Name:** \_\_\_\_\_ **BCL:** \_\_\_\_\_

**Employee Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Employee Type:**     Full Time     Temporary     1099     Part Time

**Employee Status:**     Active     Terminated     New Hire     Inactive

**Pay Type:**     Check     Direct Deposit

**Direct Deposit Information(If Applicable):**

	\$ or %*	Routing Number (9 digits)	Account Number	Bank Name
<input type="checkbox"/> Checking				
<input type="checkbox"/> Savings				
<input type="checkbox"/> Checking				
<input type="checkbox"/> Savings				
<input type="checkbox"/> Checking				
<input type="checkbox"/> Savings				

*\*With fixed dollar amount or percentage, the "remainder" will be deposited into the last account entered.*

**Pay Information:**

Salary    \$ \_\_\_\_\_ Per Pay Period     Hourly    Regular Rate:    \$ \_\_\_\_\_ Per Hour

Overtime Rate:    \$ \_\_\_\_\_ Per Hour    Overtime Rate:    \$ \_\_\_\_\_ Per Hour

Other Rate:    \$ \_\_\_\_\_ Per Hour    Other Rate:    \$ \_\_\_\_\_ Per Hour

**Additional Hourly Rates:**

Name (25 characters max.)	Abbreviation (7 characters max.)	Hourly Rate	Overtime Rate
		\$ _____ Per Hour	\$ _____ Per Hour
		\$ _____ Per Hour	\$ _____ Per Hour
		\$ _____ Per Hour	\$ _____ Per Hour

**Federal Tax Information:**

Filing Status:     Married     Single    Allowances:    \_\_\_\_\_    Extra Withholding:    \$ \_\_\_\_\_

**State Tax Information:**    Income Tax Filing State:    \_\_\_\_\_    Unemployment Filing State:    \_\_\_\_\_

Filing Status:     Married     Single    Allowances:    \_\_\_\_\_    Extra Withholding:    \$ \_\_\_\_\_

Head of House     Other

**Deductions (If Applicable):** *Medical, Dental, Simple IRA, 401K, ect.*

Name: \_\_\_\_\_ \$ \_\_\_\_\_ Per Pay Period

Name: \_\_\_\_\_ \$ \_\_\_\_\_ Per Pay Period

Name: \_\_\_\_\_ \$ \_\_\_\_\_ Per Pay Period

**Earnings (If Applicable):** *Auto Allowance, Fringe Benefit, ect.*

Name: \_\_\_\_\_ \$ \_\_\_\_\_ Per Pay Period

Name: \_\_\_\_\_ \$ \_\_\_\_\_ Per Pay Period

Name: \_\_\_\_\_ \$ \_\_\_\_\_ Per Pay Period