



PAYROLL CLIENT EMPLOYEE SETUP FORM

EMPLOYEE INFORMATION

EMPLOYEE DEMOGRAPHIC INFORMATION

Employee ID _____

EIN/SSN # _____

First Name _____

Middle Initial _____

Last Name _____

TAXING (HOME) ADDRESS:

Address _____

City _____ State _____ Zip _____

MAILING ADDRESS: (if different from Taxing Address)

Address _____

City _____ State _____ Zip _____

ADDITIONAL ADDRESS INFORMATION:

County _____ School District _____

Municipality _____

PHONE, EMAIL and PAYROLL INFORMATION

Home Phone _____ Mobile Phone _____

Email _____

Payroll Schedule _____

Location(s)/Department(s) _____

EMPLOYMENT/PERSONAL INFORMATION

Hire Date: _____ Last Raise Date: _____

Job Title _____

Birth Date: _____ Gender _____ Race: _____

Family of Owner: ____ Officer: ____ Seasonal: ____

PAYROLL ITEMS/ACCRUABLE BENEFITS

Pay Item(s):

Rate/Salary Amount:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Deduction Item(s):

Amount or %:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Accrual Item(s):

Accrual Details:

_____	_____
_____	_____

Place Additional Pay/Deduction/Accrual Items on Back