

Echelon Accounting

— TOP TIER TAX & PAYROLL SERVICES —

EMPLOYEE INFORMATION

Social Security Number _____

Full Legal Name _____

Mailing Address _____

City, State, ZIP _____

Email Address _____

1) ALL FIELDS ARE REQUIRED, 2) PLEASE PRINT CLEARLY, 3) PO BOXES ARE NOT ACCEPTED, 4) YOUR EMAIL ADDRESS WILL ONLY BE USED TO SETUP A WEB PORTAL SO THAT YOU CAN RETRIEVE YOUR PAYSTUBS AND W-2'S ONLINE THROUGH A BROWSER OR ON YOUR PHONE THROUGH THE APP

COMPENSATION

Are you a full time or part time employee?

FULL PART

Are you being paid through Direct Deposit?

YES NO

Are you paid on a **SALARY** or **HOURLY** basis?

SALARY HOURLY

IF **SALARY**, what is your gross annual salary?

_____ Per Year

IF **HOURLY**, what is your hourly pay rate?

_____ Per Hour

On what date were you first hired?

WITHHOLDING

Complete the Federal Form W-4 and return it to your employer so they can send it to us:

- Federal Form W-4: **Be sure to fill in part 1 and part 5 at a minimum.** Other parts are optional.

Complete the Federal Form I-9 and give it to your employer for their records:

- Federal Form I-9: Be sure to complete the form and include copies of **two forms of ID.**

WE WILL USE THE HIGHEST STATE LEVEL WITHHOLDING UNLESS OTHERWISE INSTRUCTED

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DIRECT DEPOSIT AUTHORIZATION

I (print your name), _____, hereby authorize my employer and its agents, including financial institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any entries in error to my bank accounts listed below. I understand that I am also authorizing the direct deposit of my paycheck and that it is my responsibility to contact my bank to verify the receipt of funds. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation. By signing at the bottom of this form I indicate that I have read, understood, and agree to these statements.

| ORDER | BANK NAME | TYPE | ID NUMBERS | \$ | % |
|---|-----------|-----------------------------------|---------------|----|---|
| 1ST | | <input type="checkbox"/> Checking | Routing: | \$ | % |
| | | <input type="checkbox"/> Savings | Account: | | |
| 2ND | | <input type="checkbox"/> Checking | Routing: | \$ | % |
| | | <input type="checkbox"/> Savings | Account: | | |
| 3RD | | <input type="checkbox"/> Checking | Routing: | \$ | % |
| | | <input type="checkbox"/> Savings | Account: | | |
| Any Remaining Funds Will Be Deposited To The "1ST" Account By Default | | | TOTAL: | \$ | % |

GOVERNMENT REGULATIONS RESTRICT SOME ELIGIBLE BANKS FOR DIRECT DEPOSIT PURPOSES. WE CANNOT OFFER DIRECT DEPOSIT TO EITHER 1) FOREIGN BANKS, OR 2) U.S. FINANCIAL INSTITUTIONS WHERE THE ENTIRE AMOUNT WILL BE FORWARDED TO A BANK ACCOUNT LOCATED IN ANOTHER COUNTRY. EMPLOYEES ASSOCIATED WITH THESE TYPES OF FOREIGN ORGANIZATIONS WILL NOT BE ELIGIBLE FOR DIRECT DEPOSIT.

I understand and agree to everything on this form.

Signature _____ Date _____

ATTACH A VOIDED CHECK FOR EACH ACCOUNT