



Employee Packet (keep this folder for your records)

Inside this folder you will find the necessary forms to hire an employee in this program.

Please refer to the information provided in Sections 3 and 4 of your Employee Handbook.

Before a person can be hired as an employee, that person must be able to provide the services you need (Applicant Verification Form) and pass a criminal background check.

You will need to complete the following steps in order to hire an employee:

- Interview applicants and decide who you think would be the best fit for your particular needs.
- Have the person you decide to hire complete and send the following to Acumen:
 - ☐ Applicant Verification Form (your support coordinator will complete this with you)
 - ☐ I-9 Employment Eligibility Verification
 - Your employee fills out **Section I**.
 - As the Employer, you fill out **Section II**. Employers must enter the date the employee began or will begin work for pay on the I-9. If the actual date of hire (first date of providing services for pay) for the employee changes from the date entered, it is the employer's responsibility to correct and re-submit the form to Acumen within three days of the actual date of hire.
 - To review Frequently Asked Questions about Form I-9, please visit www.acumenfiscalagent.com, choose your state, and then find your program.
 - ☐ W-4 Employee's Withholding Allowance Certificate
 - ☐ L-4 State of Louisiana Employee Withholding Exemption Certificate
 - ☐ Pay Selection Agreement
 - ☐ Authorization for Direct Deposit/Pay Card (*send voided check or bank letter for direct deposit*)
 - ☐ Employment Application
 - ☐ Provider Agreement
 - ☐ Statement of Understanding of Tasks
 - ☐ Criminal Background Check Authorization
 - ☐ Employee Information Form

Examples of completed forms can be found in the back of this packet.

Your employee must clear a background check and direct service worker registry check prior to working in this program. Acumen will notify you, the employer, when this has been completed and your employee can begin working. Acumen is not authorized to process payments to employees that do not meet this requirement. Do not allow any work to be performed prior to this notification. It will take approximately 3-4 business days before an applicant is clear for hire. However, it could take longer due to the background check process. Please allow two weeks before scheduling your employee's first day of work to be sure all federal and state clearances have been received.

Employee State and Local Tax Withholding

Louisiana state and local income tax will be withheld from all employees' pay based on state and local income tax withholding guidelines. Employees who live in another state may be required to file and pay state withholding tax in Louisiana and the state in which they live. Individuals in this situation should consult a tax advisor with any concerns they may have about their state tax liability.

Employee Changes and Termination

Complete the Employee Change Form if an employee changes his or her name or address. Complete the Termination Form when an employee no longer works for you. These changes should be reported to Acumen as soon as possible. Fax or mail completed forms to Acumen. Remember, you must notify Acumen when you terminate an employee or when an employee stops working for you. You must also mail a completed "*Verification of Employment or Termination*" form to the Self Directed Program Manager. Please refer to Section 6 of your Employer Handbook.

Employee Files

Acumen recommends that you always make a copy of any forms you submit and that you keep these copies in a safe place, as they contain sensitive and personal information. Please refer to Section 2 of your Employer Handbook.

Confidentiality and Protection of Records

Employees must not disclose or knowingly permit the disclosure of any information concerning the participant, the employer, or his/her family to any unauthorized person.

Benefits

Your employees may be eligible for healthcare benefits such as Major Medical, Limited Medical, Dental and other health benefits. Acumen has partnered with a company that provides these benefits to employees even if your employee does not work full time. Please contact us for more information.

Earned Income Credit

Some employees are eligible for Earned Income Tax Credit (EITC). EITC is a refundable federal income tax credit for low to moderate income working individuals and families. To qualify, taxpayers must meet certain requirements and file a tax return, even if they do not have a filing requirement. To learn more about the rules and income limits to qualify for EITC, contact the IRS at www.irs.gov/eitc or call (800) 829-1040.

Progress Notes

Progress notes are notes that describe the participant's day-to-day activities and progress toward achieving personal outcomes, as identified in the approved Plan of Care. All employees must complete progress notes. Progress notes must include sufficient content and must:

- Reflect descriptions of activities, procedures, and incidents
- Give a picture of the service provided
- Show progress toward personal outcomes
- Record any changes in medical condition, behavior, or home situation which may indicate a need for reassessment and Plan of Care change,
- Record any changes or deviations from the Typical Weekly Schedule in the approved Plan of Care, and
- Reflect each entry on the timesheet



Checklists alone are not adequate documentation for progress notes. The following examples of general terms when used alone are **not** sufficient content for progress notes:

- “Supported *participant*” or “Assisted *participant*”
- “*Participant* is doing fine” or “*Participant* had a good day”
- “Prepared meals”

All progress note entries must be legible and written in ink. They must also include the name, title, and legible signature of the person making the entry and the full date of the documentation. Progress notes do **not** need to be submitted to Acumen. Your support coordinator will review progress notes every quarter to monitor progress toward personal goals. Please refer to Section 2 (Service Documentation) in your Employer Handbook.



Acumen Fiscal Agent, LLC.

5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206

Toll-Free Phone: (855) 514-9938

Toll-Free Fax: (866) 923-5334

TTY: (888) 853-0010

customerservice@acumen2.net

www.acumenfiscalagent.com

EMPLOYMENT APPLICATION

PARTICIPANT'S NAME: _____

PERSONAL INFORMATION:

APPLICANT'S NAME: _____ DATE: _____
STREET ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____ SOCIAL SECURITY #: _____
HOME PHONE NUMBER: _____ OTHER: _____
E-MAIL ADDRESS: _____

EMPLOYMENT ELIGIBILITY:

Are you interested in serving as a (check all that apply):

_____ Full-time employee? _____ Part-time employee? _____ Backup employee?

Are you currently employed: _____ YES _____ NO

Date available for employment: _____ How many hours a week can you work? _____

Are you 18 years of age or older? _____ YES _____ NO

LICENSES AND CERTIFICATIONS:

Do you have a valid Louisiana driver's license? _____ YES _____ NO

Are you willing to complete all required training? _____ YES _____ NO

EDUCATION:

High School Graduate or equivalent (GED)? _____ YES _____ NO

Vocational/Business School? _____ YES _____ NO

if yes, field of study: _____ # of months: _____ completion date: _____

College? _____ YES _____ NO College Graduate? _____ YES _____ NO

if yes, degree: _____ completion date: _____

LIST THREE PERSONAL REFERENCES:

(Name) (Address) (Phone Number)

(Name) (Address) (Phone Number)

(Name) (Address) (Phone Number)

LIST PREVIOUS JOBS YOU HAVE HAD (BEGINNING WITH MOST RECENT):

EMPLOYER'S NAME: _____
DATES OF EMPLOYMENT: _____
EMPLOYER'S ADDRESS: _____
SUPERVISOR'S NAME: _____ PHONE NUMBER: _____
LIST OF JOB DUTIES: _____
REASON FOR LEAVING: _____

EMPLOYER'S NAME: _____
DATES OF EMPLOYMENT: _____
EMPLOYER'S ADDRESS: _____
SUPERVISOR'S NAME: _____ PHONE NUMBER: _____
LIST OF JOB DUTIES: _____
REASON FOR LEAVING: _____

EMPLOYER'S NAME: _____
DATES OF EMPLOYMENT: _____
EMPLOYER'S ADDRESS: _____
SUPERVISOR'S NAME: _____ PHONE NUMBER: _____
LIST OF JOB DUTIES: _____
REASON FOR LEAVING: _____

BRIEFLY LIST REASONS YOU SHOULD BE CONSIDERED FOR THIS JOB:

APPLICANT ACKNOWLEDGEMENT

You ___ may ___ may not contact my current employer. If not, reason: _____

If offered a position, will you be able to be at work on time and according to the schedule discussed? ___ Yes ___ No

Comments: _____

I, _____ (print name), the applicant certify that the *information provided is true and correct* to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if employer has employed me, no matter when discovered by employer. I also acknowledge that *a criminal background history check is required* and that some convictions prevent employment. I also acknowledge that I may be required to keep certain certifications current and may be required to complete additional training as a condition of my employment.

I authorize this potential employer to investigate all statements contained in this application, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation, without giving me prior notice of such disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or this employer. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon this employer unless made in writing.

