

RETURN TO LEVEL: Fed W-4, Indiana WH-4, Direct Deposit Authorization, and Employer Check List

EMPLOYER: Verify the employee and keep the I-9 form for your records.

Dear Employer,

This New Hire packet includes forms required by the Federal and State government that must be filled out by each new employee, and employer forms. The following forms are included with this packet:

Form W-4 (Employee's Withholding Allowance Certificate): This form informs the employer on how the employee would like federal income withheld from each pay.

Form WH-4 & Instructions (Employee's Withholding Exemption and County Status Certificate): This form informs the employer of how the employee would like state income tax withheld from each pay. This form also informs the employer on what county the employee lives in to determine the percentage of withholding for that county.

Employee Direct Deposit Form: We require employees to be paid via direct deposit.

Employer Check List: Verified employee information and pay rate.

Form I-9 & Instructions (Employee Eligibility Verification): This form is used to determine the eligibility of an employee to work in the United States. This form must be kept on file by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration – Related Unfair Employment Practices. Employer failure to have this form on file can result in a fine of \$100 per I-9 form.

As the employer it is your responsibility to make sure this packet is complete and legible.

Thank you for allowing Level CPAs and Advisors to assist you with your payroll needs. If you have any questions, please feel free to call.



To be completed by the employer or employer's designee.

Employee Name: \_\_\_\_\_

Employee Start Date: \_\_\_\_\_

Employee Pay Rate: \_\_\_\_\_

Employee Position, Job Duties, Description: \_\_\_\_\_

Employer Initials: \_\_\_\_\_

# Authorization for Direct Deposits-Employee Form

This authorizes Level CPAs and Advisors (the "company") to send credit entries (and appropriate debit and adjustments entries), electronically or by any other commercially accepted method, to my account indicated below. This authorizes the financial institution holding the Account to post all such entries.

**\*All Information Must Be Legible\***

## Account

ACCOUNT TYPE (checking or savings) \_\_\_\_\_

EMPLOYEE BANK NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

**(MUST be the entire account number!)**

BANK ROUTING NUMBER \_\_\_\_\_

**This authorization will be in effect until The Company receives termination notification from the employer and has a reasonable opportunity to act on it.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_