



NEW EMPLOYEE SET-UP INFORMATION

Send this form securely by clicking [here](#)

CLIENT NUMBER: _____ CLIENT NAME: _____ SUBMITTED BY: _____

DATE: ____/____/____

Employee Number: _____ Social Security Number: _____ - _____ - _____

(If no number is specified, PMI will use last 4 digits of SS#)

Last Name: _____ First: _____ MI: _____

Address Line 1: _____ Address Line 2: _____

City: _____ State: _____ ZIP Code: _____

Gender (M or F) _____ Date of Birth: _____ Hire Date: _____

Email: _____ Home #: _____ Cell #: _____

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

Hourly Salary Hourly rate: _____ or Salary per pay period: \$ _____

Pay Cycle (weekly, biweekly, monthly, etc.): _____ Work State (state employee will physically be working): _____

Tax Withholding Information (from W-4 form):

Federal filing status (M, S, H): _____ W-4 Box 2: Y or N W-4 Box 3: _____

W-4 Box 4a: _____ W-4 Box 4b: _____ Additional FWT (W-4 Box 4c): _____ \$ or %

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

Ethnicity: White Black Hispanic Asian Other

Status: Full-time Part-time

Start vacation / sick / holiday / personal on this employee? Y N

If yes, at what accrual rate? _____

Total accrued amount: _____

Retirement Contribution: \$ or % _____

Remember to report new employees to your retirement plan administrator