



# Padgett Payroll – Employee Setup Form

Fields marked with \* are required.

## Employee Detail

\*Last Name: \_\_\_\_\_ \*City: \_\_\_\_\_  
\*First Name: \_\_\_\_\_ \*State: \_\_\_\_\_  
\*Address: \_\_\_\_\_ \*Zip: \_\_\_\_\_

## Employment Detail

\*Date of Hire: \_\_\_\_\_ \*Termination Date: \_\_\_\_\_  
\*Social Security #: \_\_\_\_\_ \*Company Paid Pension: \_\_\_\_\_  
\*Employee Status: \_\_\_\_\_ \*Statutory Employee: \_\_\_\_\_  
\*Date of Birth: \_\_\_\_\_ \*Gender: \_\_\_\_\_

## Federal Tax Detail

\*Marital Status:  Single  Married  Married but withhold at higher single rate  
\*Total Allowances: \_\_\_\_\_  
Tax Override:  Additional Amount Withheld Exempt: \_\_\_\_\_  
 Additional Percent Withheld Federal: \_\_\_\_\_  
 Flat \$ Amount FUTA: \_\_\_\_\_  
 Flat % Amount FICA: \_\_\_\_\_  
Tax Override Amount: \_\_\_\_\_  
Eligible for EIC:  Yes  No  
 Single  Married with both spouses withholding  Married without spouse withholding

## State Tax Detail

\*Marital Status:  Single  Married  State Specific (please provide details): \_\_\_\_\_  
\*Total Allowances: \_\_\_\_\_  
Tax Override:  Additional Amount Withheld Exempt: \_\_\_\_\_  
 Additional Percent Withheld SIT: \_\_\_\_\_  
 Flat \$ Amount SUI: \_\_\_\_\_  
 Flat % Amount SDI: \_\_\_\_\_  
Tax Override Amount: \_\_\_\_\_  
Eligible for EIC:  Yes  No  
 Single  Married with both spouses withholding  Married without spouse withholding

## Local Tax Detail

Jurisdiction: \_\_\_\_\_ EE live in jurisdiction:  Yes  No  
Rate: \_\_\_\_\_  
Jurisdiction: \_\_\_\_\_ EE live in jurisdiction:  Yes  No  
Rate: \_\_\_\_\_  
Jurisdiction: \_\_\_\_\_ EE live in jurisdiction:  Yes  No  
Rate: \_\_\_\_\_  
Exempt:  Yes  No



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## Payroll Details

\*Salary: \_\_\_\_\_  
or \*Hourly Rate: \_\_\_\_\_  
Department: \_\_\_\_\_  
\*Pay Frequency:  Weekly  Biweekly  Semi-monthly  Monthly  
\*Employee Status:  Full Time  Part Time  Temp  Terminated on: \_\_\_\_\_  
Standard Hours: \_\_\_\_\_

## Deductions

Description: _____	Amount per Pay Period: _____	Goal Amount: _____
Description: _____	Amount per Pay Period: _____	Goal Amount: _____
Description: _____	Amount per Pay Period: _____	Goal Amount: _____
Description: _____	Amount per Pay Period: _____	Goal Amount: _____

## Paid Time Off Tracking

Time Allowed: \_\_\_\_\_ Time Taken: \_\_\_\_\_