

## PAYROLL CLIENT EMPLOYEE SETUP FORM

Company Name:	
REQUIRED FORMS	
☐ Direct Deposit Form ☐ W-4 ☐ I-9	
EMPLOYEE INFORMAT	ION (Employee fills out)
Company Name	
First Name	
Last Name	
Social Security Number	
Date of Birth	
Gender Male ☐ Female ☐	]
E-mail Address	
Address	
CitySt	ate Zip
Home Phone:	Mobile Phone
Direct Deposit 🗌 Hard Che	eck 🗆
Hire Date:	Job Title
PAYROLL ITEMS/ACCR	UABLE BENEFITS (Employer fill out)
Pay Item(s):	Rate/Salary Amount:
Deduction Item(s):	Amount or %: