

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 #: \_\_\_\_\_