Ohio AOoA Levy Program

EMPLOYEE ENROLLMENT PACKET

NOTE:

Signature Fields
marked with
asterisk ->
require a
non-electronic
handwritten wet
signature



Employer Information

Employer First Name:	
Employer Middle Name:	
Employer Last Name:	
Employer Full Name:	
Employer FEIN: (00-0000000) "Only if you have an existing FEIN for Domestic Employer for Home Community-Based/Caregiver Services."	
Employer Physical Address:	
Employer Physical Address Apt/Unit:	
Employer Physical Address City:	
Employer Physical Address State: (abbreviation)	
Employer Physical Address Zip:	
Employer Physical Address County:	
Employer Mailing Address:	
Employer Mailing Address Apt/Unit:	
Employer Mailing Address City:	
Employer Mailing Address State: (abbreviation)	
Employer Mailing Address Zip:	

Participant Information

Participant First Name:	
Participant Middle Name:	
Participant Last Name:	
Participant Full Name:	

Employee Information

Employee First Name:	
Employee Middle Name:	
Employee Last Name:	
Employee Full Name:	
Employee Date of Birth:	
Employee Social Security Number:	
Employee Email:	
Employee Primary Phone:	
Employee Physical Address:	
Employee Physical Address Apt/Unit:	
Employee Physical Address City:	
Employee Physical Address State: (abbreviation)	
Employee Physical Address Zip:	
Employee Physical County:	
Employee Mailing Address:	
Employee Mailing Address Apt/Unit:	
Employee Mailing Address City:	
Employee Mailing Address State: (abbreviation)	
Employee Mailing Address Zip:	

Employee - Federal Tax Settings				
Federal Filing Status:	Single or Married filing separately			
	Married filing jointly or Qualifying surviving spouse			
	Head of household (Check only if you're unmarried and puttan half the cost of keeping up a home for yourself and qualifying individual.)	•		
Federal Exempt:				
Ет	yee - Other Information			
Employee Driver's License:				
Employee Driver's License State Issued:				
Employee Driver's License Expiration Date:				

Employee Payment Selection					
Payment Selection:		:Check	:Direct Deposit		
I choose to receive my pay stubs by:		:Email	:Physical Mail		
Distribute payment to multiple accounts?:					
		ect Deposit Details:			
(If Direct Deposit chose	n please	? fallout the 1st Direct L	Deposit Details section)		
Account Type:		:Checking	:Savings		
Financial Institution Name:					
Financial Institution Address :					
Bank Routing Transit Number:					
Bank Account Number:					
Account Holder Name:					
If check distributed into two accounts what					
percentage or flat amount would you like to go into the 1st account? (Else 100% of your check will go to 1st account)					
will go to 1st account)					
(If payment distributed into tw		rect Deposit Details	Direct Denosit Details section)		
(ij payment distributed into tw	o accou	mits pieuse jiii out ziiu i	Sirect Deposit Details section,		
Account Type:		:Checking	:Savings		
Financial Institution Name:					
Financial Institution Address :					
Bank Routing Transit Number:					
Bank Account Number:					
Account Holder Name:					
			nt. (Used if percentage is less than sceeds the flat dollar amount listed nt 1)		

Employee - Documentation

The data on this page will be used to auto-complete the Employment Eligibility Verification USCIS Form I-9. To learn more information regarding the Form I-9 go to www.uscis.gov/I-9Central.

I attest, unde	r penalty of perjury that I am <i>(Check <mark>one</mark> of the following)</i> :
1. A Citizen Of the United States:	
2. Non-Citizen National:	
3. Permanent Resident:	Registration Number/USCIS Number:
4. Authorized Alien:	Registration Expiration Date:
	1. Alien Registration Number/USCIS Number: OR 2. Form I-94 Admission Number: OR 3. Foreign Passport Number: Country of Issuance:
combination of one document from	entatives must physically examine one document from list A OR examine a list B and one document from list C. For each document you review, select the in the appropriate list and record the following information: issuing authority, ate, if any.
Employee – If you have a document p please fill out List B & List C.	for List A no need to fill out List B & List C. If you do not have a document for List A
	First Document (LIST A)
Document Title:	
Issuing Authority:	
Document Number:	
Expiration Date (If any):	
	Second Document (LIST B)
Document Title:	
Issuing Authority:	
Document Number:	
Expiration Date (If any):	
	Third Document (LIST C)
Document Title:	
Issuing Authority:	
Document Number:	
Expiration Date (If any):	



