

EMPLOYEE SETUP/ CHANGE FORM

Note: If using this form for change purposes after initial setup, only Names, Employee # and those items to be changed need be completed.

EIN#: _____

Client Name: _____

Address: _____

Employee#: _____

Employee Name: _____

Address: _____

SSN#: _____

DOB: _____

DOH: _____

Annual Salary: \$ _____ **OR** Hourly Rate: \$ _____

Department #: _____

Federal Filing Status: _____

Local Withholding %: _____

LST Tax _____

Exempt **No or Yes** (w/Exemption Certificate)

List below any recurring deduction items:

Type of Deduction: _____ \$Amount or Percent: _____