

**Employee Setup Form**  
**Fax Completed Form to ChoicePay at 315-432-9866**

**Company Name:** \_\_\_\_\_

**Are You a Greater Than 2% Shareholder/Owner?:** \_\_\_\_\_

**Employee Information:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Employee Type:**     Full Time     Part Time     Temporary     Contract Only (1099)

**Employee Status:**     New Hire     Active     Inactive/Terminated

**Payment Method:**     Paper Check     Direct Deposit

**Pay Rate:**     Salary     Hourly  
Annual Amount: \$ \_\_\_\_\_    Regular Rate: \$ \_\_\_\_\_ Per Hour  
Overtime Rate: \$ \_\_\_\_\_ Per Hour

**Federal Tax Withholding:**

Filing Status:     Single     Married     Married But Withhold At Single Rate  
Allowances: \_\_\_\_\_    Extra Withholding: \$ \_\_\_\_\_

**State Tax Withholding:**

Filing Status:     Single/HOH     Married     Married But Withhold At Single Rate  
State Name: \_\_\_\_\_ Allowances: \_\_\_\_\_ Extra Withholding: \$ \_\_\_\_\_

**Deductions:** (Ex: Medical, Dental, Retirement Plan, Wage Garnishment, etc.)

Description: \_\_\_\_\_ \$ or % \_\_\_\_\_ Per Pay Period

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**Required Attachments:**

- COMPLETED AND SIGNED Federal Withholding Form (Form W-4)
- COMPLETED AND SIGNED State Withholding Form(s) (In NY, Form IT-2104)

**Attach Only If Applicable:**

- Direct Deposit Enrollment Form
- Copy of Court Order(s) For Wage Garnishment or Child Support Collection