Area Office on Aging of Northwestern Ohio Levy Self-Directed Care Program Employee Packet

(keep this folder for your records)

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. Once the employee is approved for hire by your Case Manager from Area Office on Aging (AOoA), have your employee complete and send the following forms and information to Acumen:

Employee Agreement Form Employee Information Form Relationship Disclosure Attestation to the Employee Live-in Exemption 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, and click on Resources.
W-4 Employee's Withholding Allowance Certificate IT-4 Ohio Employee's Withholding Exemption Certificate

<u>Acumen will notify you when your employee can begin working</u>. Do <u>not</u> allow any work to be performed prior to this notification. It will take approximately 5-7 business days before an applicant is cleared for hire. However, it could take longer.

□ Pay Selection Options Form

☐ Authorization for Direct Deposit/Pay Card (optional)

Acumen recommends that you download the forms from our website to ensure that you have the most current versions. You may contact our Customer Service Center to be sure you have the most up-to-date forms or to request copies be sent to you.

Acumen Fiscal Agent, LLC. 5416 E. Baseline Rd., Suite 200 Mesa, AZ 85206 Phone (866) 862-6861 Fax (866) 862-6862 customerservice@acumen2.net

Employee State and Local Tax Withholding

Ohio 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 Ohio 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

As the employer, it is your responsibility to notify Acumen when employee information changes or when an employee no longer works for you.

- Complete the Employee Change Form if an employee changes his or her name or address. This
 ensures that Acumen maintains accurate employee information to prevent interruption or delay
 of payment for services.
- Complete the Termination Form when an employee no longer works for you. This formally ends
 the employer employee relationship and notifies Acumen to NOT make any payments for that
 employee after his/her termination date. Failure to notify Acumen of an employee termination in
 a timely manner increases the risk of an unauthorized payment if your employee submits time
 without your knowledge.

Employee Files

Acumen recommends that you maintain a current, confidential and accurate file on each employee hired. This file should contain all employee documentation as previously listed, as well as all employee timesheets. It is recommended that you keep a copy of all forms submitted to Acumen and note the date and time you submitted them.

Confidentiality

If you mail forms to Acumen, always make a copy first. If you fax forms to Acumen retain the original in your files. Remember that these forms contain sensitive and confidential information about you and your employees, and they need to be kept in a safe place. Employees must not disclose or knowingly permit the disclosure of any information concerning the Client, the employer, or his/her family to any unauthorized person.

Internet Options

We encourage you to try our easy and reliable internet options for reporting and electronic time sheet submission (DCI Web Portal) for the OH AOoA Levy program. To access DCI go to our website www.acumenfiscalagent.com and select "DCI PORTAL" at the top of the page. A username and password are required, this information will be provided by Acumen once all paperwork is complete!



Employee Overtime

Your employees are eligible for overtime pay if they work more than 40 hours in a week (from Sunday to Saturday). Overtime is paid at one and a half times their regular hourly rate. Consider hiring more than one employee if you require more than 40 hours per week of care if your Authorization wasn't calculated assuming you would use overtime. If you do not have enough funds in your Personal Care funds, you will be responsible to pay your employee for the remaining amount you owe them.

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 1-800-829-1040.

Fraud

Fraud is committed when an EMPLOYER or EMPLOYEE is untruthful regarding services provided in order to obtain improper payment. Fraud is a felony, and conviction can lead to substantial penalties.

