

Client Code \_\_\_\_\_

Client Name \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

### EMPLOYER SETUP FORM

#### CONTACT INFORMATION

Employer Name _____	
Address _____ City _____ State ____ Zip _____	
Phone (____) _____ - _____ Fax (____) _____ - _____	
Primary Contact:	Alternate Contact:
Name _____	Name _____
Title _____	Title _____
Phone (____) _____ - _____	Phone (____) _____ - _____
Cell Phone (____) _____ - _____	Cell Phone (____) _____ - _____
E-mail _____@_____.	E-mail _____@_____.

#### PAY SCHEDULE

Name	Frequency	Period End Date	1st Pay Date
	<input type="radio"/> Weekly <input type="radio"/> Biweekly <input type="radio"/> Semimonthly <input type="radio"/> Monthly	___/___/___	___/___/___

If pay date falls on a non-banking day:     Leave alone     Move to previous banking day     Move to next banking day

#### FEDERAL PAYMENT INFORMATION

EIN \_\_\_\_\_

EMPLOYER TYPE	FEDERAL PAYMENTS	EXEMPT
<input type="radio"/> Quarterly - 941 <input type="radio"/> Annual - 944	<input type="radio"/> Semi-Weekly <input type="radio"/> Monthly <input type="radio"/> with Form	<input type="checkbox"/> FUTA <input type="checkbox"/> SUTA

#### STATE PAYMENT INFORMATION

State 1 ____	Employer ID _____      Unemployment Account Number _____ Payment Frequency _____      SUTA Rate _____      Effective Date ___/___/___ Other Information _____ _____
State 2 ____	Employer ID _____      Unemployment Account Number _____ Payment Frequency _____      SUTA Rate _____      Effective Date ___/___/___ Other Information _____ _____

*(If more than 2 states or additional space required please use separate sheet)*

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**EMPLOYER SETUP FORM****PAY TYPES, DEFERRED COMPENSATION, DEDUCTIONS, AND PAYEES***(Circle all that apply)*

Pay Types	Deferred Compensation	Other Deductions	Default Amount	Payee / Frequency (PP= Per payroll, M=Monthly, Q=Quarterly)
Overtime	401-k	401-k Loan	\$ _____	_____
Holiday	401-k (50+)	Bankruptcy	\$ _____	_____
Vacation	Roth 401-k	Charity	\$ _____	_____
Sick	Roth 401-k (50+)	Child Support	\$ _____	_____
Personal	Simple 401-k	College Savings	\$ _____	_____
Bonus	Simple 401-k (50+)	Creditor Debt	\$ _____	_____
Commission	403-b	Dental Insurance	\$ _____	_____
Retroactive	403-b (50+)	Federal Tax Levy	\$ _____	_____
Cash Tips	Roth 403-b	FSA Dep. Care	\$ _____	_____
Paycheck Tips	Roth 403-b (50+)	FSA Medical	\$ _____	_____
Tip Allowance	457-b	Garnishment	\$ _____	_____
Add'l Wages	457-b (50+)	HSA	\$ _____	_____
Add'l Hourly	Roth 457-b	Loan	\$ _____	_____
Reimbursement	Roth 457-b (50+)	Medical Ins.	\$ _____	_____
Non-EE Comp.	SARSEP	Sec. 125 Plan	\$ _____	_____
Non-EE Hourly	SARSEP (50+)	State Tax Levy	\$ _____	_____
Non-EE Reimb.	SIMPLE IRA	Union Dues	\$ _____	_____
Allowance	SIMPLE IRA (50+)	Vision Ins.	\$ _____	_____
Other	501 (c) H	Other	\$ _____	_____

**CHECK PRINTING**

Employers wishing to print digital signatures on their checks should also submit the Digital Signature Form.

Print Name: <input type="radio"/> Employer only <input type="radio"/> DBA only <input type="radio"/> Both	
<b>Employer Bank Information</b> (for check printing only) Submit copy of cancelled check.	
<b>Pay Stub Preferences</b>	
<input type="checkbox"/> Suppress hours for salaried employees	<input type="checkbox"/> Suppress employer Federal EIN
<input type="checkbox"/> Suppress rates for salaried employees	<input type="checkbox"/> Print last 4-digits of social security number
<input type="checkbox"/> Suppress hours for hourly employees	<input type="checkbox"/> Include 401 (k) match

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### EMPLOYER SETUP FORM

#### EMPLOYER PREFERENCES

Password for email attachments (used for security when emailing tax forms and reports): _____		
Using Types:	<input type="checkbox"/> Locations	<input type="checkbox"/> Departments
Type (Loc. or Dept)	Code	Name

#### OTHER PERTINENT INFORMATION

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