

Firm _____ Client _____ Employer _____ Employee _____

EMPLOYEE SETUP FORM

GENERAL INFORMATION

see Instructions: Employee Setup > General Information

Employee # _____	SSN _____ - _____ - _____
First Name _____	MI _____ Last Name _____
Address _____	
City _____	State _____ County _____ Zip _____
<input type="radio"/> M <input type="radio"/> F Date of Birth ____ (M) / ____ (D) / ____ (Y)	

EMPLOYMENT INFORMATION

see Instructions: Employee Setup > Employment Information

Status: <input type="radio"/> Active <input type="radio"/> Inactive Pay Type: <input type="radio"/> Salaried <input type="radio"/> Hourly Employee Type: <input type="radio"/> Full-Time <input type="radio"/> Part-Time Corporate Officer <input type="checkbox"/> Seasonal <input type="checkbox"/> Statutory <input type="checkbox"/> Covered by Pension Plan <input type="checkbox"/>	Hire Date ____ / ____ / ____ Last Review ____ / ____ / ____ W-4 Date ____ / ____ / ____ I-9 Date ____ / ____ / ____ Termination ____ / ____ / ____														
Exempt from: <input type="checkbox"/> FUTA <input type="checkbox"/> SUTA <input type="checkbox"/> FICA <input type="checkbox"/> Soc. Sec. <input type="checkbox"/> Worker's Comp															
Advance EIC: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse W-5 Date ____ / ____ / ____															
Pay Schedule _____ Annual Salary \$ _____ . ____ Job Category _____															
<table style="width: 100%;"> <tr> <td style="width: 30%;">Default Hours:</td> <td style="width: 70%;">Rate:</td> </tr> <tr> <td>Regular _____ . _____ . _____</td> <td></td> </tr> <tr> <td>Overtime ____ . _____ . _____</td> <td>or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/></td> </tr> <tr> <td>Other 1 ____ . _____ . _____</td> <td>or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/></td> </tr> <tr> <td>Other 2 ____ . _____ . _____</td> <td>or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/></td> </tr> <tr> <td>Other 3 ____ . _____ . _____</td> <td>or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/></td> </tr> <tr> <td>Other 4 ____ . _____ . _____</td> <td>or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/></td> </tr> </table>		Default Hours:	Rate:	Regular _____ . _____ . _____		Overtime ____ . _____ . _____	or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/>	Other 1 ____ . _____ . _____	or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/>	Other 2 ____ . _____ . _____	or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/>	Other 3 ____ . _____ . _____	or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/>	Other 4 ____ . _____ . _____	or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/>
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Other 4 ____ . _____ . _____	or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/>														
Allowance 1 _____ Allowance 2 _____															
Location _____ Group _____															
Departments: 1 _____ % 2 _____ % 3 _____ %															

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EMPLOYEE SETUP FORM

TAX INFORMATION

see Instructions: Employee Setup > Tax Information

FEDERAL	Filing Status: <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> HoH <input type="radio"/> Exempt Exemptions: _____ Additional Withholding: _____
STATES:	Unemployment State _____ Worked in State _____
Withholding State 1: _____	Filing Status: _____ Allowances _____ Addl. Withholding _____ Local: Withholding: _____ Filing Status: _____ Allowances: _____ Other Withholding: _____ Other: _____
Withholding State 2: _____	Filing Status: _____ Allowances _____ Addl. Withholding _____ Local Withholding: _____ Local Filing Status: _____ Local Allowances _____
Additional Information	

DEDUCTIONS

see Instructions: Employee Setup > Deductions

DEDUCTION NAME	Amount (optional)	Start Date (MM/DD/YYYY, opt.)	Stop Date (MM/DD/YYYY, opt.)	Goal (optional)

Child Support Information (if employer offers this deduction for electronic payment):
 Ordering State: _____ Case Number: _____ FIPS code (FL, IL, MI, NY): _____

ACCRUALS (Paid Time Off)

see Instructions: Employee Setup > Accruals

PAY TYPE	Accrual Amt in Hours	Accrual Period	Start Date	Accrued Hours	Used Hours Adjusted	Maximum Carryover
Vacation		<input type="checkbox"/> Pay Pd. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.				
Sick		<input type="checkbox"/> Pay Pd. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.				
Personal		<input type="checkbox"/> Pay Pd. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.				