Signature: _____ Date: _____

Louisiana Self-Direction Option
Children's Choice Waiver
Applicant Verification Form

| |
|---------------------------|
| APPLICANT NAME: |
| PARTICIPANT NAME: |
| SUPPORT COORDINATOR NAME: |

The potential employee/applicant must meet the following required qualifications:

1. Be at least eighteen (18) years of age.
2. Have a high school diploma, GED, or trade school diploma in the area of human services, has demonstrated competency, or has verifiable work experience in providing support to individuals with disabilities.
3. Be able to complete the tasks listed on the participant's Plan of Care.
4. Must not be the employer.
5. Must not be the participant or the participant's spouse.
6. Must not be an authorized representative.
7. Must not live in the same household as the participant.
8. Must pass criminal history background and direct service workers registry checks, as well as Federal and State exclusion lists. The fiscal/employer agent will verify that the applicant is not barred from employment based on the results of the criminal background check.
9. If employee is a relative, they must meet the same guidelines and requirements as all paid staff (pass background checks, not live in same house as participant, able to complete tasks on Plan of Care, etc.).

The fiscal agent will verify that the applicant is not barred from employment based on the results of the criminal background check. **The participant/employer may not allow any potential employee to begin working for him/her until the fiscal agent clears the potential employee for hire.** It will take approximately four (4) business days for the fiscal agent to clear an applicant to begin working once the required paperwork is received.

By signing below, I attest that the employee meets the listed qualifications above.

EMPLOYER'S NAME (PLEASE PRINT)

EMPLOYER'S SIGNATURE

DATE



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

| | | | | | | | |
|---|-----------------------------|---|--------------------------|----------------------------|--------------------------------|---|----------|
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial (if any) | Other Last Names Used (if any) | | |
| Address (Street Number and Name) | | | Apt. Number (if any) | City or Town | | State | ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | | Employee's Email Address | | | Employee's Telephone Number | |
| I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct. | | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): | | | | | |
| | | <input type="checkbox"/> 1. A citizen of the United States | | | | | |
| | | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) | | | | | |
| | | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) | | | | | |
| | | <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) | | | | | |
| | | If you check Item Number 4. , enter one of these: | | | | | |
| | | USCIS A-Number | OR | Form I-94 Admission Number | OR | Foreign Passport Number and Country of Issuance | |
| Signature of Employee | | | | | Today's Date (mm/dd/yyyy) | | |

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| List A | | OR | List B | AND | List C | |
|--|--|------------------------|--|-----|---------------------------------------|--|
| Document Title 1 | | | | | | |
| Issuing Authority | | | | | | |
| Document Number (if any) | | | | | | |
| Expiration Date (if any) | | | | | | |
| Document Title 2 (if any) | | Additional Information | | | | |
| Issuing Authority | | | | | | |
| Document Number (if any) | | | | | | |
| Expiration Date (if any) | | | | | | |
| Document Title 3 (if any) | | | | | | |
| Issuing Authority | | | | | | |
| Document Number (if any) | | | | | | |
| Expiration Date (if any) | | | | | | |
| <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | | | | | | |
| Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States. | | | | | First Day of Employment (mm/dd/yyyy): | |
| Last Name, First Name and Title of Employer or Authorized Representative | | | Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) | |
| Employer's Business or Organization Name | | | Employer's Business or Organization Address, City or Town, State, ZIP Code | | | |

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

| LIST A | | LIST B | LIST C |
|--|----|---|--|
| Documents that Establish Both Identity and Employment Authorization | OR | Documents that Establish Identity | AND Documents that Establish Employment Authorization |
| 1. U.S. Passport or U.S. Passport Card | | 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | | 3. School ID card with a photograph | 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| 4. Employment Authorization Document that contains a photograph (Form I-766) | | 4. Voter's registration card | 4. Native American tribal document |
| 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. | | 5. U.S. Military card or draft record | 5. U.S. Citizen ID Card (Form I-197) |
| | | 6. Military dependent's ID card | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | 7. U.S. Coast Guard Merchant Mariner Card | 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document. |
| | | 8. Native American tribal document | |
| | | 9. Driver's license issued by a Canadian government authority | |
| | | For persons under age 18 who are unable to present a document listed above: | |
| | | 10. School record or report card | |
| | | 11. Clinic, doctor, or hospital record | |
| | | 12. Day-care or nursery school record | |
| Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274. | | | |
| <ul style="list-style-type: none">• Receipt for a replacement of a lost, stolen, or damaged List A document.• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.• Form I-94 with "RE" notation or refugee stamp issued to a refugee. | OR | Receipt for a replacement of a lost, stolen, or damaged List B document. | Receipt for a replacement of a lost, stolen, or damaged List C document. |

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027

| | | |
|--|--|---|
| Last Name (<i>Family Name</i>) from Section 1 . | First Name (<i>Given Name</i>) from Section 1 . | Middle initial (if any) from Section 1 . |
|--|--|---|

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|---|----------------------------------|----------------------------|----------------------------------|
| Signature of Preparer or Translator | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|---|----------------------------------|----------------------------|----------------------------------|
| Signature of Preparer or Translator | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|---|----------------------------------|----------------------------|----------------------------------|
| Signature of Preparer or Translator | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|---|----------------------------------|----------------------------|----------------------------------|
| Signature of Preparer or Translator | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |



Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

| | | |
|---|---|--|
| Last Name (<i>Family Name</i>) from Section 1. | First Name (<i>Given Name</i>) from Section 1. | Middle initial (if any) from Section 1. |
|---|---|--|

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

| | | | |
|--|--|--|--|
| Date of Rehire (<i>if applicable</i>) | New Name (<i>if applicable</i>) | | |
| Date (<i>mm/dd/yyyy</i>) | Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | Middle Initial |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below. | | | |
| Document Title | Document Number (if any) | Expiration Date (if any) (<i>mm/dd/yyyy</i>) | |
| I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. | | | |
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (<i>mm/dd/yyyy</i>) | |
| Additional Information (Initial and date each notation.) | | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

| | | | |
|--|--|--|--|
| Date of Rehire (<i>if applicable</i>) | New Name (<i>if applicable</i>) | | |
| Date (<i>mm/dd/yyyy</i>) | Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | Middle Initial |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below. | | | |
| Document Title | Document Number (if any) | Expiration Date (if any) (<i>mm/dd/yyyy</i>) | |
| I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. | | | |
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (<i>mm/dd/yyyy</i>) | |
| Additional Information (Initial and date each notation.) | | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

| | | | |
|--|--|--|--|
| Date of Rehire (<i>if applicable</i>) | New Name (<i>if applicable</i>) | | |
| Date (<i>mm/dd/yyyy</i>) | Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | Middle Initial |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below. | | | |
| Document Title | Document Number (if any) | Expiration Date (if any) (<i>mm/dd/yyyy</i>) | |
| I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. | | | |
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (<i>mm/dd/yyyy</i>) | |
| Additional Information (Initial and date each notation.) | | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2025**Step 1:****Enter
Personal
Information****Physical
Address
Required
(No P.O. Box)**

| | | |
|---|-----------|---|
| (a) First name and middle initial | Last name | (b) Social security number |
| Address | | Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| City or town, state, and ZIP code | | |
| (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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.) | | |

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:**Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

If applicable -->

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3:**Claim
Dependent
and Other
Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500 \$

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$**Required field
even if "0".****Step 4****(optional):****Other
Adjustments****Optional.
Please refer
to the
instructions.**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(a) \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b) \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period

4(c) \$

If filing exempt, leave Steps 2, 3 & 4 blank. Write EXEMPT here -->

Step 5:**Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)**Date****Employers
Only**

Employer's name and address

First date of
employmentEmployer identification
number (EIN)**Employer
Name Here** →

