BASIC
PAYROLL PLUS

NEW EMPLOYEE SET UP FORM

Employee Number: _____   Company Name: _____
                        Optional

Social Security Number: _____ - _____ - _____

Start Date: _____

Employee Name: _____ _____ _____
                     First   Middle   Last

Address: _____

City, State, Zip: _____   _____   _____
                   City   State   Zip Code

Salary: ☐ _____   Hourly Rate: ☐ _____

Date of Birth: _____

Department: _____

Filing Status: Married: ☐   Single: ☐

      Federal: _____   Form I-9 Form On File
      State: _____   Yes: ☐
      City: ☐ Resident ☐ Non Resident

Deductions:

    _____   _____
    Effective Date: _____   Effective Date: _____

    _____   _____
    Effective Date: _____   Effective Date: _____

    _____   _____
    Effective Date: _____   Effective Date: _____

Special Instructions:

    _____
    _____

Hours for Current Pay Period: _____