

ATTENTION EMPLOYEES: After you complete this form, click FILE>SAVE AS. Then save the document as "LAST NAME-LAST 4 OF SS#". Please submit the document to your supervisor for approval. They will then send it to us for further processing. Otherwise, please print the form and present it to your hiring representative.

Thank you



PATTERSON & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

Employee Payroll Setup Form

First: _____ Middle: _____ Last: _____ Suffix: _____

Social Security #: _____ Birth date: _____

Marital Status: Single Married Gender: Male Female

Race: American Indian/Alaskan Asian Black/African American Hispanic/Latino
 Other Pacific Islander Two or more races White/Caucasian

Employee Type: Standard Independent Contractor Household Agriculture

Home Address

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address If different from Home

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Employment Information

National Store # If Applicable: _____ Department If Applicable: _____

Hire Date: _____ Last Raise Date: _____ Job Title: _____

Reporting Type Check all that apply:

Family of owner Probationary Uninsured for health care Officer Seasonal

Pay Rate: \$ Hourly Annually Monthly

Payroll Taxes

Filing Status: Single Married Married, but withhold at higher single rate

Total # of Allowances: _____ Additional Amount: \$ _____

Do any of the following apply?

Nonresident alien Federal tax exempt EIC Married filing jointly EIC other

Direct Deposit Please attach a VOIDED CHECK to ensure the accuracy of the account number

Bank Name: _____ Routing #: _____ Account #: _____

Type of Account: Checking Savings Paycard #: _____