

New Employee Packet Checklist



SECTION 1

New EE Info

- Employee to complete, **must** sign and date.
- Client to complete Client Company section, must sign.

W-4 Form

- If Employee wants to be exempt, do not enter in box 3, 5 or 6.
- If Employee wants federal withholding, do not enter EXEMPT in box 7.
- If exempt, form needs to be completed each year.
- Employee must sign and date.

State Withholding Form

- Indiana Employees to enter county of residence and employment as of January 1st.
- Employees who live AND work in another state must complete tax form for their state of employment.
- Employee must sign and date.

Authorization for Direct Deposit

- Entire check must be direct deposit, multiple account designation available.
- Each account must have pre-printed ACH routing and account number from bank
- Pre-printed documents accepted:
 - COPY OF CHECK, LETTER FROM BANK OR DIRECT DEPOSIT FORM FROM BANK**
 - EMPLOYEE MUST SIGN AUTHORIZATION FORM**
 - DEPOSIT SLIPS WILL NOT BE ACCEPTED**

I-9 Form & Self Identification Form

(To be retained by Employer – DO NOT Return to Aspire CPAs)

- Employee to complete section 1, must sign and date.
Employer to complete remainder of the form.
- Make sure appropriate identification is supplied with this form (see List of Acceptable Documents), include with I-9 Form.

Return By e-mail to payroll@aspirecpas.com

If unable to return by e-mail please

Return By Fax: 317-469-4700



certified public accountants + business advisors

8425 Woodfield Crossing Blvd., Suite 110
Indianapolis, IN 46240
Phone: 317.469.4500
Toll Free: 1.888.823.7626
Fax: 317.469.4700
www.aspirecpas.com

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 _____

Direct Deposit Authorization



SECTION 1	<p>Employee Information</p> <p>Employee Name: _____</p> <p>Client Company: _____ Social Security Number: ____/____/____</p> <p style="text-align: center;">*Copy of check or pre-printed bank verification required for each account.</p>
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SECTION 2	<p>Account 1 Check one: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account</p> <p>Bank Name: _____</p> <p>ACH Routing Number: _____</p> <p>Account Number: _____</p> <p>Amount to Deposit: \$ _____ or _____ % of net pay</p> <p>Action:</p> <p><input type="checkbox"/> Add New Account</p> <p><input type="checkbox"/> Delete Account</p> <p><input type="checkbox"/> Change Amount</p>
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SECTION 3	<p>Account 1 Check one: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account</p> <p>Bank Name: _____</p> <p>ACH Routing Number: _____</p> <p>Account Number: _____</p> <p>Amount to Deposit: \$ _____ or _____ % of net pay</p> <p>Action:</p> <p><input type="checkbox"/> Add New Account</p> <p><input type="checkbox"/> Delete Account</p> <p><input type="checkbox"/> Change Amount</p>
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SECTION 4	<p>Account 1 Check one: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account</p> <p>Bank Name: _____</p> <p>ACH Routing Number: _____</p> <p>Account Number: _____</p> <p>Amount to Deposit: \$ _____ or _____ % of net pay</p> <p>Action:</p> <p><input type="checkbox"/> Add New Account</p> <p><input type="checkbox"/> Delete Account</p> <p><input type="checkbox"/> Change Amount</p>
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SECTION 5	<p>Authorization</p> <p>I hereby authorize Aspire CPAs to transfer electronic debits and credits to the bank accounts noted above. I grant Aspire CPAs the right to correct any erroneous overpayments by debiting my account.</p> <p>Employee Signature: _____ Date: _____</p>
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Self-Identification



The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. The EEOC has recently announced several changes to the job categories and rearranged its race and ethnicity groupings. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Aspire CPAs. Please return the completed form to Aspire CPAs.

SECTION 1	Requestor Information
	Last Name: _____ First Name: _____ M.I.: _____
	SSN: _____ -- _____ -- _____ Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Position : _____ Date Completed: _____

SECTION 2	Race/Ethnicity
	<i>(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)</i>
	<input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
	<input type="checkbox"/> White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
	<input type="checkbox"/> Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
	<input type="checkbox"/> Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
<input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South American (including Central America) and who maintain tribal affiliation or community attachment.	
<input type="checkbox"/> Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.	