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NEW EMPLOYEE SET-UP INFORMATION

CLIENT NUMBER: _____ CLIENT NAME: _____ SUBMITTED BY: _____
DATE: ____ / ____ / ____

Employee Number: _____ Last Name: _____ First: _____ MI: _____
(If no number is specified, PMI will use last 4 digits of SS#)

Address Line 1: _____ Address Line 2: _____

City: _____ State: _____ ZIP code: _____

Social Security Number _____ - _____ - _____ Sex (M or F): ____ Pay Cycle (weekly, biweekly, monthly, etc.): _____

Department: _____ Division: _____ Worker's Comp Code: _____

Tax Withholding Information (from form W-4):

Federal filing status (M or S): _____ Exemptions: _____ Additional FWT: _____ \$ or %

State filing status (M, S, B (both working)): _____ Exemptions: _____ Additional SWT: _____ \$ or %

Hourly/Salaried: _____ (H or S) Hourly rate: _____ or Salary per pay period: _____

Date of Hire: _____ Date of Birth: _____ Home Phone: () _____ - _____

Start vacation / sick / holiday / personal on this employee? _____

If yes, at what accrual rate? _____

Workers Compensation _____

Total accrued amount _____