

Please complete form on screen, save, and email it back

Employee Set-Up Form

*Employer Name _____

*Employee First Name _____ MI ____ *Last Name _____ Suffix ____

*Gender: M ☐ F ☐

*SSN: _____ - _____ - _____

Date of Birth: _____

*Date of Hire: _____

*Street Address 1: _____

Street Address 2: _____

*City: _____ *State: _____ *Zip: _____

Phone: _____ - _____ - _____ Email: _____

*Status: Full Time ☐ Part Time ☐

Department: No. _____ Department Name _____

*Employee Type: W-2 Employee ☐ or 1099 Recipient ☐

*Pay Type: *Hourly ☐ Salaried ☐ Other ☐ (define) _____

*Rate of Pay: \$_____ (per hour if hourly; per pay period if salaried)

*Pay Frequency (if differs from company default): Weekly ☐

Biweekly ☐

Semi-monthly ☐

Monthly ☐

Please attach copies of Federal and State Withholding Certificates**

*Required Information

**If applicable