

EMPLOYEE SET-UP INFORMATION

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Company Name		Date of hire		
Employee Name		DOB	SSN	
Address		City	State	Zip
The employee is:	☐ S-Corp Shareholder	r C-Corp Shareholder	☐ LLC Member	☐ employee
The employee is:	☐ full time	□ part time		
PAY RATE				
Department (Manag	ger, Admin, Sales, Workei	r, Job)		
Salary Amount	ry Amount Hourly Rate 1		Hourly Rate 2	
			🗖 Pre Ta	x or 🗖 After Tax
TIME ACCRUAL: BEG	GINNING BALANCE (Ple	ease attach policy)		
Sick:	Vacation	n:	PTO:	
Other misc. info				
Please make sure all	l hand written informatio	on is legible, so information er	ntered will be accura	te. Thank you
	ITEMS	TO GATHER FROM EMPLOYE	E	
If brand new or re	ehire, we need current ye	ear W4s for Oregon and Fed a	llong with our PPI Di	rect Deposit Form

If current employee, we need existing, on file W4s for Oregon and Fed along with our PPI Direct Deposit Form