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

| | | | | | |
|---|--|---|-----------|----------|----------|
| { | <ul style="list-style-type: none"> • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately | } | | 2 | \$ _____ |
|---|--|---|-----------|----------|----------|
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$0 | \$700 | \$850 | \$910 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 |
| \$10,000 - 19,999 | 0 | 700 | 1,700 | 1,910 | 2,110 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 3,220 |
| \$20,000 - 29,999 | 700 | 1,700 | 2,760 | 3,110 | 3,310 | 3,420 | 3,420 | 3,420 | 3,420 | 3,420 | 4,420 | 5,420 |
| \$30,000 - 39,999 | 850 | 1,910 | 3,110 | 3,460 | 3,660 | 3,770 | 3,770 | 3,770 | 3,770 | 4,770 | 5,770 | 6,770 |
| \$40,000 - 49,999 | 910 | 2,110 | 3,310 | 3,660 | 3,860 | 3,970 | 3,970 | 3,970 | 4,970 | 5,970 | 6,970 | 7,970 |
| \$50,000 - 59,999 | 1,020 | 2,220 | 3,420 | 3,770 | 3,970 | 4,080 | 4,080 | 5,080 | 6,080 | 7,080 | 8,080 | 9,080 |
| \$60,000 - 69,999 | 1,020 | 2,220 | 3,420 | 3,770 | 3,970 | 4,080 | 5,080 | 6,080 | 7,080 | 8,080 | 9,080 | 10,080 |
| \$70,000 - 79,999 | 1,020 | 2,220 | 3,420 | 3,770 | 3,970 | 5,080 | 6,080 | 7,080 | 8,080 | 9,080 | 10,080 | 11,080 |
| \$80,000 - 99,999 | 1,020 | 2,220 | 3,420 | 4,620 | 5,820 | 6,930 | 7,930 | 8,930 | 9,930 | 10,930 | 11,930 | 12,930 |
| \$100,000 - 149,999 | 1,870 | 4,070 | 6,270 | 7,620 | 8,820 | 9,930 | 10,930 | 11,930 | 12,930 | 14,010 | 15,210 | 16,410 |
| \$150,000 - 239,999 | 1,870 | 4,240 | 6,640 | 8,190 | 9,590 | 10,890 | 12,090 | 13,290 | 14,490 | 15,690 | 16,890 | 18,090 |
| \$240,000 - 259,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,100 | 18,300 |
| \$260,000 - 279,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,100 | 18,300 |
| \$280,000 - 299,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,100 | 18,300 |
| \$300,000 - 319,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,170 | 19,170 |
| \$320,000 - 364,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,470 | 14,470 | 16,470 | 18,470 | 20,470 | 22,470 |
| \$365,000 - 524,999 | 2,790 | 6,290 | 9,790 | 12,440 | 14,940 | 17,350 | 19,650 | 21,950 | 24,250 | 26,550 | 28,850 | 31,150 |
| \$525,000 and over | 3,140 | 6,840 | 10,540 | 13,390 | 16,090 | 18,700 | 21,200 | 23,700 | 26,200 | 28,700 | 31,200 | 33,700 |

Single or Married Filing Separately

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$200 | \$850 | \$1,020 | \$1,020 | \$1,020 | \$1,370 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$2,040 |
| \$10,000 - 19,999 | 850 | 1,700 | 1,870 | 1,870 | 2,220 | 3,220 | 3,720 | 3,720 | 3,720 | 3,720 | 3,890 | 4,090 |
| \$20,000 - 29,999 | 1,020 | 1,870 | 2,040 | 2,390 | 3,390 | 4,390 | 4,890 | 4,890 | 4,890 | 5,060 | 5,260 | 5,460 |
| \$30,000 - 39,999 | 1,020 | 1,870 | 2,390 | 3,390 | 4,390 | 5,390 | 5,890 | 5,890 | 6,060 | 6,260 | 6,460 | 6,660 |
| \$40,000 - 59,999 | 1,220 | 3,070 | 4,240 | 5,240 | 6,240 | 7,240 | 7,880 | 8,080 | 8,280 | 8,480 | 8,680 | 8,880 |
| \$60,000 - 79,999 | 1,870 | 3,720 | 4,890 | 5,890 | 7,030 | 8,230 | 8,930 | 9,130 | 9,330 | 9,530 | 9,730 | 9,930 |
| \$80,000 - 99,999 | 1,870 | 3,720 | 5,030 | 6,230 | 7,430 | 8,630 | 9,330 | 9,530 | 9,730 | 9,930 | 10,130 | 10,580 |
| \$100,000 - 124,999 | 2,040 | 4,090 | 5,460 | 6,660 | 7,860 | 9,060 | 9,760 | 9,960 | 10,160 | 10,950 | 11,950 | 12,950 |
| \$125,000 - 149,999 | 2,040 | 4,090 | 5,460 | 6,660 | 7,860 | 9,060 | 9,950 | 10,950 | 11,950 | 12,950 | 13,950 | 14,950 |
| \$150,000 - 174,999 | 2,040 | 4,090 | 5,460 | 6,660 | 8,450 | 10,450 | 11,950 | 12,950 | 13,950 | 15,080 | 16,380 | 17,680 |
| \$175,000 - 199,999 | 2,040 | 4,290 | 6,450 | 8,450 | 10,450 | 12,450 | 13,950 | 15,230 | 16,530 | 17,830 | 19,130 | 20,430 |
| \$200,000 - 249,999 | 2,720 | 5,570 | 7,900 | 10,200 | 12,500 | 14,800 | 16,600 | 17,900 | 19,200 | 20,500 | 21,800 | 23,100 |
| \$250,000 - 399,999 | 2,970 | 6,120 | 8,590 | 10,890 | 13,190 | 15,490 | 17,290 | 18,590 | 19,890 | 21,190 | 22,490 | 23,790 |
| \$400,000 - 449,999 | 2,970 | 6,120 | 8,590 | 10,890 | 13,190 | 15,490 | 17,290 | 18,590 | 19,890 | 21,190 | 22,490 | 23,790 |
| \$450,000 and over | 3,140 | 6,490 | 9,160 | 11,660 | 14,160 | 16,660 | 18,660 | 20,160 | 21,660 | 23,160 | 24,660 | 26,160 |

Head of Household

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$450 | \$850 | \$1,000 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,870 | \$1,870 | \$1,870 | \$1,890 |
| \$10,000 - 19,999 | 450 | 1,450 | 2,000 | 2,200 | 2,220 | 2,220 | 2,220 | 3,180 | 4,070 | 4,070 | 4,090 | 4,290 |
| \$20,000 - 29,999 | 850 | 2,000 | 2,600 | 2,800 | 2,820 | 2,820 | 3,780 | 4,780 | 5,670 | 5,690 | 5,890 | 6,090 |
| \$30,000 - 39,999 | 1,000 | 2,200 | 2,800 | 3,000 | 3,020 | 3,980 | 4,980 | 5,980 | 6,890 | 7,090 | 7,290 | 7,490 |
| \$40,000 - 59,999 | 1,020 | 2,220 | 2,820 | 3,830 | 4,850 | 5,850 | 6,850 | 8,050 | 9,130 | 9,330 | 9,530 | 9,730 |
| \$60,000 - 79,999 | 1,020 | 3,030 | 4,630 | 5,830 | 6,850 | 8,050 | 9,250 | 10,450 | 11,530 | 11,730 | 11,930 | 12,130 |
| \$80,000 - 99,999 | 1,870 | 4,070 | 5,670 | 7,060 | 8,280 | 9,480 | 10,680 | 11,880 | 12,970 | 13,170 | 13,370 | 13,570 |
| \$100,000 - 124,999 | 1,950 | 4,350 | 6,150 | 7,550 | 8,770 | 9,970 | 11,170 | 12,370 | 13,450 | 13,650 | 14,650 | 15,650 |
| \$125,000 - 149,999 | 2,040 | 4,440 | 6,240 | 7,640 | 8,860 | 10,060 | 11,260 | 12,860 | 14,740 | 15,740 | 16,740 | 17,740 |
| \$150,000 - 174,999 | 2,040 | 4,440 | 6,240 | 7,640 | 8,860 | 10,860 | 12,860 | 14,860 | 16,740 | 17,740 | 18,940 | 20,240 |
| \$175,000 - 199,999 | 2,040 | 4,440 | 6,640 | 8,840 | 10,860 | 12,860 | 14,860 | 16,910 | 19,090 | 20,390 | 21,690 | 22,990 |
| \$200,000 - 249,999 | 2,720 | 5,920 | 8,520 | 10,960 | 13,280 | 15,580 | 17,880 | 20,180 | 22,360 | 23,660 | 24,960 | 26,260 |
| \$250,000 - 449,999 | 2,970 | 6,470 | 9,370 | 11,870 | 14,190 | 16,490 | 18,790 | 21,090 | 23,280 | 24,580 | 25,880 | 27,180 |
| \$450,000 and over | 3,140 | 6,840 | 9,940 | 12,640 | 15,160 | 17,660 | 20,160 | 22,660 | 25,050 | 26,550 | 28,050 | 29,550 |



LOUISIANA
DEPARTMENT of REVENUE

Employee's Withholding Certificate (L-4)

This form must be filed with your employer.

