

PAYROLL CLIENT EMPLOYEE SETUP FORM

EMF

EMPLOYEE INFORMATION INFORMATION	NFORMATION INFORMATION EMPLOYMENT/PERSONAL				
EMPLOYEE DEMOGRAPHIC INFORMATION	Hire Date: La	Last Raise Date:			
Employee ID	Job Title				
EIN/SSN #		nder Race:			
First Name		icer: Seasonal:			
Middle Initial					
Last Name	PAYROLL ITEMS/ACCRUABLE BENEFITS				
TAXING (HOME) ADDRESS:	Pay Item(s):	Rate/Salary Amount:			
Address					
CityStateZip					
MAILING ADDRESS: (if different from Taxing Address)					
Address					
CityStateZip		A			
ADDITIONAL ADDRESS INFORMATION:	Deduction Item(s):	Amount or %:			
County School District					
Municipality					
PHONE, EMAIL and PAYROLL INFORMATION					
Home Phone Mobile Phone					
Email					
Payroll Schedule	Accrual Item(s):	Accrual Details:			
Location(s)/Department(s)					
	Place Additional Pay/De	eduction/Accrual Items on Back			
PAYROLL TAX INFORMATION					
Federal					
Form W-4 Attached (Required): Filing Status:	Add'l Amount or %:				
Fixed Amount or %: Federal Tax Exempt: E					
State(s):					

State(s) W4 Attached (Required):

State Withholding Information:

DIRECT DEPOSIT INFORMATION

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Direct Deposit: Yes No	Attach Voided Check (Checking Acct)		
Bank Name:			
Bank Account #	Bank Routing #		
Amount or % for this Account (Default is	100%): Checking/Savings (Circle C	One)	
For More than 1 Direct Deposit Account, put information from above on back			

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