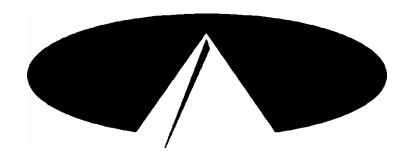
Examples of Fraud include:

- Signing or submitting a timesheet for services that were not actually provided.
- Signing or submitting a timesheet for services provided by a different person.
- Signing or submitting a timesheet for services that were reimbursed by another source.
- Signing or submitting a duplicate timesheet for reimbursement from the same source.

As required by the State of Ohio, suspected cases of fraud will be referred to the state for further investigation and possible prosecution.

To view Acumen's False Claims Policy go to www.acumenfiscalagent.com, select the "Resources" tab, then locate our "False Claim Policy."

Acumen Fiscal Agent, LLC. 5416 E. Baseline Rd., Suite 200 Mesa, AZ 85206 Phone (866) 862-6861 Fax (866) 862-6862 customerservice@acumen2.net Acumen Fiscal Agent, LLC.
5416 E. Baseline Rd.
Suite 200
Mesa, AZ 85206
Toll-Free Phone: (866) 862-6861
Toll-Free Fax: (866) 862-6862
customerservice@acumen2.net
www.acumenfiscalagent.com





Area Office on Aging of Northwestern Ohio Levy Self-Directed Care Program Employee Agreement Form

Employee Name:	
Employee Physical Address:	
Mailing Address (if different):	
Employee City/State/Zip:	
Employee Phone Number:	
Employee Email Address:	
Name of Client	
Employer Name (if different than Client):	
my Client is no longer in the Pr terms of my employment, I agree 1. I understand and acknow employer is not Acumen 2. I will accept payment fro any additional compensa 3. I will provide only the se Client's Authorization. 4. I will immediately notify a illness. 5. I agree to complete all re services under this prog 6. I understand that the res	wledge that the Client or their representative is my employer. My or any other entity involved with this Self-Directed Care Program. In Acumen as payment in full for the services provided. I cannot accept ation for the hours I have worked. I represent that have been approved by my employer and authorized in the a person designated by the employer of any Client medical emergency or equired paperwork and that I must be approved prior to providing any ram.
prospective employer ar 7. I understand and acknow	nd other program staff as necessary and/or required. Wledge that any untruthful submission of services provided in an attempt tent is subject to investigation as Fraud. Fraud is a felony and can lead to
	I have read this "Employee Agreement Form". I also confirm by signing being required of me and agree to follow its terms and conditions.

Employee Signature:

Date:



Employee/Employer Relationship Disclosure for Tax Exemptions

Based on Age, Student Status, and Family Relationship

Innovation - Opportunity - Freedom	
Employee Name	Employee SSN
Employer Name	
Participant Name	
and state taxes based on the employee's age, studen cases, the employer may also be exempt based on the these exemptions, you must take them . Acumen Fisc	te or nursing, may be exempt from paying certain federal it status, or family relationship to the employer. In some e employee's status. If you and your employer qualify for cal Agent will determine the tax exemptions that apply to blow. Please answer all the following questions based on yer.
Relationsh	ip Questionnaire
 Are you a non-resident alien temporarily in the to the US for providing domestic services? 	Jnited States on an F-1, J-1, M-1, or Q-1 visa admitted
☐ YES , that description fits my visa status.	□ NO , that description does not fit my visa status.
2. Are you the child of the employer (includes add	· <u> </u>
YES, my employer is my parent (mother or father).	□ NO , my employer is not my parent.
3. Are you the spouse of the employer?	_
☐ YES, my employer is my spouse (husband, wife domestic partner, or other in footnote #3).	
4. Are you the parent of the employer (includes ac	
YES, my employer is my child (son or daughter).	
5. If you answered, "YES," to Question 4, check a	ny of the following that apply.
☐ YES , I also provide care for my grandchild or step-	grandchild in my child's home.
	18, or has a physical or mental condition that requires a row during the calendar quarter in which services are
	orced, not remarried, or living with a spouse who has a are for my grandchild for at least four weeks in a row during ed.
NO, none of the above apply.	
6. Are you under the age of 18 or do you turn 18 b	efore December 31?
	☐ NO , I am over 18.
If you answered, " <u>YES</u> ," to Question 6, answer the followbelow.	owing question. If you answered, " <u>NO</u> ," skip the question
Is this job of performing household services (respi	te) your principal occupation?
NOTE: Do not answer, "YES," if you are a student.	
YES, this is my main job.	☐ NO, this is not my main job.
IMPORTANT: You must notify Acumen Fiscal Agen	t 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 stepparent,) 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 stepparent.**) employed by his or her child and answering "Yes" to all 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 principal 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 stepchild) while employers 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 stepparent) Employed by Child FICA Exempt only if not also caring for dependent child (including stepchild) 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."



