BELNAVIS, LLC
PO Box 725112
Atlanta GA 31139
Tel: (404) 880-1628
Fax: (404) 880-1629

Payroll - Employee Set Up - GA

This form is to be completed for each employee. ☐ **New Hire** **Hire Date:** _____

Name: (First, Middle, Last) _____

Address: _____

_____

Date of Birth: _____ **Phone** _____ _____

Email address: _____ ☐ **Check if you want online employee access**

If you are submitting the completed Employee's W-4 along with this form, then skip this section & go to page 2.

Social Security Number: _____

Federal Filing Status: ☐ Single ☐ Married Filing Jointly ☐ Married Filing Separate ☐ Head of Household

Allowance: _____ Additional Withholding per Paycheck: $ _____

Does this employee have additional exemption? ☐ Yes ☐ No

If yes, what taxes does this employee not have to pay? _____

State: GA

Complete this section if State information is different from Federal.

State Withholding Percentage:

Georgia Filing Status: ☐ Single ☐ Married Filing Jointly ☐ Married Filing Separate ☐ Head of Household

Allowance: _____ Additional Withholding per Paycheck: $ _____

Will you be paying wages for this employee in additional states? ☐ Yes ☐ No

If yes, what states? _____ _____ _____

Attach similar withholding information for each state, if this information is different from Federal.

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Employee Pay information Name: _____

Employee Pay Rate: (Complete all that apply)

_____ Salary $_____ per year
_____ Hourly $ _____ per week
_____ Commission Only $ _____ per hour
_____ If other, please specify: $_____ per _____

Additional Pay:

☐ Overtime ☐ Commission
☐ Double Overtime ☐ Other
☐ Holiday Pay ☐ Does Not Apply
☐ Bonus

How often do you pay this employee?

☐ Weekly ☐ Monthly
☐ Biweekly ☐ Other

If other, please specify: _____

When is the next pay day? _____
When is the last day of this pay period? _____

Are there any deductions or contributions that are taken out of the paycheck? ____ Yes ____No
(Example: HSA, FSA, Health Insurance, Retirement Plan, Garnishments)

		Pretax?
Deduction Type: _____	Amount per paycheck $_____	☐
Deduction Type: _____	Amount per paycheck $_____	☐
Deduction Type: _____	Amount per paycheck $_____	☐

Any company contributions to Employee's Health Insurance or Retirement Plan?

Deduction Type: _____ Amount per paycheck $_____
Deduction Type: _____ Amount per paycheck $_____