

NEW EMPLOYEE SET UP FORM

Company Name: _____

First Name: _____ M.I. _____ Last Name: _____

Address: _____ City, State, Zip: _____

Birth Date: _____ Gender: _____ Hire Date: _____

Social Security #: _____

Payment Method:

Check

Pay Rate: \$ _____ per hour

Direct Deposit

\$ _____ salary per pay period

(include agreement and copy of voided check)

Worker's Comp Class: _____

Tax Withholdings (Exemptions):

Married _____ # of Dependents

Single _____ # of Dependents

Married but withhold at higher single rate _____ # of Dependents

Deductions/Garnishments:

Type _____ Amount \$ _____

Type _____ Amount \$ _____

Type _____ Amount \$ _____