Attestation to the Employee Live-in Exemption

Under the U.S. Department of Labor Fair Labor Standards Act (FLSA) – Home Care Rule revised regulations, I confirm that my employee listed below qualifies as a live-in domestic service worker and is exempt from the Fair Labor Standards Act overtime requirements.

I attest to the following:

- My worker resides on my premises either "permanently" or for "extended periods of time":
 - "Permanently" My worker resides on my premises permanently by living, working and sleeping on my premises seven days per week and therefore has NO home of his or her own: OR
 - "Extended Periods of Time" My worker resides on my premises for an extended period of time by living, working and sleeping on my premises for five days a week (120 hours or more) OR My worker spends less than 120 hours per week working and sleeping on my premises, but spends five consecutive days or nights residing on my premises.
- My worker is/will be paid at least minimum wage for all hours worked.
- There is a written agreement signed by my worker and myself to determine the number of hours that my worker will work.
 - Sleep time, meal time and other periods of time of complete freedom from work duties are excluded from work hours.
 - If any of the designated freedom of time periods are interrupted, I must pay for that time worked.
 - My worker may either leave the premises or stay on the premises during the designated freedom time periods.
 - o If there is ANY deviation to the written agreement, a new agreement must be made.

By signing below, I acknowledge that I am the employer for this stated employee and that by declaring this exemption, I have complied with the requirements for this exemption and accept any and all legal responsibility including but not limited to any cost associated with litigation or fines that may result by falsely claiming this exemption. I understand that this attestation form does not constitute the written agreement between me and my worker.

Participant/Client Name:	(Please print)
State:	
Employer Name:	(Please print)
Employer Signature:	Date:
Employee/Worker Name:	(Please print)
Employee/Worker Signature:	Date:

Phone: (877) 211-3738 Email: customerservice@acumen2.net



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 <u>Instructions</u>.

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 day of employment,				oyees must com	olete and	sign Sect	ion 1 of Fo	orm I-9 n	o later than the first	
Last Name (Family Name) First Name			(Given Nan	(Given Name) Middle Initial (if any) O			Other Last	Other Last Names Used (if any)		
Address (Street Number an	pt. Number	ot. Number (if any) City or Town			State	ZIP Code				
Date of Birth (mm/dd/yyyy)	U.S. So	cial Security Number	Em	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		1. A citizen 2. A noncitiz 3. A lawful p	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): 1. A citizen of the United States 2. A noncitizen national of the United States (See Instructions.) 3. A lawful permanent resident (Enter USCIS or A-Number.) 4. A noncitizen (other than Item Numbers 2, and 3, above) authorized to work until (exp. date, if any)							
of perjury, that this inf including my selection attesting to my citizens immigration status, is correct.	of the box ship or	I -	neck Item Number 4., enter one of these:					ort Number	and Country of Issuance	
Signature of Employee					٦	Γoday's Date	(mm/dd/yyy	y)		
If a preparer and/or tr	anslator assis	ted you in completi	ng Section	1, that person MUS	T complete	the <u>Prepar</u> e	er and/or Tra	anslator Ce	ertification on Page 3.	
Section 2. Employer business days after the e authorized by the Secreta documentation in the Add	mployee's firs	st day of employmocumentation from nation box; see Ins	ent, and m List A OR tructions.	nust physically exa R a combination of	mine, or ex document	xamine con ation from l	sistent with List B and L	nd sign Se an a l tern ist C. Ent	ative procedure ter any additional	
		List A	OR	L	ist B	-	AND		List C	
Document Title 1										
Issuing Authority										
Document Number (if any)										
Expiration Date (if any)				1.11411 1	41					
Document Title 2 (if any)			A	dditional Informa	tion					
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)				Check here if you u	ised an alte	rnative proce	dure authori	zed by DHS	S to examine documents.	
Certification: I attest, unde employee, (2) the above-lis best of my knowledge, the	ted document	ation appears to be	genuine ar	nd to relate to the e	•	•		First Day (mm/dd/		
Last Name, First Name and	Title of Employe	er or Authorized Repr	resentative	Signature of E	mployer or a	Authorized R	epresentativ	е	Today's Date (mm/dd/yyyy	
Employer's Business or Orga	anization Name		Employer	r's Business or Organ	nization Add	ress, City or	Town, State,	, ZIP Code		

