



### EMPLOYEE SETUP FORM

Employer \_\_\_\_\_ Employee \_\_\_\_\_

#### General Information

Date of Change \_\_\_\_\_

Employee Name:	_____
Address:	_____
City/State/Zip:	_____
Social Security Number:	_____ - _____ - _____
<input type="radio"/> Male <input type="radio"/> Female	
Date of Birth:	_____      Date of Hire: _____
Retirement - EE Date of Eligibility:	_____
Retirement - Match Date Eligibility:	_____

#### Employment Information

<input type="radio"/> Salaried	Annual Salary:	\$ _____
<input type="radio"/> Hourly	Hourly Pay Rate 1:	\$ _____
	Hourly Pay Rate 2:	\$ _____
Department (if applicable):	_____	
Allowance 1:	\$ _____	Name: _____
Allowance 2:	\$ _____	Name: _____

#### Taxes/ Deductions

<b>Federal</b>			
Tax Filing:	<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Married, but withhold at higher Single rate
Personal Allowances Claiming:	_____	Additional \$:	_____
<b>State</b>			
	<input type="radio"/> Same as Federal above		
Tax Filing:	<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Married, but withhold at higher Single rate
Personal Allowances Claiming:	_____	Additional \$:	_____
Retirement (\$ or %):	_____	Child Support:	\$ _____
Health Insurance:	\$ _____	Garnishment:	\$ _____
Dental Insurance:	\$ _____	Other 1:	\$ _____
Vision Insurance:	\$ _____	Other 2:	\$ _____