BERNDTCPA

# PAYROLL CLIENT EMPLOYEE SETUP FORM

Employer: _____

## EMPLOYEE INFORMATION

EMPLOYEE DEMOGRAPHIC INFORMATION

Employee ID _____

EIN/SSN # _____

First Name _____

Middle Initial _____

Last Name _____

TAXING (HOME) ADDRESS:

Address _____

_____

City_____ State_____ Zip _____

MAILING ADDRESS: (if different from Taxing Address)

Address _____

_____

City_____ State_____Zip _____

ADDITIONAL ADDRESS INFORMATION:

County_____ School District _____

Municipality _____

PHONE, EMAIL and PAYROLL INFORMATION

Home Phone _____ Mobile Phone _____

Email_____

Payroll Schedule _____

Location(s)/Department(s) _____

Workers' Comp Code(s) _____

## EMPLOYMENT/PERSONAL INFORMATION

Hire Date: _____ Last Raise Date: _____

Job Title _____

Birth Date: _____ Gender _____ Race:_____

Family of Owner: ___ Officer: ___ Seasonal: ___

## PAYROLL ITEMS/ACCRUABLE BENEFITS

| Pay Item(s): | Rate/Salary Amount: |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

| Deduction Item(s): | Amount or %: |
|---|---|
| | |
| | |
| | |
| | |
| | |

| Accrual Item(s): | Accrual Details: |
|---|---|
| | |
| | |

Place Additional Pay/Deduction/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: _____ EIC Advance: _____

**State(s):**_____

State(s) W4 Attached (Required): _____

State Withholding Information: _____

_____

## DIRECT DEPOSIT INFORMATION

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 One)

For More than 1 Direct Deposit Account, put information from above on back