Form I-9 Edition 08/01/23 Page 1 of 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 AN	Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		Driver's license or ID card issued by a State or outlying possession of the United States	A Social Security Account Number card, unless the card includes one of the following
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	restrictions: (1) NOT VALID FOR EMPLOYMENT
Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-		ID card issued by federal, state or local	(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
readable immigrant visa		government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color,	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
4. Employment Authorization Document that contains a photograph (Form I-766)		and address	Certification of report of birth issued by the Department of State (Forms DS-1350,
5. For an individual temporarily authorized to work for a specific employer because		3. School ID card with a photograph	FS-545, FS-240)
of his or her status or parole:		4. Voter's registration card	3. Original or certified copy of birth certificate issued by a State, county, municipal
a. Foreign passport; and		5. U.S. Military card or draft record	authority, or territory of the United States
b. Form I-94 or Form I-94A that has the following:		6. Military dependent's ID card	bearing an official seal 4. Native American tribal document
(1) The same name as the		7. U.S. Coast Guard Merchant Mariner Card	
passport; and (2) An endorsement of the		8. Native American tribal document	5. U.S. Citizen ID Card (Form I-197)
individual's status or parole as long as that period of		Driver's license issued by a Canadian government authority	Identification Card for Use of Resident Citizen in the United States (Form I-179)
endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or		For persons under age 18 who are unable to present a document listed above:	7. Employment authorization document issued by the Department of Homeland Security
limitations identified on the form.		10. School record or report card	For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the		11. Clinic, doctor, or hospital record	The Form I-766, Employment
Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		12. Day-care or nursery school record	Authorization Document, is a List A, Item Number 4. document, not a List C document.
		Acceptable Receipts	1
May be prese	entec	d in lieu of a document listed above for a t	emporary period.
		For receipt validity dates, see the M-274.	
Receipt for a replacement of a lost, stolen, or damaged List A document.	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.
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.			

^{*}Refer to the Employment Authorization Extensions page on <u>I-9 Central</u> for more information.

Form I-9 Edition 08/01/23 Page 2 of 4



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 (Family Name) from Section 1.	First Name (Given Name) 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.

completed Form I-9.						
I attest, under penalty of perjury, that I have assisted i knowledge the information is true and correct.	n the	completion of Section 1 of th	is form a	and that to	the best of my	
Signature of Preparer or Translator			Date (mm/dd/yyyy)			
Last Name (Family Name)	First I	Name (Given Name)			Middle Initial (if any)	
Address (Street Number and Name)		City or Town		State	ZIP Code	
I attest, under penalty of perjury, that I have assisted i knowledge the information is true and correct.	n the	completion of Section 1 of th	is form a	and that to	the best of my	
Signature of Preparer or Translator			Date (mn	n/dd/yyyy)		
Last Name (Family Name)	First Name (Given Name)				Middle Initial (if any)	
Address (Street Number and Name)		City or Town		State	ZIP Code	
I attest, under penalty of perjury, that I have assisted i knowledge the information is true and correct.	n the	completion of Section 1 of th	is form a	and that to	the best of my	
Signature of Preparer or Translator			Date (mn	n/dd/yyyy)		
Last Name (Family Name)	First I	Name (Given Name)		Middle Initial (if any)		
Address (Street Number and Name)	Address (Street Number and Name) City or Town				ZIP Code	
I attest, under penalty of perjury, that I have assisted i knowledge the information is true and correct.	n the	completion of Section 1 of th	is form a	and that to	the best of my	
Signature of Preparer or Translator			Date (mn	n/dd/yyyy)		
Last Name (Family Name)	First Name (Given Name)				Middle Initial (if any)	
Address (Street Number and Name)	-	City or Town		State	ZIP Code	