For Questions:

Phone: (855) 307-3893

Send an email by visiting www.revenue.louisiana.gov/Contact/ContactUs.

Purpose: Complete Form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Instructions: Employees who are subject to state withholding must provide their expected tax return filing status in Block A.

- Employees must file a new certificate within 10 days if the number of their deductions decreases, except if the change is the result of the death of a spouse.
- Employees may file a new certificate any time the number of their deductions increases.
- Line 7 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willfully failing to supply information that would reduce the withholding amount.

This form must be filed with your employer. If an employee fails to complete this withholding certificate, the employer must withhold Louisiana income tax from the employee's wages without any standard deduction.

Note to Employer: Keep this certificate with your records.

Block A

- Enter "0" to claim no standard deduction and check the appropriate box under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim a standard deduction if your filing status is single or married filing separate and check the appropriate box under number 3 below if you did not claim this deduction in connection with other employment or if your spouse has not claimed a deduction.
- Enter "2" to claim a standard deduction if your filing status is married filing jointly, head of household, or qualifying surviving spouse and check the appropriate box under number 3 below.

A.

 Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

Form **L-4**
Louisiana
Department of
Revenue

Employee's Withholding Certificate

| | | | |
|--|--|---|------|
| 1. First name and middle initial | | Last name | |
| 2. Social security number | | 3. Select one: <input type="checkbox"/> No deduction <input type="checkbox"/> Single or married filing separately <input type="checkbox"/> Married filing jointly, qualifying surviving spouse, or head of household | |
| 4. Home address (number and street or rural route) | | | |
| 5. City | | State | ZIP |
| 6. Total number of deductions claimed in Block A | | | 7. |
| 7. Adjustments. Enter any increase or decrease in the amount of tax to be withheld each pay period. Decreases should be indicated as a negative amount and cannot result in an amount less than zero to be withheld each pay period. | | | |
| I declare under the penalties imposed for filing false reports that the number of deductions claimed on this certificate do not exceed the number to which I am entitled. | | | |
| Employee's signature | | | Date |

The following is to be completed by employer.

| | |
|--------------------------------|--|
| 8. Employer's name and address | 9. Employer's state withholding account number |
|--------------------------------|--|



Pay Selection Options

Below are the options employees have for receiving their paychecks through Acumen. Please read the information about each option and select the one that is right for you. Paystubs will be sent through DCI Message Center. Your login information will be provided on your Good to Go. **You will need to provide additional information based on your selection; please read the instructions below and return all the necessary forms.**

Direct Deposit

With this option, your paycheck will be automatically deposited into your bank account on payday. There is no charge from Acumen to receive your pay via direct deposit. You won't have to wait for the mail or make a trip to the bank. On payday, paystubs will be sent via DCI messaging. You can have your paycheck deposited into one or two accounts, and you may change your account information at any time. **Please note:** You have the option to deposit a flat dollar amount **or** a percentage amount of your check to the primary account. If you choose to have a flat dollar amount deposited into your primary account, you will need to provide a secondary account in which the remainder of the funds will be deposited to. If you choose to have a percentage amount of your check deposited into two accounts, you must indicate the percentage to be deposited to each. The percentage total must be 100%. If no amounts are indicated, 100% will be deposited into the primary account. To enroll, fill out the information on the Authorization for Direct Deposit section of the form and return it, along with the additional requested items, to Acumen. You will receive paper checks by mail until your bank information is verified – usually within two pay periods.

Pay Card

Pay cards – also called pre-paid debit cards – work just like a regular debit card but are used only for payroll deposits. Acumen does not charge for this option, although the card provider may charge fees for certain transactions. Pay cards are up to 80% less expensive to use than check cashing services. Paystubs will be delivered via DCI messaging on payday. To enroll, complete the Authorization for Pay Card section of the form and return it to Acumen. Money Network will send you an information kit. You will need to activate the card with Money Network and then contact Acumen with your account information. You will receive paper checks by mail until this process is complete. For a complete fee schedule, see:
<https://docs.moneynetwork.com/moneynetwork/prepaid-fees.html>

Please return the completed form to Acumen. You may send by email, fax, or mail listed below:

Email: enrollment@acumen2.net

Fax: (866)923-5334

Mail: 5416 E Baseline Rd., Ste 200, Mesa, AZ 85206

Note: if you do not select one of the options, Acumen will send your paycheck via regular mail, according to the established pay schedule you have received. We make every effort to get your check to you by payday; however, it is impossible to guarantee the date that paper checks will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If your paper check does not arrive within 5 business days of payday, you can call Acumen to issue a stop payment and have a new check issued. A processing fee of \$35.00 will be deducted from the new check for each stop payment request. This fee may be waived by signing up for direct deposit or pay card.

I choose to receive my pay by (please check one box below):

Check ☐ Direct Deposit ☐ Pay Card ☐

DIRECT DEPOSIT INFORMATION

Please attach a voided check or bank letter for checking or savings account(s). For savings accounts, please send a printout from your bank that provides the routing number and account information. Submit any changes to your account(s) immediately!

| | |
|--|---|
| Primary Account 1 Account Type: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach routing & account information printout) <input type="checkbox"/> Flat Dollar Amount <input type="checkbox"/> Percentage | Secondary Account 2 (Mandatory for Flat dollar option) Account Type: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach routing & account information printout) <input type="checkbox"/> Remainder account. (Used if percentage is less than 100% or net pay exceeds the flat dollar amount listed for Primary Account 1) |
| Financial Institution Name | Financial Institution Name |
| Financial Institution Address | Financial Institution Address |
| Routing Number | Routing Number |
| Account Number | Account Number |
| Flat dollar amount or % of check to be deposited: | All remaining funds exceeding Primary Account 1 allocations will deposit into this account. |

Are you the account holder for the account(s) listed above? ☐ **Yes** ☐ **No**

If "no," what is the name of the account holder? _____

If "no," employee agrees to have their funds deposited into this account. _____

Employee Signature

AUTHORIZATION FOR DIRECT DEPOSIT or PAY CARD or PAPER CHECK

I hereby authorize Acumen Fiscal Agent, LLC (herein after "Company") to deposit any amount owed to me for wages and/or reimbursements by initiation of credit entries to my account at the financial institution (hereinafter "Bank") handling my choice indicated above. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Company receives written notice from me of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it. If my method of payment is pay card, as the pay card holder, it is my responsibility to close this account should I no longer choose to have payments deposited in this manner. If I selected Paper Check, I understand that Acumen will make every effort to ensure my check will arrive by payday; however, it is impossible to guarantee the date that my paper check will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If my paper check does not arrive within 5 business days of payday, I can call Acumen to issue a stop payment and have a new check issued. I understand that if I request a stop payment, a processing fee of \$35.00 will be deducted from my new check. If I require that this fee be waived, I must sign up for either direct deposit or a Pay Card. I understand that the Money Network pay card will have fees for transactions, and that I will be responsible for these fees if I choose this option. I understand that I may elect to have direct deposit to an existing pay card that is already in my name, as long as I provide supporting documentation to verify the routing & account number and name on the account. I understand that Acumen is not liable for any pay card fraudulent activity related to third party transactions. I understand that upon my request, Acumen may attempt a payment reversal. However, if the reversal is not successful, I understand that Acumen is not responsible and I will need to work with my institution to rectify said payment.

