



certified public accountants + business advisors

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New Employee Information

Please fax completed form to Aspire CPAs at 317.469.4700
Or scan and email to payroll@aspirecpas.com

Original Hire Date: ___/___/___

SECTION 1 Employee Information
Employee Name: _____
Social Security Number: _____ Date of Birth: ___/___/___
Address: _____ Apt. No. _____
City: _____ State: _____ Zip: _____
Home Phone: _____-_____-_____ Work Phone: _____-_____-_____ Mobile Phone: _____-_____-_____
Email Address: _____
Person to contact in case of emergency: _____
Relation: _____ Emergency Phone: _____-_____-_____
Employee Authorization
I certify that the information provided is true to the best of my knowledge.
Signature Date _____

SECTION 2 To Be Completed By Client
Client Company: _____ Is employee eligible for benefits? Yes No
Department: _____ Position: _____ Work Comp Code: _____
Work Location Address: _____
Status: FT PT Intern Temporary Average Hours Worked / Week: _____
Pay Frequency: Weekly Bi-Weekly Semi-Monthly Monthly
Primary Pay Code: Hourly Salary Rate of Pay: _____
Secondary Pay Code: _____ Rate of Pay: _____
Supervisor's Signature _____