



# Simple Accounting

## EMPLOYEE ADD/CHANGE FORM

Please make sure all fields are accurately completed. Missing data can result in payroll delays.

Employer Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Social Security Number:**  
 \_\_\_\_\_

**Hours this pay period:**

REGULAR	OVERTIME
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<input type="checkbox"/> Add
<input type="checkbox"/> Change
<input type="checkbox"/> Re-hire
<b>Employee #</b> _____



Salary: \_\_\_\_\_  
Per Pay Period

Hourly Rate: \_\_\_\_\_

Department: \_\_\_\_\_

Workers Comp Code #: \_\_\_\_\_

Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Male  Female

Full Time

Part Time

Temporary

Seasonal

Ag. 943

Work Visa: \_\_\_\_\_

### SICK LEAVE

Accrual

Other

Hours Used YTD \_\_\_\_\_

Hours Available \_\_\_\_\_

## FEDERAL WITHHOLDING - FORM W-4

Single or Married filing separately

Married filing jointly

Head of household  
(Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Step 2: (c)

Step 3: Line 3 \$ \_\_\_\_\_

Step 4: 4(a) Other Income \$ \_\_\_\_\_

4(b) Deductions \$ \_\_\_\_\_

4(c) Extra Withholding \$ \_\_\_\_\_

*I had no federal income tax liability in \_\_\_\_\_ and I expect to have NO federal income tax liability in \_\_\_\_\_.*

EXEMPT

NON-RESIDENT ALIEN  
(See IRS NOTICE 1392)

IF YES, PLEASE CHECK ONE BELOW:

I worked before 2021 and I have NOT submitted a 2020 W-4 or earlier W-4.

I completed a 2021 W-4, and/or I began working in 2021 or later.

## STATE WITHHOLDING

Single or Married (with two or more incomes)

Married (one income)

Head of household



# Simple Accounting

## CLIENT AUTHORIZATION FOR SIMPLE ACCOUNTING TO DRAW FUNDS

Print name of Officer/Owner/ as shown on bank records: \_\_\_\_\_

Officer DOB: \_\_\_\_\_ Officer SSN: \_\_\_\_\_

Officer Address: \_\_\_\_\_

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

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

**ACKNOWLEDGMENT:** As a convenience to me, I hereby request and authorize SIMPLE ACCOUNTING to debit my account at my financial institution indicated by my voided check below. In the event that SIMPLE ACCOUNTING authorized withdrawal from said account is returned due to insufficient funds or for any other reason, Client agrees to reimburse INTUIT and or SIMPLE ACCOUNTING for all charges losses or expenses incurred by SIMPLE ACCOUNTING including attorney's fees plus minimum \$100 returned item fee charged by INTUIT. In addition, signer personally guarantees as authorized officer/agent/owner full reimbursement for all returned items. I agree to hold SIMPLE ACCOUNTING harmless from loss and agree to indemnify them. This authorization includes debits (and or corrections to previous debits) originated by check or Electronic Fund Transfer. I agree that transactions performed by SIMPLE ACCOUNTING in respect to each said debit shall be the same as if it were a check drawn on my account and signed personally by me. This shall be under no obligations to furnish me with any special advice or notice in writing or otherwise of such payment or charge to my account. I further understand that when using Electronic Fund Transfer for Direct Deposit of paychecks and /or payroll taxes in compliance with ACH regulations **the availability of funds is only guaranteed when initiated TWO banking days in advance of the effective date.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

**For direct deposit option we need and Employee Direct Deposit Authorization form from every employee. Simple Accounting will set up the direct deposit option, then Intuit will deposit an amount under \$1 to your account. Please let us know what that amount is and we can activate the direct deposit for your account.**

**Direct Deposit payroll needs to be submitted at least 3 business days before the paycheck date so that Intuit can transfer the funds on time. (For example if your pay period ends on the 15th of the month and the end of the month then the payroll date will be on the 5<sup>th</sup> and 20<sup>th</sup> of the month for semi-monthly payroll, or if you are every 2 weeks then your pay period will end on Saturday and payroll will be the following Friday.)**



# Simple Accounting

## EMPLOYEE AUTHORIZATION FOR DIRECT DEPOSIT

Employer Name: \_\_\_\_\_

### IMPORTANT:

Deposit slips ARE NOT acceptable documents for Direct Deposit.

# EMPLOYEE ATTACH VOIDED CHECK HERE

Bank Routing #

Account #

Bank Name (pay after taxes have been subtracted.)

Deposit Net

Pay

CHECKING  SAVINGS

Or Deposit Dollar Amount or Percentage %

*FOR ADDITIONAL DEPOSIT ACCOUNTS, PLEASE ATTACH A SEPARATE AUTHORIZATION.*

I hereby authorize my employer to deposit any amounts owed to me by initiating credit entries, through Simple Accounting, to my account(s) at my financial institution(s) indicated by my voided check, and banking information above. Further, I authorize my institution to accept credit entries sent on behalf of my employer to my account(s). I also authorize my employer and Simple Accounting to debit my account for any monies deposited in error. I understand it is my responsibility to verify the availability of my funds prior to creating checks or withdrawals against them. I understand that Simple Accounting is depositing my wages / salary for my convenience and that these deposits may be an advance of funds on behalf of my employer and are subject to funds being made available by my employer to Simple Accounting. If my employer does not have the funds immediately available to Simple Accounting, I authorize Simple Accounting to debit my account to recover the advance or any other funds deposited in error. I agree to hold Simple Accounting harmless from loss and agree to indemnify them.

**PAPERLESS OPTION** - In lieu of a paper check, please email a copy of my check stub and check (Adobe Reader Required). The file will be password protected with a system generated password that, it will be your first four digits of your last name and first four digits of your social security.

Email: \_\_\_\_\_ Employee Printed Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Authorizing Officer Signature: \_\_\_\_\_ Company Name: \_\_\_\_\_

**Please fax signed and completed form to SIMPLE ACCOUNTING**

**801-409-1310**