Print Name

Social Security Number

Date of Birth

Email Address

Signature

Date



Employee/Employer Relationship Disclosure for Tax Exemptions

Based on Age, Student Status, and Family Relationship

Employee Name _____ Employee SSN _____

Employer Name _____

Participant Name _____

Employees providing domestic services, such as respite or nursing, may be exempt from paying certain federal and state taxes based on the employee's age, student status, or family relationship to the employer. In some cases, the employer may also be exempt based on the employee's status. If you and your employer qualify for these exemptions, **you must take them**. Acumen Fiscal Agent will determine the tax exemptions that apply to you and to your employer based upon your answers below. Please answer all the following questions based on your age, student status, and relationship to the employer.

| Relationship Questionnaire |
|--|
| <p>1. Are you a non-resident alien temporarily in the United States on an F-1, J-1, M-1, or Q-1 visa admitted to the US for providing domestic services?</p> <p><input type="checkbox"/> YES, that description fits my visa status. <input type="checkbox"/> NO, that description does not fit my visa status.</p> |
| <p>2. Are you the child of the employer (includes adopted children)?</p> <p><input type="checkbox"/> YES, my employer is my parent (mother or father). <input type="checkbox"/> NO, my employer is not my parent.</p> |
| <p>3. Are you the spouse of the employer?</p> <p><input type="checkbox"/> YES, my employer is my spouse (husband, wife, domestic partner, or other in footnote #3). <input type="checkbox"/> NO, my employer is not my spouse.</p> |
| <p>4. Are you the parent of the employer (includes adopted children)?</p> <p><input type="checkbox"/> YES, my employer is my child (son or daughter). <input type="checkbox"/> NO, my employer is not my child.</p> |
| <p>5. If you answered, "<u>YES</u>," to Question 4, check any of the following that apply.</p> <p><input type="checkbox"/> YES, I also provide care for my grandchild or step-grandchild in my child's home.</p> <p><input type="checkbox"/> YES, my grandchild or step-grandchild is under 18, or has a physical or mental condition that requires personal care of an adult for at least four weeks in a row during the calendar quarter in which services are performed.</p> <p><input type="checkbox"/> YES, my child (son or daughter) is widowed, divorced, not remarried or living with a spouse who has a mental or physical condition so the spouse cannot care for my grandchild for at least four weeks in a row during the calendar quarter in which services are performed.</p> <p><input type="checkbox"/> NO, none of the above apply.</p> |
| <p>6. Are you under the age of 18 or do you turn 18 before December 31?</p> <p><input type="checkbox"/> YES, I am under 18 or am turning 18 before December 31 <input type="checkbox"/> NO, I am over 18.</p> <p><i>If you answered, "<u>YES</u>," to Question 6, answer the following question. If you answered, "<u>NO</u>," skip the question below.</i></p> <p>Is this job of performing household services (respite) your principal occupation?</p> <p>NOTE: Do not answer, "YES," if you are a student.</p> <p><input type="checkbox"/> YES, this is my main job. <input type="checkbox"/> NO, this is not my main job.</p> |

IMPORTANT: You must notify Acumen Fiscal Agent if your status changes.

Employee Signature _____

Date _____

Employee/Employer Relationship Disclosure for Tax Exemptions

Employee Copy – Keep for your records

Employees providing domestic services such as personal assistance may be exempt from paying certain federal and state taxes based on the employee's age, student status or family relationship to the employer. In some cases, the employer may also be exempt from paying certain taxes based on the employee's status.

IMPORTANT: Please see IRS Publication: #926 – Household Employer's Tax Guide, and IRS website article: "Foreign Student Liability for Social Security and Medicare Taxes" for additional information.

IMPORTANT:

- **These exemptions are not optional.** If the employee and employer qualify for these tax exemptions they must be taken.
- If the employee's earnings are exempt from these taxes, the employee may not qualify for the related benefits, such as retirement benefits and unemployment compensation.
- The questions regarding family relationship refer to the relationship between the employee and the employer of record (common law employer). In some cases, the program participant is the employer of record. In other cases, the employer of record may be someone other than the program participant. Check program rules.
- Program rules may prohibit some types of employees. For example, most Medicaid-funded programs do not permit a spouse to be paid as an employee for providing services to a spouse. Check program rules.
- Acumen Fiscal Agent LLC will determine the tax exemptions that apply to the employee and employer based on the information provided by the employee. Acumen Fiscal Agent LLC cannot provide tax advice.

Question #1: Tax Exemptions for Non-Resident Students

For a non-resident student in the United States on an F-1, J-1, M-1, or Q-1 visa admitted to the US for the purpose of providing domestic services, the employer and employee are exempt from paying FICA (Social Security and Medicare taxes) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee. The employer may also be exempt from paying State Unemployment Insurance, depending on the rules in the state. See footnote #1.

Question #2: Tax Exemptions for Children under 21 years old Employed by Parent

For a child (**does not include step-child.**) under 21 employed by his or her parent, the employer and employee are exempt from paying FICA (Social Security and Medicare taxes) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee until the child (employee) turns 21 years of age. The employer may also be exempt from paying State Unemployment Insurance, depending on the rules in the state. See footnote #2.

Question #3: Tax Exemptions for Spouses Employed Spouses

For a spouse (husband, wife, or domestic partner in some states) employed by his or her spouse, the employer and employee are exempt from paying FICA (Social Security and Medicare taxes) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee. The employer may also be exempt from paying State Unemployment Insurance, depending on the rules in the state. See footnote #3.

Question #4 & #5: Tax Exemptions for Parents Employed by Children

For a parent (**does not include step-parent,**) employed by his or her child and answering "No" to any of the additional questions under Question #5 regarding caring for a grandchild or step grandchild, the employer and employee are exempt from paying FICA (Social Security and Medicare taxes) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee. The employer may also be exempt from paying State Unemployment Insurance, depending on the rules in the state.

For a parent (**does not include step-parent.**) employed by his or her child and answering “Yes” to all of the additional questions under Question #5 regarding caring for a grandchild or step grandchild, the employer is exempt from paying Federal Unemployment Tax (FUTA) on wages paid to this employee. The employer may also be exempt from paying State Unemployment Insurance, depending on the rules in the state. See footnote #4

For Question #5, the term calendar quarter means January-March, April-June, July-September, October-December

Question #6: Tax Exemptions for Employee under Age 18 at any point during the calendar year

For employees under the age of 18 or turning 18 in the calendar year: If the employee is a student, domestic services are deemed not to be the employee’s principle occupation and the employer and employee are exempt from paying FICA (Social Security and Medicare taxes).

| Employment Relationship Status | Federal Insurance Contributions Act - Social Security and Medicare Taxes (FICA) | Federal Unemployment Tax Act (FUTA) | State Unemployment Insurance (SUTA) |
|---|--|--------------------------------------|---|
| Foreign Student on VISA in US for Purpose of Providing Domestic Service | FICA exempt | FUTA exempt | See footnote #1 |
| Child (does not include step-child) while employed by Parent | FICA exempt only until 21st birthday | FUTA exempt only until 21st birthday | See footnote #2 |
| Spouse Employed by Spouse | FICA exempt | FUTA exempt | SUTA exempt. See footnote #3 |
| Parent (does not include step-parent) Employed by Child | FICA Exempt only if not also caring for dependent child (including step-child) of the employer (employee's grandchild) | FUTA exempt | SUTA exempt except in NY and WA, See footnote #4 |
| Employee Under 18 or Turning Age 18 in the Calendar Year | FICA exempt through year of 18th birthday only if enrolled as a full-time student | Not Applicable | Not Applicable |

FOOTNOTES:

- (1) A foreign student in the United States on an F-1 or J-1 visa is exempt from SUTA in PA and WA. MT and WI exempt F-1, J-1, M-1 and Q-1 visas from SUTA tax.
- (2) A child under age 18 employed by his or her parent is exempt from SUTA in the following states: CA, IL, MA, ME, MN, NJ, NV, OH, OR, PA, SC, TN, WA, WV. A child under age 21 employed by his or her parent is exempt from SUTA in the following states: AL, AZ, GA, HI, ID, IN, KS, LA, MO, NC, NY, OK, TX, UT, VA, WY and the District of Columbia. GA defines a child as “natural, legally adopted, step, and foster except that foster must be living in the same home as the employer”. MO and WY define a child as “natural, legally adopted, foster, and step”. MT exempts anyone classified as a dependent
- (3) AL exempts common law marriages created prior to 1/1/2017.
CA, NV, and WA exempt a domestic partner employed by his or her domestic partner.
GA exempts common law marriages created prior to 1/1/1997.
HI exempts reciprocal beneficiary relationships and civil unions.
ID exempts common law marriages created prior to 1/1/1996.
IN exempts common law marriages created before 1/1/1958.
KS, MT and TX exempt all common law marriages.
NJ exempts civil unions.
OH exempts common law marriages created prior to 10/10/1991.
SC exempts common law marriages created prior to 07/24/2019
All states recognize common law marriages created in a different state.
- (4) A parent employed by his or her child is exempt from SUTA in the District of Columbia and all states except NY and WA. MO defines parents as natural, foster, or step”.



