

Business Matters Employee Set up Form – Page 2 - Attach one for Each Employee

Select the Voluntary deductions that apply and enter the \$ or % Amount to be deducted from Each paycheck:

Deduction	\$ Amnt or% of Gross	Deduction	\$ Amnt or % of Gross
Pre-Tax Medical		403b	
Pre-Tax Vision		Simple IRA	
Pre-Tax Dental		SAR SEP	
Taxable Medical		Medical Exp FSA	
Taxable Vision		Dependent Care FSA	
Taxable Dental		Loan Repayment	
401K		Cash Advance Repay	
Simple 401k		Other:	

Is this employee subject to wage garnishments, such as a federal tax or child support garnishment?

Yes No If yes, attach copies of all garnishment orders

Sick And Vacation

If this employee earns paid time off, complete the section below, otherwise, leave blank.

Sick Pay

Vacation Pay

No hours Earned per year:
Max hours accrued per year:

No. of Hours Earned per year:
Max hours accrued per year:

Current Balance:

Current Balance:

Hours are accrued:

Hours are accrued:

As a lump sum at the beginnig of year
Each pay period
Each hour worked

As a lump sum at the beginning of year
Each Pay period
Each hour worked

Notes:

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Employee Name: _____ DOB: _____
Address: _____ Hire Date: _____
City, State, Zip: _____ Social SecurityNo.: _____
Email Address: _____ Gender: Female Male

Will this employee be paid by Direct Deposit? No Yes (attach Completed Direct Deposit Authorization Form)

Tax Information

Attach Completed Federal Form W-4
Attach Completed State withholding form (only if state filing status/withholdings are different from federal)
Specify any payroll taxes this employee is exempt from: _____

Pay Information

Pay Schedule: _____ Date or Days employee is paid: _____
Weekly (e.g. 1st and 15th of the month)
Every Other Week
Twice a Month
Once per Month
Other Period Covered by Pay date: _____
(e.g. Paycheck on the 1st covers thru the 16th)

Which Types of Pay does this employee receive?

Salary per	Bonus	Clergy Housing (Cash)
Hourly per hour	Commission	Clergy Housing (In Kind)
2 nd Hourly Rate per hour	Double OT	Bereavement Pay
Overtime	Allowance	Group Term Life Insurance
Sick	Reimbursement	S-Corp Owner's Health ins
Vacation	Cash Tips	Personal Use of Co. Car
Holiday	Paycheck Tips	Other: