



Employee Setup Form

Fax to 781.851.8491

PayrollManager Express™

Powered By PMTWorks

Questions? Call 877.907.2976

Employee Information - Complete one form per employee paid in the current year

(Please include terminated & inactive)

Company Name: _____

First Name: _____ Last Name: _____
(Legal Name on Social Security Card)

Home Address: _____ City: _____ State: _____ Zip: _____

Phone Number (Optional): _____ Gender: Male Female

Social Security #: _____

Email Address: _____ Hire Date: ____ / ____ / ____

Employee Type: Full Time Temporary 1099 Part Time

Employee Status: Active Terminated New Hire Inactive

Select Employee Type (Salary or Hourly)

Salary Rate: \$ _____ Pay Period _____ Overtime Rate? \$ _____ Pay Period _____

Hourly Rate: \$ _____ Per Hour _____ Other Rate? \$ _____ Pay Period _____

Deductions:	Name (Medical, Dental, 401(k), etc.)	How Often

Additional Earnings:	Name (Bonus, Auto, etc.)	How Often

Federal Tax Info: Filing Status Single Married Head of Household
(Get From W-4)

Allowances: _____ Additional Withholding Amount [\$ or %]: _____

State Tax Info: Income Tax Filing State: _____ Unemployment Filing State: _____
(Get From State-4)

Filing Status: Single Married Head of Household Other

Allowances: _____ Add'l Withholding [\$ or %]: _____ Flat Withholding [\$]: _____

Local Taxes: Authority Name: _____

If the employee moved within the current calendar year, while employed by you, please check here

DIRECT DEPOSIT(S):

To activate Direct Deposit, please complete. (We'll create a check if blank)



Account Type	Write in \$ amount or "net pay"	Routing Number (9 digits)	Account Number	Bank Name
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				

Any "remainder" will be paid by check.