



EMPLOYEE SET UP INFORMATION

CLIENT ID _____

CLIENT NAME _____

DIVISION _____ BRANCH _____ DEPT _____

LAST NAME _____

FIRST NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

SSN _____

GENDER _____ HIRE DATE _____

BIRTHDATE _____

FEDERAL STATUS: _____ MARRIED _____ SINGLE

_____ EXEMPTIONS _____ ADDITIONALS

STATE STATUS: _____ MARRIED _____ SINGLE

_____ EXEMPTIONS _____ ADDITIONALS

SALARY PER PAY PERIOD _____

HOURLY RATE _____

DEDUCTIONS _____