

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 _____	
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"/>	
Allowance 1 _____ Allowance 2 _____	
Location _____ Group _____	
Departments: 1 _____ % 2 _____ % 3 _____ %	

Firm _____ Client _____ Employer _____ Employee _____

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.				