# PATTERSON & COMPANY
## CERTIFIED PUBLIC ACCOUNTANTS

# EMPLOYEE SETUP/UPDATE FORM

**Date Submitted:** _____    **Employer:** _____

First Name _____ M.I. _____ Last Name _____

Address _____

City _____ State _____ Zip _____ Country _____

SSN _____ DOB _____ HIRE DATE _____

E-Mail _____

Marital Status:  ☐ Married    ☐ Single        Gender:  ☐ Male    ☐ Female

## LOCATION

Default Location _____    Department _____

Default Location _____    Department _____

## PAYROLL ITEMS

**PAY TYPE** *(select one)*:    ☐ Salary    ☐ Hourly

**Salary:** Annual Salary $ _____

**Hourly:** Rate Type _____    Rate Amount $ _____

Rate Type _____    Rate Amount $ _____

Rate Type _____    Rate Amount $ _____

Rate Type _____    Rate Amount $ _____

## DEDUCTION ITEMS

**Pre-Tax Items:**    Item Type _____    Item Amount $ _____

Item Type _____    Item Amount $ _____

Item Type _____    Item Amount $ _____

Item Type _____    Item Amount $ _____

**After-Tax Items:**    Item Type _____    Item Amount $ _____

Item Type _____    Item Amount $ _____

Item Type _____    Item Amount $ _____

Item Type _____    Item Amount $ _____

**Retirement Plan Employer Match:** Yes ☐    No ☐    Match % _____

## WITHHOLDING INFORMATION

**W-4 FEDERAL**

☐ Single    ☐ Married

☐ Married withhold at Single rate

Total Allowances (Box 5) _____ Additional w/h _____

**STATE WITHHOLDING**

Description _____

_____

Total Allowances _____ Additional w/h _____

## DIRECT DEPOSIT        OR        PAYCARD INFORMATION (10 digits)

☐ Please attach voided check for each account (no deposit tickets)

☐ Please attach Direct Deposit Authorization form

Card ID #: __ __ __ __ __ __ __ __ __ __