

## Employee Set-up Form (All States)

Client Name \_\_\_\_\_

EMPLOYEE ID# \_\_\_\_\_

TELEPHONE ( ) - \_\_\_\_\_

DIVISION \_\_\_\_\_

BRANCH \_\_\_\_\_

PAY FREQ. [Wkly] [Biwkly]

DEPARTMENT \_\_\_\_\_

[S-Mthly] [Mthly]

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

SEX [ M ] [ F ]

EMAIL ADDRESS \_\_\_\_\_

WorkComp Code \_\_\_\_\_

ADDRESS 1 \_\_\_\_\_

BIRTH DATE / /

ADDRESS 2 \_\_\_\_\_

CLOCK # \_\_\_\_\_

CITY / STATE \_\_\_\_\_

PENSION CODE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

401K EFF DATE / /

SOCIAL SEC. # - -

HIRE DATE \_\_\_\_\_

FEDERAL TAX [ S ] [ M ] [ H ]

STATE TAX \_\_\_\_\_  
List ST abbreviation

Multiple Jobs/Spouse Wrkg [ Y ] [ N ]

Child/Dependent Total \$ \_\_\_\_\_

FILING STATUS [ S ] [ M ] [ H ]

Other Income \$ \_\_\_\_\_

No. of Allowances \_\_\_\_\_

Deductions \$ \_\_\_\_\_

ADDTL STATE \$ or % \_\_\_\_\_

Extra Withholding \$ \_\_\_\_\_

2ND STATE/TAX \_\_\_\_\_

SALARY \$ \_\_\_\_\_

HOURLY RATE \$ \_\_\_\_\_

1099 Indep Contractor [ YES ]

AVERAGE HOURS \$ \_\_\_\_\_

No FIT/SIT will apply if 1099

**Recurring Items**

**Earn / Deduct No. & Description**

**Amount**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_