Your Office Biz, Inc.

Employee Payroll Set Up & Updates

GENERAL INFORMATION

Employer Name _____   Date Submitted _____

Select the purpose of this form below:

☐ New Hire - Hire Date _____   ☐ Employee Termination- Date _____   ☐ Changes to Original Form

EMPLOYEE INFORMATION

Social Security No. _____

First Name _____ M.I. _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Gender   ☐ Male   ☐ Female   Date of Birth _____

Employee Portal Access: ☒ Yes   Username _____ *(if left blank, defaults to email address)*

PAYROLL ITEMS

| Pay Schedule | ☐ Weekly ☐ Bi-weekly ☐ Monthly | Pay Type *(Select One)* | ☐ Salary ☐ Hourly |

Salary: Annual Salary Amt $_____

Hourly:	Regular Rate:	$_____	*Other* $_____
	Overtime Rate:	$_____	*Other* $_____
	Vacation Rate:	$_____	Current Balance _____	How accrued: _____
	Sick Time Rate:	$_____	Current Balance _____	How accrued: _____

Deduction Items	Pre-Tax Items	$ Amount or % of Gross	After-Tax Items	$ Amount or % of Gross
	Item Type	Rate _____	*Item Type*	Rate _____
	Item Type	Rate _____	*Item Type*	Rate _____
	Item Type	Rate _____	*Item Type*	Rate _____

Retirement Plan Match   ☐ Yes   ☐ No   Match % _____

Wage Garnishments?   ☐ Yes (If so, attach copies of all garnishment orders)   ☐ No

WITHHOLDING INFORMATION

W-4 Federal

Status: ☐ Single or Head of Household ☐ Married

☐ Married withhold at Single rate

Total Allowances (Box 5) _____

Additional withholding amt (Box 6) _____

IT-2104 State

Status: ☐ Single or Head of Household   ☐ Married

☐ Married withhold at Single rate

Personal Exemption (Box 1) _____

Additional withholding amt (Box 3) _____

DIRECT DEPOSIT

Will this employee be paid by direct deposit? ☐ Yes (If yes, complete below) ☐ No

☐ Attach Direct Deposit Authorization   ☐ Attach voided check(s) for each account *(up to 3 accounts; no deposit slips)*

For Additional Notes, attach separate page