

W2 Employee **Set Up** Form

Co Name:			
Company IID:			
Company Cod			
☐ New EE		Change	Rehire

	•			New EE	□ Change	□ Rehire		
Employee Information								
Legal Name:								
	ame, First Name, M.I.			Preferred Name				
C!+			Ctoto		7in.			
Dhono			State:		Zip:			
Home		Mobile		Work				
Email:		Hire Date:						
Social Security No:		Hire Date: Date of Birth: Sex:						
Payroll Information		☐ Seaso	nal 🗆 Full Ti	ime 🗆 F	Part Time 🗆	Temporary		
Hourly Rate:	Depar	tment:						
Salary Amt:	Depar	tment:						
Additional Amounts & Dep	-	oecify):		Oumar	Officer	□ Evaludad		
Workers Comp Class Code: ☐ Activate Etime - Ent		□ Punch	-	Owner [Time Zone:	□ Officer	☐ Excluded		
Activate Linie Lin	iry ivictriou.	□ Tullell	- Timecara	TITTIC ZOTIC	•			
Tax Information								
For Federal taxes please co	=			ormation)				
# State Allowances/Excepti	-		onal SIT amount	-				
SIT (income tax) State:			nemployment) S	· •				
Local Tax Description:								
Earnings/Deductions/G	Garnishmer	nts (please inclu	de garnishment ord	der)				
Name:		Amount (per payroll):	Pre/Post Tax:	Additional Information:				
1.		, , ,						
2.								
3.								
4.								
Direct Deposit Informa	tion							
Bank Name:	Checking/	Routing		Account		Amount		
	Savings:	Number:	Nι	Number:		(if any):		
1.								
2. 3.								
4.								

☐ Activate Employee Access