Form I-9 Edition 08/01/23 Page 3 of 4



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 (Family Name) from	n Section 1.	First Name (Given N	First Name (Given Name) from Section 1.			Middle initial (if any) from Section 1.			
reverification, is rehired wi the employee's name in the completing this page. Kee	thin three years of the date e fields above. Use a new s	the original Form I-9 was section for each reverific mployee's Form I-9 reco	Form I-9. Only use this page as completed, or provides procation or rehire. Review the Ford. Additional guidance can	oof of a Form I-9	legal name constructions	hange. Enter			
Date of Rehire (if applicable)	New Name (if applicable)								
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)			Middle Initial			
	ee requires reverification, you prization. Enter the document		o present any acceptable List As below.	or List	C documenta	tion to show			
Document Title		Document Number (if any)		Expir	ation Date (if an	y) (mm/dd/yyyy)			
			loyee is authorized to work in a to be genuine and to relate						
Name of Employer or Authorize	ed Representative	Signature of Employer or A	uthorized Representative		Today's Date	(mm/dd/yyyy)			
Additional Information (Initi	al and date each notation.)					you used an cedure authorized mine documents.			
Date of Rehire (if applicable)	New Name (if applicable)								
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)			Middle Initial			
continued employment author	ee requires reverification, you prization. Enter the document	t information in the space							
Document Title		Document Number (if any)				y) (mm/dd/yyyy)			
			loyee is authorized to work in to be genuine and to relate						
Name of Employer or Authorize	ed Representative	Signature of Employer or A	uthorized Representative		Today's Date	(mm/dd/yyyy)			
Additional Information (Initi	al and date each notation.)					you used an cedure authorized mine documents.			
Date of Rehire (if applicable)	New Name (if applicable)								
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)			Middle Initial			
	ee requires reverification, you prization. Enter the document		o present any acceptable List As below.	or List	C documenta	tion to show			
Document Title		Document Number (if any)		Expir	ation Date (if an	y) (mm/dd/yyyy)			
			loyee is authorized to work in s to be genuine and to relate						
Name of Employer or Authorize	ed Representative	Signature of Employer or A	uthorized Representative		Today's Date	(mm/dd/yyyy)			
Additional Information (Initi	al and date each notation.)					you used an cedure authorized mine documents.			

Employee's Withholding Certificate

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.

