

EMPLOYEE SETUP FORM

Employer (Company Name) \_\_\_\_\_

Employee Name \_\_\_\_\_ Hire Date \_\_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_

Single or Married \_\_\_\_\_ Federal Exemptions \_\_\_\_\_ State Exemptions \_\_\_\_\_

Does Employee want additional state or federal income taxes deducted?

If so, detail \_\_\_\_\_

Is employee exempt from withholding taxes? Yes or No \_\_\_\_\_

Time Card/Employee Number \_\_\_\_\_ Workers Comp Code \_\_\_\_\_

Department Name(s) and Number(s) \_\_\_\_\_

Pay Type: Hourly \_\_\_\_\_ Salary \_\_\_\_\_ Salary Non Exempt \_\_\_\_\_

Independent Contractor \_\_\_\_\_ Commission Only \_\_\_\_\_

Other, explain \_\_\_\_\_

Pay Type: Hourly Rate \_\_\_\_\_

2<sup>nd</sup> Hourly Rate \_\_\_\_\_ Detail \_\_\_\_\_

3<sup>rd</sup> Hourly Rate \_\_\_\_\_ Detail \_\_\_\_\_

Deductions:

Type \_\_\_\_\_ \$ or % \_\_\_\_\_ per \_\_\_\_\_ Maximum \_\_\_\_\_

Type \_\_\_\_\_ \$ or % \_\_\_\_\_ per \_\_\_\_\_ Maximum \_\_\_\_\_

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