

RAHMING, HANCOCK, GRAHAM & ASSOCIATES LLC

Employee Information Set Up

Company Name: _____

New Change

Complete for each employee or provide a report with the following information. *Indicates required field

Date of birth and date of hire required for any retirement plan if using New Hire Reporting.

1. EMPLOYEE INFORMATION

Social Security# *: _____ Employee ID _____ Company ID _____

Last Name*: _____ First Name*: _____ MI: _____

DOB *: ____/____/____ Gender*: Male ____ Female ____ Phone # () ____ - ____

Address*: _____

City*: _____ State*: _____ Zip*: _____

Current Hire Date: _____ Termination Date: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Current Status Code:

Active Terminated Inactive /

Position Status:

Full Time Part Time /

Salary:

Salary \$ _____ Hourly _____

Pay Frequency:

Weekly Bi-Weekly Semi-Monthly Monthly Other

2. TAX WITHHOLDING STATUS

Federal Marital Status*

Single Married Married, but withholding at single rate /

Federal Exemptions*

Number: _____

Federal Withholdings

Flat rate Additional / \$ _____ _____ %

State Withholdings

Flat rate Additional / \$ _____ _____ %

State Marital Status

Single Married Married, but withholding at single rate /

State Exemptions*

Number: _____

SIT/SDI State

SUI

Local/County Tax

_____/_____/_____

3. RECURRING EARNINGS/DEDUCTIONS (Per pay period, in addition to standard tax deductions)

Description: _____ /

Select One:

Pre-Tax Post-Tax / \$ _____

Percentage

_____ %

Description: _____ /

Select One:

Pre-Tax Post-Tax / \$ _____

Percentage

_____ %

4. DIRECT DEPOSIT INFORMATION (It can take up to one pay roll for you to start receiving direct deposits)

Bank Name _____ /

Account Type

Checking Savings /

Amount to be deposited (\$ or %)

\$ _____ %

Routing/Transit Number (Must start with 0, 1, 2 or 3)

____/____/____/____/____/____/____/____

Account Number

____/____/____/____/____/____/____/____/____/____/____/____