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Employee Setup Form

Fax to 781.851.8491



Questions? Call 559-513-8613

Employee Information - Complete one form per employee paid in the current year

(Please include terminated & inactive)

Company Name: _____

First Name: _____ Last Name: _____

(Legal Name on Social Security Card)

Home Address: _____ City: _____ State: _____ Zip: _____

Phone Number (Optional): _____ Gender: ☐ Male ☐ Female

Social Security #: _____

Email Address: _____ Hire Date: ____ / ____ / ____

Employee Type: ☐ Full Time ☐ Temporary ☐ 1099 ☐ Part TimeEmployee Status: ☐ Active ☐ Terminated ☐ New Hire ☐ Inactive

Select Employee Type (Salary or Hourly)

☐ Salary Rate: \$ _____ Annually Overtime Rate? \$ _____ Per Hour☐ Hourly Rate: \$ _____ Per Hour Other Rate? \$ _____ Per Hour

Deductions: Name (Medical, Dental, 401(k), etc.) _____ How Often _____

	\$	
	\$	
	\$	

Additional Earnings: Name (Bonus, Auto, etc.) _____ How Often _____

	\$	
	\$	
	\$	

Federal Tax Info: Filing Status ☐ Single ☐ Married ☐ Head of Household

(Get From W-4)

Allowances: _____ Additional Withholding Amount [\$ or %]: _____

State Tax Info: Income Tax Filing State: _____ Unemployment Filing State: _____

(Get From State-4)

Filing Status: ☐ Single ☐ Married ☐ Head of Household ☐ Other

Allowances: _____ Add'l Withholding [\$ or %]: _____ Flat Withholding [\$]: _____

Local Taxes: Authority Name: _____

If the employee moved within the current calendar year, while employed by you, please check here ☐

DIRECT DEPOSIT(S):

To activate Direct Deposit, please complete. (We'll create a check if blank)



Account Type	Write in \$ amount or "net pay"	Routing Number (9 digits)	Account Number	Bank Name
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				

Any "remainder" will be paid by check.