Stop 1:	rvice		Tour withinolan	ng is subject to review by the II	HS.		
Step 1:	(a) Fi	rst name and middle initial		Last name		(b) S	Social security nun
Enter Personal	Addres	SS .				name	your name match on your social se If not, to ensure yo
Information Physical Address	City or	town, state, and ZIP code				credit conta	t for your earnings, act SSA at 800-772-to www.ssa.gov.
Required (No P.O. Box)	(c) [Single or Married filing sep Married filing jointly or Qua Head of household (Check	alifying surviving s	spouse rried and pay more than half the costs	of keeping up a home for y	ourself a	and a qualifying indi
are completing marital status, deductions, or	g this f numb credit	orm after the beginning er of jobs for you (and/c	of the year; ex or your spouse nt pay stub(s) f	o determine the most accura pect to work only part of the if married filing jointly), deper from this year available when	year; or have change ndents, other income	es durir (not fr	ng the year in y om jobs),
				se, skip to Step 5. See page timator at <i>www.irs.gov/W4Ap</i>		on on e	each step, who
Step 2: Multiple Job	s			re than one job at a time, or (thholding depends on incom			
or Spouse		Do only one of the foll	-				
Works				W4App for the most accurat Doyment income, use this op		step (and Steps 3–4
		(b) Use the Multiple Jo	bs Worksheet	on page 3 and enter the resu	ılt in Step 4(c) below;	or	
If applicable		option is generally higher paying job.	more accurate Otherwise, (b) i		aying job is more tha 	n half d	of the pay at th
be most accur				ese jobs. Leave those steps n W-4 for the highest paying		bs. (Yo	our withholding
Cton o.							
-		•		or less (\$400,000 or less if ma			
Claim Dependent		Multiply the numbe	er of qualifying o	children under age 17 by \$2,0		_	
Claim Dependent and Other		Multiply the number Multiply the number Add the amounts above	er of qualifying over of other dependent	children under age 17 by \$2,0 endents by \$500	000 <u>\$</u> . <u>\$</u> ents. You may add t		even if "(
Claim Dependent and Other Credits Step 4		Multiply the number Multiply the number Add the amounts above this the amount of any (a) Other income (not expect this year that	er of qualifying of er of other dependence ve for qualifying other credits. In the trom jobs). at won't have we	children under age 17 by \$2,0 endents by \$500	. \$ ents. You may add to the company of other income you of other income here	. 3 u ∋.	even if "0
Claim Dependent and Other Credits Step 4 (optional): Other		Multiply the number Multiply the number Add the amounts above this the amount of any (a) Other income (not expect this year that	er of qualifying of er of other dependence ve for qualifying other credits. In the trom jobs). at won't have we	children under age 17 by \$2,0 endents by \$500	. \$ ents. You may add to the company of other income you of other income here	. 3 u ∋.	even if "(
Claim Dependent and Other Credits Step 4 (optional): Other Adjustments Optional.	6	Multiply the number Multiply the number Add the amounts about this the amount of any (a) Other income (not expect this year that This may include in (b) Deductions. If you want to reduce you	er of qualifying of er of other dependence of ve for qualifying other credits. In other credits. In other credits. In other credits. In other credits. In other credits. In other credits. In other credits. In other credits. In other credits. In other credits. In ot	children under age 17 by \$2,0 endents by \$500	ents. You may add to the for other income you of other income here.	3 d 4(a d er	even if "0 \$
Please refer to the	S	Multiply the number Multiply the number Add the amounts about this the amount of any (a) Other income (not expect this year that This may include in the may be considered by the result here.	er of qualifying of er of other depe- ve for qualifying other credits. In other credits. In other credits. In other credits. In other credits. In other credits. In other credits. In other credits. In other credits. In other cred	children under age 17 by \$2,0 endents by \$500	ents. You may add to the for other income you of other income here to the form and adduction and the form page 3 and enter the form of the form page 3 and enter the form page	3 4(a 4(b	even if "0 \$ a) \$
Claim Dependent and Other Credits Step 4 (optional): Other Adjustments Optional. Please refer	3	Multiply the number Multiply the number Add the amounts about this the amount of any (a) Other income (not expect this year that This may include in (b) Deductions. If you want to reduce you the result here (c) Extra withholding.	er of qualifying of er of other dependence of the credits. In the credits of the	children under age 17 by \$2,0 endents by \$500	ents. You may add to the second of other income here to the second of th	4(a dder 4(b	even if "0 \$
Claim Dependent and Other Credits Step 4 (optional): Other Adjustments Optional. Please refer to the instructions. Step 5: Sign		Multiply the number Multiply the number Add the amounts about this the amount of any (a) Other income (not expect this year that This may include in (b) Deductions. If you want to reduce you the result here (c) Extra withholding.	er of qualifying of er of other dependence of other credits. In other credits. In the control of the credits. In the credits of the credits of the credit of	children under age 17 by \$2,0 endents by \$500	ents. You may add to the standard deduction and to no page 3 and enter the standard pay period	4(z 4(z 4(z 4(z 4(c	s even if "0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Claim Dependent and Other Credits Step 4 (optional): Other Adjustments Optional. Please refer to the	Under	Multiply the number Multiply the number Add the amounts about this the amount of any (a) Other income (not expect this year that This may include in (b) Deductions. If you want to reduce you the result here (c) Extra withholding.	er of qualifying of er of other dependence of other dependence of the credits. In the credits of the credit	children under age 17 by \$2,0 endents by \$500	ents. You may add the second of other income here to an add the second of other income here to an add the second of the second o	4(z 4(z 4(z 4(z 4(c	a) \$ b) \$ c) \$

