

# Heartland

## Employee Setup & Maintenance Form

### Employment

Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee No.	Status	<b>Hire Date</b>	Service Date	Category	

### General

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	Gender	<b>Social Security No.</b>	<b>Birth Date</b>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address Line 1</b>	<b>Address Line 2</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

<input type="text"/>	<input type="text"/>
Email Address	Workers Comp. Code <i>(if applicable)</i>

**Bolded Fields** are required for payroll. For the *most accurate information*, complete all applicable fields.

### Pay

<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Payment Method:</b>	<input type="checkbox"/> Live Check	<input type="checkbox"/> Pre-Paid Card
Pay Group <i>(if applicable)</i>	Pay Frequency	Normal Hours		<input type="checkbox"/> Direct Deposit	

<b>Select One</b>	<input type="checkbox"/> <u>Pay Type: Hourly</u>	<input type="checkbox"/> <u>Pay Type: Salary</u>	<input type="checkbox"/> <u>Pay Type: 1099</u>
	<input type="text"/> <b>Regular Rate</b>	<input type="text"/> <b>Gross Salary</b>	<input type="text"/>
	<input type="text"/> <b>Alt. Rate</b>	<input type="checkbox"/> Per Pay <input type="checkbox"/> Annual	<input type="checkbox"/> <u>Pay Type: Other</u>
		<i>Select One</i>	<input type="text"/>

### Federal Income Tax

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Block Fed. Withholding
Filing Status <i>Box 1(c)</i>	Dependents (\$) <i>Box 3</i>	Deductions (\$) <i>Box 4b</i>	<a href="#">IRS Link: W-4 Form</a>
<input type="checkbox"/> Multiple Jobs <i>Box 2</i>	<input type="text"/> Other Income (\$) <i>Box 4a</i>	<input type="text"/> Add'l Withholding (\$) <i>Box 4c</i>	<input type="text"/>
			<i>Additional Federal Specific Notes</i>

### State Income Tax

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Address Verification
Work Location <i>(City, State)</i>	State Filing Status <i>(if applicable)</i>	State Exemption/Dependent <i>(if applicable)</i>	<input type="checkbox"/> Local Withholding
<b>State Withholding:</b> <small>Only applicable if state income tax and filing status are different from Federal. (If Local Withholding applies, please provide additional details.)</small>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> School District Taxes
<small><b>Disclaimer:</b> Check with your individual state tax agencies for the most current state filing forms.</small>	Alternative Amount <i>(% or \$)</i>	<input type="text"/>	<input type="checkbox"/> Block State Withholding
		<i>Additional State Specific Notes</i>	

### Additional Fields

<b>Health/Medical Plan:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Details/Contribution: <input type="text"/>
<b>Retirement Plan:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Details/Contribution: <input type="text"/>
<b>Org. &amp; Labor Fields:</b>	Division <input type="text"/>	Department <input type="text"/>
<b>Accrual Plans:</b>	<input type="checkbox"/> Sick Plan Name: <input type="text"/>	<input type="checkbox"/> PTO Plan Name: <input type="text"/>

**Direct Deposit:** additional form must be completed and submitted separately.

**Child Support Orders & Garnishments** must have court ordered documents.

<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Employee Signature</b>	<b>Employee Print Name</b>	<b>Date</b>