



# Employee Set Up & Maintenance Form

Company Name

Client Number

*\*The fields marked below in BLUE are required for New hire Reporting\**

Hire Date

Employee ID #

Full/Part Time

Time Clock Number

Division

Department

Social Security #

First Name

MI

Last Name

Street Address - Apt #

City

State

Zip Code

Work Location

Date of Birth

E-mail Address (Required for Employee Self Service)

**Employment Status:** *(Check One)*

Hourly

Commission Only

Salary

1099

**Hourly Rate**

Rate 1

Rate 2

Rate 3

**Salary**

Gross Salary

Per Pay

Per Year

*Check One*

TIPS

**Pay Frequency:** *(Check One)*

Weekly

Bi-Weekly

Semi-Monthly

Monthly

Quarterly/Annually

**W-4 Tax Withholding:** (Choose **only** one form type)

2019 or Earlier

Filing Status

Number of Allowances

Additional Withholding \$

2020 and Later

Filing Status

Multiple Jobs

Yes

No

Claim Dependents \$

Other Income \$

Deductions \$

Additional Withholding \$

Signature

Date

**Additional Information:**

- State Withholding: Attach completed state withholding form. Only applicable if state income tax and filing status are different from federal. (If local withholding applies, please provide those details as well.)
- Direct Deposit: Employees that want direct deposit must complete and submit the Authorization Agreement for Direct Deposit form and attach a copy of a **void check**.
- Child Support and Garnishments: Must have court order attached.