



Employee Setup & Maintenance Form

Employment

Client Name: _____ Client Number: _____

<input type="text"/>					
Employee No.	Status	Hire Date	Service Date	Category	

General

<input type="text"/>	<input type="text"/>				
First Name	MI	Last Name	Gender	Social Security No.	Birth Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Line 1	Address Line 2	City	State	Zip Code

<input type="text"/>	<input type="text"/>
Email Address	Workers Comp. Code <i>(if applicable)</i>

Bolded Fields are required for payroll. For the *most accurate information*, complete all applicable fields.

Pay

<input type="text"/>	<input type="text"/>	<input type="text"/>	Payment Method:	<input type="checkbox"/> Live Check	<input type="checkbox"/> Pre-Paid Card
Pay Group <i>(if applicable)</i>	Pay Frequency	Normal Hours		<input type="checkbox"/> Direct Deposit	

Select One	<input type="checkbox"/> <u>Pay Type: Hourly</u>	<input type="checkbox"/> <u>Pay Type: Salary</u>	<input type="checkbox"/> <u>Pay Type: 1099</u>
	<input type="text"/> Regular Rate	<input type="text"/> Gross Salary	<input type="text"/>
	<input type="text"/> Alt. Rate	<input type="checkbox"/> Per Pay <input type="checkbox"/> Annual	<input type="checkbox"/> <u>Pay Type: Other</u>
		<i>Select One</i>	<input type="text"/>

Federal Income Tax

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Block Fed. Withholding
Filing Status <i>Box 1(c)</i>	Dependents (\$) <i>Box 3</i>	Deductions (\$) <i>Box 4b</i>	IRS Link: W-4 Form
<input type="checkbox"/> Multiple Jobs <i>Box 2</i>	<input type="text"/> Other Income (\$) <i>Box 4a</i>	<input type="text"/> Add'l Withholding (\$) <i>Box 4c</i>	<input type="text"/>
			<i>Additional Federal Specific Notes</i>

State Income Tax

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Address Verification
Work Location <i>(City, State)</i>	State Filing Status <i>(if applicable)</i>	State Exemption/Dependent <i>(if applicable)</i>	<input type="checkbox"/> Local Withholding
State Withholding: <small>Only applicable if state income tax and filing status are different from Federal. (If Local Withholding applies, please provide additional details.)</small>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> School District Taxes
<small>Disclaimer: Check with your individual state tax agencies for the most current state filing forms.</small>	Alternative Amount <i>(% or \$)</i>	<input type="text"/>	<input type="checkbox"/> Block State Withholding
		<i>Additional State Specific Notes</i>	

Additional Fields

Health/Medical Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Details/Contribution: <input type="text"/>
Retirement Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Details/Contribution: <input type="text"/>
Org. & Labor Fields:	Division <input type="text"/>	Department <input type="text"/>
Accrual Plans:	<input type="checkbox"/> Sick Plan Name: <input type="text"/>	<input type="checkbox"/> PTO Plan Name: <input type="text"/>

Direct Deposit: additional form must be completed and submitted separately.

Child Support Orders & Garnishments must have court ordered documents.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Signature	Employee Print Name	Date