

2 | Employee Setup Form

Fax to 781.851.8491



Questions? Call 302-494-0075

Employ				(1 lease include te	rminated &	inactive		current y	/ear	
				La						
(Legal Name on Social	al Security Car	rd)						State: Zip:		
Phone Number (Optional):					•			·		
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				Hi			/			
Employee Type: ☐ Full Time Employee Status: ☐ Active			□ Tempora□ Terminat		☐ 1099 ☐ Part Time ☐ New Hire ☐ Inactive					
Select Employe	ee Type (S	Salary or H	ourly)							
□ Salary Rate: \$			Annually	Overtime Ra	rtime Rate? \$		Per Hour			
☐ Hourly Rate: \$			Per Hour	Other Rate?	Other Rate? \$		Per Hou	r		
Deductions:	Ŋa	Name (Medical, Dental, 401(k), etc.) How Ofte								
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Additional Earnings:	Na ▼	ame (Bonus	, Auto, etc.)		i a	h			How Ofter	
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Federal Tax In Get From W-4			□ Single	□ Married	☐ Married ☐ Head of H					
COCLITOIII W-4	Allo	wances:	Additional Withholo			mount [\$ or %]:			
State Tax Info		me Tax Fili	ng State:	Unemployment Filing State:						
(Get From Stat	e-4) Filin	g Status:	□ Single	■ Married	☐ Married ☐ Head of Household ☐ Other					
	Allo	Allowances:			_ Add'l Withholding [\$ or %]: Flat Withholding [\$]:					
Local Taxes:	Authority Name:									
If the employe	e moved	within the o	current calen	ıdar year, while empl	oyed by yo	u, pleas	e check her	e 🗅		
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☐ Checking	□ Savings	3								
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