State of Louisiana
Department of Health and Hospitals
PROVIDER AGREEMENT

Agreement with the Bureau of Health Services Financing (BHSF), the Office for Citizens with Developmental Disabilities (OCDD), and/or the Office of Aging and Adult Services (OAAS).

Provider/Employee: _____

PLEASE PRINT

DESCRIPTION/DEFINITIONS

Self-Direction is a service delivery option which allows eligible Medicaid participants (or their authorized representative) to become the Employer of the workers they choose to hire to provide supports for them.

Self-Direction is supported by both federal and state funds. These funds are used to pay **Providers**, or employees, to provide specific services to eligible participants, as authorized by the OCDD or OAAS.

The **Plan of Care** is a document which specifies the participant's needs, the types of tasks required to meet those needs, and the amount of time, frequency, and duration required for delivery of the participant's services.

The **Fiscal Agent** is a private entity which will process the employment-related payroll and withhold the necessary taxes on behalf of the Employer.

The **Support Coordination Agency/Support Coordinator** is a resource to assist participants and/or their authorized representatives in the coordination of needed services. The support coordinator monitors the participant's service delivery to ensure that services meet his/her needs.

AGREEMENTS

1. The provider/employee understands and acknowledges that neither the Louisiana Department of Health and Hospitals nor the fiscal/employer agent, Acumen Fiscal Agent, is the employer and that they are not responsible for the actions of the employer.
2. The provider/employee agrees to accept payment from Acumen Fiscal Agent as payment in full for services provided.
3. The provider/employee agrees that no additional charges will be made or accepted from the participant or his/her authorized representative.
4. The provider/employee agrees to provide only the services authorized on the Plan of Care.
5. The provider/employee acknowledges that he/she meets the necessary skills and requirements to be able to perform the services hired to perform.
6. The provider/employee understands and acknowledges that employees without a valid driver's license, current state inspection sticker, and current proof of automobile insurance as required by the State of Louisiana may not transport individuals in connection with their employment responsibilities.

7. The provider/employee acknowledges that the funds used to pay the employee are Medicaid funds and that the submission of false information on time records may subject the employee to criminal action, in addition to repayment of any funds.
8. The provider/employee acknowledges that federal income tax withholding, Medicare, social security, and Louisiana state income tax withholding (as applicable) shall be withdrawn from the employee's wages per state and federal laws.
9. The provider/employee agrees to complete the required training as specified in the Self-Direction Manual.
10. The provider/employee understands and agrees that he/she will not be paid for providing any services unless he/she has completed the required training and his/her training certifications are current and on file with Acumen Fiscal Agent.
11. The provider/employee understands and acknowledges that any work in excess of forty (40) hours per week will be paid at a straight time rate.
12. The provider/employee understands and acknowledges that work performed in excess of the authorized amount or service limits will not be paid by the Louisiana Department of Health and Hospitals or Acumen Fiscal Agent.
13. The provider/employee agrees to provide only the services authorized in the participant's Plan of Care. The provider/employee agrees that his/her duties must be consistent with the service specifications for the service he/she provides, as specified in the Self-Direction Manual.
14. The provider/employee agrees to complete progress notes each time he/she provides a paid service, as specified in the Self-Direction Manual.
15. Upon request, the provider/employee agrees to provide information regarding the service for which payment was made to the Louisiana Department of Health and Hospitals or its designee.
16. The provider/employee agrees to maintain all information regarding the employer, participant, his/her family, in a confidential manner.
17. The provider/employee agrees to immediately notify a person designated by the employer of any medical emergency, illness, or visit to a physician.
18. If you suspect an adult between the ages of 18 and 60 or a person under 18 who has been legally declared an adult has been abused or mistreated, you are required to report it to the Adult Protection Services at 1-800-898-4910.
19. If you suspect an adult who is age 60 or older and has been abused or mistreated, you are required to report to the Elderly Protective Services at 1-800-259-4990 (if calling from within Louisiana) or at 1-225-342-2297 (if calling from outside of Louisiana)
20. The provider/employee agrees to report all critical incidents, as specified in the Self-Direction Manual, to the participant's support coordinator.
21. The provider/employee understands and acknowledges that employment is contingent upon the employer's participation in the Self-Direction option.

My signature on this document verifies my acknowledgement and agreement to follow the policies and procedures of the Self-Direction option and policies and procedures of the program under which services are provided.

Provider/Employee Signature

Date

Statement of Understanding of Tasks

By signing below, I verify that _____ (employee) is able to complete the tasks on the participant's Plan of Care. This statement is to cover any type of individualized training that the participant may require.

Employer/Legally Responsible party/Authorized Representative (Printed)

Employer/Legally Responsible party/Authorized Representative Signature

Date



Employee Rate Form LA Self Directed Services Option

In efforts to ensure proper payment, please provide Acumen with the following information so the employee is paid the correct rate for the service(s) provided. This is a request for Acumen to make the following rate change for the below employee. Rate changes will take effect on the 1st and 16th of each month. Rate change forms must be received by Acumen 2 weeks prior to the pay period start date for which they are to take effect. Retroactive rate changes are not allowed.

Please consult the "Show me the Money" for rate information.

Employee Name (please print): _____

Employee Social Security Number (last 4 digits): _____

Service: FSS Rate: \$ _____

Service: FS2 Rate: \$ _____

FSS = Family Support Services

FS2 = Shared Family Support

Effective Date (must be 1st or 16th of the month): _____
Rate changes cannot be retroactive

Employer Name (please print): _____

Employer Signature: _____ **Date:** _____

Participant Name (if different from employer): _____

- Please complete this form for each new employee
- Please complete a new form for any employee that will receive a change in pay
- This form must be received by Acumen 2 weeks prior to the pay period start date for which it is to take effect, if this form is not received 2 weeks prior to the pay period start date, **it will not be processed**

EMAIL, FAX or MAIL to:

enrollment@acumen2.net

Fax: 866-923-5334

Acumen Fiscal Agent, LLC

5416 E. Baseline Rd., Suite 200

Mesa, Arizona 85206



AccuScreen Systems™

1038 Main Street
Baton Rouge, Louisiana 70802
(225) 343-TEST



CRIMINAL BACKGROUND SEARCH AUTHORIZATION FORM

As a condition of employment with the self-directed program with the State of Louisiana, I have been informed Louisiana State Law, Title 40 R.S. 1300.51, requires a State Police records check be performed prior to employment. I hereby authorize AccuScreen Systems through Larry Bruce Childers and/or Darin N. Morgan, authorized agents under Title 40 R.S. 1300.51 to perform this check. I hereby hold harmless AccuScreen Systems, Larry Bruce Childers, and Darin N. Morgan, and **Acumen Fiscal Agent LLC, OAAS, and OCDD** from any cause of action that may arise from inaccurate information contained in State Police records. I also understand any adverse information contained within the files of State Police and released to the authorized agency will be provided to me upon written request within ten (10) business days of receiving notice that a record exists. **By signing this form, applicant authorizes Acumen Fiscal Agent LLC, OAAS, and OCDD to release information to the self-directed program with the State of Louisiana and my prospective employer as it pertains to my potential employment. Also by signing this form, applicant acknowledges it is unlawful to provide false or misleading information concerning a criminal history or security check to an employer.**

Fax this form to: 866-923-5334

Applicant's Signature: _____ Date: _____

*To ensure an accurate and timely search, please **print clearly** and complete this form **entirely**.*

Print Complete Name: _____

Date of Birth: _____ Race: _____ Sex: _____

SSN: _____

Driver's Lic. #: _____ State Where Issued: _____

Street Address: _____

City, State, Zip: _____

If you have lived in any state other than Louisiana in the LAST 7 YEARS ONLY, complete the following:

(City, State) (County/Parish) (All LAST names YOU used while living here) (Mo./ Yr.) - (Mo./ Yr.)

