



New Employee Payroll Set-Up Form

APP-E1

Employer Name:

Employee Name:		Home Phone:		
Address:				
				Date:
SS#	Hire Date:	Term Date:	Department:	Division:
Sarary Rate:	Hourly Rate:	Commission:	Fed Exemption	State Exemptions
Single	Married	Sex	Workers Comp:	EIC 1099 W-2

Mid-Year Take Over Information

QTD Income		YTD Income		Federal Flat Tax Amount Per Pay Period	
QTD FICA		YTD FICA		State Flat Tax Amount Per Pay Period	
QTD MCAre		YTD MCAre		Federal Flat Tax Percentage Per Pay Period	
QTD Federal Withholding		YTD Federal Withholding		State Flat Tax Percentage Per Pay Period	
QTD State Withholding		YTD State Withholding		Flat Amount Per Pay Period	
QTD SDI		YTD SDI			
QTD Flex Plan		YTD Flex Plan		Flex Pre-Tax Amount Per Pay Period	
QTD 401(k) Plan Employee		YTD 401(k) Plan Employee		401(k) Pre-Tax Amount Per Pay Period	
QTD 410(k) Plan Employer		YTD 410(k) Plan Employer		401(k) Employer Amount Per Pay Period	
QTD Health Insurance		YTD Health Insurance		Health Insurance Amount Per Pay Period	

Other Deductions			
	Pay-Period	Quarter	Year-To-Date
	Pay-Period	Quarter	Year-To-Date
	Pay-Period	Quarter	Year-To-Date
	Pay-Period	Quarter	Year-To-Date
	Pay-Period	Quarter	Year-To-Date

Accrual Set-Up				
	Hourly	Pay-Period	Quarter	Year-To-Date
Vacation	Hourly	Pay-Period	Quarter	Year-To-Date
Sick	Hourly	Pay-Period	Quarter	Year-To-Date
Holiday	Hourly	Pay-Period	Quarter	Year-To-Date
Other	Hourly	Pay-Period	Quarter	Year-To-Date