(City, State) (County/Parish) (All LAST names YOU used while living here) (Mo./ Yr.) - (Mo./ Yr.)

(City, State) (County/Parish) (All LAST names YOU used while living here) (Mo./ Yr.) - (Mo./ Yr.)

**Person Submitting
this Search:** _____

**Phone Number &
Area Code:** _____

Participant's Name: _____

Promoting A Drug Free Work Environment

• Drug Testing • Criminal History • Driving Records • Employment and Education Verification • Nationwide Service •

CHANGE INFORMATION FORM: EMPLOYEE



Please complete this form and return to Acumen by one of the following methods:

Mail: 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206

Fax: (866) 923-5334

Email: enrollment@acumen2.net

Change Employee Information

Complete this section when there is a change in employee information. The employee is the person providing service.

For a change in name, fax or mail this form, a copy of the new Social Security card, and the employee's original I-9 form with Section 3 completed.

For a name change, please provide the previous and new name. For all other changes, only the new information is required.

Change In (select all that apply): Name ☐ Address ☐ Phone Number ☐ E-mail Address ☐

Current/Previous Name:

New Name:

Street Address (if changed):

City/State/Zip (if changed):

Phone Number (if changed):

E-mail Address:

Participant Name and ID Number:

Employee ID Number:

Signature (Employer or Authorized Rep):

Date:



Louisiana Payment Schedule

Effective July 1, 2024

To ensure that your employees are paid on time, please review all employee service hours for accuracy and approval by the payroll due dates located under the column heading, **“Submissions Due No Later Than,”** even if the due date falls on a weekend or holiday.

To access the DCI Employer and Employee Portal, go to: <http://acumen.dcisoftware.com>

Please note that Acumen Agents does not monitor employee hours entered in the DCI system. It is the Employer's responsibility to review and confirm that all employee service hours are entered and approved according to the payroll due date.

| “MONTH” refers to the month that services were provided. | MONTH | Payroll Period Bi-weekly | Submissions Due No Later Than | Direct Deposit/Check Date | “Direct Deposit/ Check Date” shows the date that payment will be issued. For those payees that have selected direct deposit or pay card, this is also the date that funds will be available in their accounts. |
|---|-----------|-----------------------------|-------------------------------------|---------------------------------|---|
| “Payment Period End Date” is the last day of services in the pay period. | JULY | 06/30/24 – 07/13/24 | Mon, 07/15/24 | Fri, 07/26/24 | “Submissions Due NO Later Than” is the last date that your employee’s time can be approved, and your vendor payment requests can be submitted, for the pay period in order to be paid as scheduled. |
| | | 07/14/24 – 07/27/24 | Mon, 07/29/24 | Fri, 08/09/24 | |
| | AUGUST | 07/28/24 – 08/10/24 | Mon, 08/12/24 | Fri, 08/23/24 | |
| | | 08/11/24 – 08/24/24 | Mon, 08/26/24 | Fri, 09/06/24 | |
| | SEPTEMBER | 08/25/24 – 09/07/24 | Mon, 09/09/24 | Fri, 09/20/24 | |
| | | 09/08/24 – 09/21/24 | Mon, 09/23/24 | Fri, 10/04/24 | |
| | OCTOBER | 09/22/24 – 10/05/24 | Mon, 10/07/24 | Fri, 10/18/24 | |
| | | 10/06/24 – 10/19/24 | Mon, 10/21/24 | Fri, 11/01/24 | |
| | NOVEMBER | 10/20/24 – 11/02/24 | Mon, 11/04/24 | Fri, 11/15/24 | |
| | | 11/03/24 – 11/16/24 | Mon, 11/18/24 | Fri, 11/29/24 | |
| | | 11/17/24 – 11/30/24 | Mon, 12/02/24 | Fri, 12/13/24 | |
| | DECEMBER | 12/01/24 – 12/14/24 | Mon, 12/16/24 | Fri, 12/27/24 | |
| | | 12/15/24 – 12/28/24 | Mon, 12/30/24 | Fri, 01/10/25 | |
| | JANUARY | 12/29/24 – 01/11/25 | Mon, 01/13/25 | Fri, 01/24/25 | |
| | | 01/12/25 – 01/25/25 | Mon, 01/27/25 | Fri, 02/07/25 | |
| | FEBRUARY | 01/26/25 – 02/08/25 | Mon, 02/10/25 | Fri, 02/21/25 | |
| | | 02/09/25 – 02/22/25 | Mon, 02/24/25 | Fri, 03/07/25 | |
| | MARCH | 02/23/25 – 03/08/25 | Mon, 03/10/25 | Fri, 03/21/25 | |
| | | 03/09/25 – 03/22/25 | Mon, 03/24/25 | Fri, 04/04/25 | |
| | APRIL | 03/23/25 – 04/05/25 | Mon, 04/07/25 | Fri, 04/18/25 | |
| | | 04/06/25 – 04/19/25 | Mon, 04/21/25 | Fri, 05/02/25 | |
| | MAY | 04/20/25 – 05/03/25 | Mon, 05/05/25 | Fri, 05/16/25 | |
| | | 05/04/25 – 05/17/25 | Mon, 05/19/25 | Fri, 05/30/25 | |
| | | 05/18/25 – 05/31/25 | Mon, 06/02/25 | Fri, 06/13/25 | |
| | JUNE | 06/01/25 – 06/14/25 | Mon, 06/16/25 | Fri, 06/27/25 | |
| | | 06/15/25 – 06/28/25 | Mon, 06/30/25 | Fri, 07/11/25 | |
| | | 06/29/25 – 07/12/25 | Mon, 07/14/25 | Fri, 07/25/25 | |

Please share this schedule with your employees and keep a copy in a safe place for easy reference.

To review training resources on Electronic Visit Verification (EVV), visit our website at www.acumenfiscalagent.com/state/la for questions or concerns, contact our Customer Service Center at 1-855-514-9938.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

| | | | | | | | |
|---|--|--|----------------------|--|--------------------------------|--|--------------------------|
| Last Name (Family Name) EMPLOYEE | | First Name (Given Name) JANE | | Middle Initial (if any) E | Other Last Names Used (if any) | | |
| Address (Street Number and Name) 123 HAPPY VALLEY RD | | | Apt. Number (if any) | City or Town ANYTOWN | | State AZ | ZIP Code 55555 |
| Date of Birth (mm/dd/yyyy) 01/01/1990 | | U.S. Social Security Number 5 5 5 5 5 5 5 5 | | Employee's Email Address EMAIL@EXAMPLE.COM | | Employee's Telephone Number (555) 555-5555 | |
| I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct. | | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): | | | | | |
| | | <input checked="" type="checkbox"/> 1. A citizen of the United States | | | | | |
| | | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) | | | | | |
| | | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) | | | | | |
| | | <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work in the U.S. (exp. date, if any) | | | | | |
| | | If you check Item Number 4. , enter one of these: | | | | | |
| | | USCIS A-Number | | OR | Form I-94 Admission Number | Foreign Passport Number and Country of Issuance | |
| | | | | | | | |
| Signature of Employee EMPLOYEE SIGNATURE | | | | Today's Date (mm/dd/yyyy) 08/03/2023 | | | |

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: An Employer or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A or a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| | List A | List B | AND | List C |
|--|--------|-------------------------------|-----|-----------------------------|
| Document Title 1 | | DRIVER'S LICENSE | | SOCIAL SECURITY CARD |
| Issuing Authority | | ARIZONA DMV | | SSA |
| Document Number (if any) | | 5555555A | | 555-55-5555 |
| Expiration Date (if any) | | 05/05/2025 | | N/A |
| Document Title 2 (if any) | | Additional Information | | |
| Issuing Authority | | | | |
| Document Number (if any) | | | | |
| Expiration Date (if any) | | | | |
| Document Title 3 (if any) | | | | |
| Issuing Authority | | | | |
| Document Number (if any) | | | | |
| Expiration Date (if any) | | | | |
| <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | | | | |

| | | |
|---|--|---|
| Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States. | | First Day of Employment (mm/dd/yyyy): 08/05/2023 |
| Last Name, First Name and Title of Employer or Authorized Representative EMPLOYER, ELAINE - HOUSEHOLD EMPLOYER | | Signature of Employer or Authorized Representative EMPLOYER SIGNATURE |
| | | Today's Date (mm/dd/yyyy) 08/03/2023 |
| Employer's Business or Organization Name ELAINE EMPLOYER | Employer's Business or Organization Address, City or Town, State, ZIP Code 123 MAIN ST, ANYTOWN, AZ, 55555 | |

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2025**Step 1:****Enter
Personal
Information****Physical
Address
Required
(No P.O. Box)**

(a) First name and middle initial

Jane E.

Last name

Employee

(b) Social security number

123-45-6789

Address

111 Maine St Apt 2

City or town, state, and ZIP code

Anytown, State 12345

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.(c) ☒ Single or Married filing separately☐ Married filing jointly or Qualifying surviving spouse☐ 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.)

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:**Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if the pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate. ☐

If applicable -->

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3:**Claim
Dependent
and Other
Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ 0Multiply the number of other dependents by \$500 \$ 0

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3**Required field
even if "0".****0****Step 4
(optional):****Other
Adjustments****Optional.
Please refer
to the
instructions.**(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income**4(a)** \$(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here**4(b)** \$(c) **Extra withholding.** Enter any additional tax you want withheld each pay period**4(c)** \$

If filing exempt, leave Steps 2, 3 & 4 blank. Write EXEMPT here -->

Step 5:**Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Jane E. Employee

Employee's signature (This form is not valid unless you sign it.)

01/03/2025

Date

**Employers
Only**

Employer's name and address

Employer Name

222 Maine St Anytown, State 12345

First date of
employmentEmployer identification
number (EIN)Employer
Name Here


LOUISIANA
 DEPARTMENT of REVENUE

**Employee's Withholding
Certificate (L-4)**
This form must be filed with your employer.
For Questions:

Phone: (855) 307-3893

 Send an email by visiting www.revenue.louisiana.gov/Contact/ContactUs.

Purpose: Complete Form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Instructions: Employees who are subject to state withholding must provide their expected tax return filing status in Block A.

- Employees must file a new certificate within 10 days if the number of their deductions decreases, except if the change is the result of the death of a spouse.
- Employees may file a new certificate any time the number of their deductions increases.
- Line 7 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willfully failing to supply information that would reduce the withholding amount.

This form must be filed with your employer. If an employee fails to complete this withholding certificate, the employer must withhold Louisiana income tax from the employee's wages without any standard deduction.

Note to Employer: Keep this certificate with your records.

Block A

- Enter "0" to claim no standard deduction and check the appropriate box under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim a standard deduction if your filing status is single or married filing separate and check the appropriate box under number 3 below if you did not claim this deduction in connection with other employment or if your spouse has not claimed a deduction.
- Enter "2" to claim a standard deduction if your filing status is married filing jointly, head of household, or qualifying surviving spouse and check the appropriate box under number 3 below.

A. 1

SAMPLE



Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

 Form **L-4**

 Louisiana
Department of
Revenue

Employee's Withholding Certificate

| | | | |
|--|--|------------------------------|---------------------|
| 1. First name and middle initial Jane A | | Last name Employee | |
| 2. Social security number 111-22-3333 | 3. Select one: <input type="checkbox"/> No deduction <input checked="" type="checkbox"/> Single or married filing separately <input type="checkbox"/> Married filing jointly, qualifying surviving spouse, or head of household | | |
| 4. Home address (number and street or rural route) 111 Main St. Apt.2 | | | |
| 5. City Anytown, State 12345 | | State LA | ZIP 70000 |
| 6. Total number of deductions claimed in Block A | | | 6. 1 |
| 7. Adjustments. Enter any increase or decrease in the amount of tax to be withheld each pay period. Decreases should be indicated as a negative amount and cannot result in an amount less than zero to be withheld each pay period. | | | 7. 1 |

I declare under the penalties imposed for filing false reports that the number of deductions claimed on this certificate do not exceed the number to which I am entitled.

| | |
|---|---------------------------|
| Employee's signature <i>Jane A. Employee</i> | Date 06/14/2025 |
|---|---------------------------|

The following is to be completed by employer.

| | |
|--------------------------------|--|
| 8. Employer's name and address | 9. Employer's state withholding account number |
|--------------------------------|--|

I choose to receive my pay by (please check one box below):

Check ☐ Direct Deposit ☒ Pay Card ☐

DIRECT DEPOSIT INFORMATION

Attach a voided check for checking account(s). For savings accounts, please send a printout from your bank that provides the routing number and account information. Submit any changes to your account(s) immediately!

| | |
|---|--|
| Primary Account Account Type: <input checked="" type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach routing & account information printout) | Secondary Account (optional) Account Type: <input type="checkbox"/> Checking (attach a voided check) <input checked="" type="checkbox"/> Savings (attach routing & account information printout) |
| Bank One | Bank Two |
| Financial Institution Name 123 Oak Lane, Anytown, State 12345 | Financial Institution Name 123 Oak Lane, Anytown, State 12345 |
| Financial Institution Address 111222333 | Financial Institution Address 111222333 |
| Routing Number 9876543210 | Routing Number 01234567890 |
| Account Number 50 | Account Number 50 |
| % of check to be deposited | % of check to be deposited |

Are you the account holder for the account(s) listed above? ☒ Yes ☐ No

If "no," what is the name of the account holder? _____

If "no," employee agrees to have their funds deposited into this account. _____

Employee Signature

AUTHORIZATION FOR DIRECT DEPOSIT or PAY CARD or PAPER CHECK

I hereby authorize Acumen Fiscal Agent, LLC (herein after "Company") to deposit any amount owed to me for wages and/or reimbursements by initiation of credit entries to my account at the financial institution (hereinafter "Bank") handling my choice indicated above. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Company receives written notice from me of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it. If my method of payment is pay card, as the pay card holder, it is my responsibility to close this account should I no longer choose to have payments deposited in this manner. If I selected Paper Check, I understand that Acumen will make every effort to ensure my check will arrive by payday; however, it is impossible to guarantee the date that my paper check will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If my paper check does not arrive within 5 business days of payday, I can call Acumen to issue a stop payment and have a new check issued. I understand that if I request a stop payment, a processing fee of \$35.00 will be deducted from my new check. If I require that this fee be waived, I must sign up for either direct deposit or a Pay Card.

Jane A. Employee
Print Name

111-22-3333
Social Security Number

01/02/1975
Date of Birth

test@example.com
Email Address for Paystub Delivery

Jane A. Employee
Signature

06/15/2018
Date

Return completed form by email enrollment@acumen2.net, fax (866) 923-5334 or mail to
4542 E. Inverness Ave., Ste. 210, Mesa, AZ 85206



Employee Rate Form LA Self Directed Services Option

In efforts to ensure proper payment, please provide Acumen with the following information so the employee is paid the correct rate for the service(s) provided. This is a request for Acumen to make the following rate change for the below employee. Rate changes will take effect on the 1st and 16th of each month. Rate change forms must be received by Acumen 2 weeks prior to the pay period start date for which they are to take effect. Retroactive rate changes are not allowed.

Please consult the "Show me the Money" for rate information.

Employee Name (please print): Jane A. Employee

Employee Social Security Number (last 4 digits): 3333

Service: FSS Rate: \$ 10.00

Service: FS2 Rate: \$

FSS = Family Support Services

FS2 = Shared Family Support

Effective Date (must be 1st or 16th of the month) 07/01/2018
Rate changes cannot be retroactive

Employer Name (please print): Alice Smith

Employer Signature: Alice Smith Date: 06/15/2018

Participant Name (if different from employer): Patty Participant

- Please complete this form for each new employee
- Please complete a new form for any employee that will receive a change in pay
- This form must be received by Acumen 2 weeks prior to the pay period start date for which it is to take effect, if this form is not received 2 weeks prior to the pay period start date, **it will not be processed**

EMAIL, FAX or MAIL to:

enrollment@acumen2.net

Fax: 866-923-5334

Acumen Fiscal Agent, LLC

4542 Inverness Ave. Suite 210,

Mesa, Arizona 85206