Form W-4 (2025) Page **2**

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.

Form W-4 (2025)

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	2 a	\$
	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: • \$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.

Form W-4 (2025) Page **4**

Form W-4 (2025)			Mouried	Tilina la	indle au C)	- Compile	na Cnau				Page 4
III. B. B. B. B. B.			viarried			Qualifying Job Annua	-					
Higher Paying Job Annual Taxable	\$0 -	\$10,000 -	\$20,000 -	\$30,000 -	\$40,000 -	\$50,000 -	\$60,000 -	\$70,000 -	\$80,000 -	\$90,000 -	\$100,000-	\$110,000-
Wage & Salary	9,999	19,999	29,999	39,999	49,999	59,999	69,999	79,999	89,999	99,999	109,999	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 \$80,000 - 99,999	1,020 1,020	2,220 2,220	3,420 3,420	3,770 4,620	3,970 5,820	5,080 6,930	6,080 7,930	7,080 8,930	8,080 9,930	9,080 10,930	10,080 11,930	11,080 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
						d Filing S	-	-				
Higher Paying Job		1	1			Job Annua			Salary	1	1	1
Annual Taxable Wage & Salary	\$0 - 9,999	\$10,000 -	\$20,000 -	\$30,000 -	\$40,000 -	\$50,000 -	\$60,000 -	\$70,000 -	\$80,000 -	\$90,000 -	\$100,000 -	\$110,000-
		19,999	29,999	39,999	49,999	59,999	69,999	79,999	89,999	99,999	109,999	120,000
\$0 - 9,999 \$10,000 - 19,999	\$200 850	\$850 1,700	\$1,020 1,870	\$1,020 1,870	\$1,020 2,220	\$1,370 3,220	\$1,870 3,720	\$1,870 3,720	\$1,870 3,720	\$1,870 3,720	\$1,870 3,890	\$2,040 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 Househo	18,660	20,160	21,660	23,160	24,660	26,160
Higher Paying Job						Job Annua		Wage & S	Salarv			
Annual Taxable	\$0 -	\$10,000 -	\$20,000 -	\$30,000 -	\$40,000 -	\$50,000 -	\$60,000 -	\$70,000 -	\$80,000 -	\$90,000 -	\$100,000-	\$110,000-
Wage & Salary	9,999	19,999	29,999	39,999	49,999	59,999	69,999	79,999	89,999	99,999	109,999	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 \$175,000 - 100,000	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 \$200,000 - 249,999	2,040 2,720	4,440 5,920	6,640 8,520	8,840 10,960	10,860 13,280	12,860 15,580	14,860 17,880	16,910	19,090 22,360	20,390 23,660	21,690	22,990 26,260
\$250,000 - 249,999 \$250,000 - 449,999	2,720	6,470	9,370	11,870	14,190	16,490	18,790	20,180	23,280	24,580	24,960 25,880	26,260
\$450,000 - 449,999 \$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	21,090	25,260	26,550	28,050	29,550
ψ+ου,υυυ and over	3,140	0,040	J 3,340	12,040	10,100	17,000	20,100	۷۷,000	20,000	20,000	20,000	25,000

IT 4 Rev. 12/20

Employee's Withholding Exemption Certificate

Submit form IT 4 to your employer on or before the start date of employment so your employer will withhold and remit Ohio income tax from your compensation. If applicable, your employer will also withhold school district income tax. You must file an updated IT 4 when any of the information listed below changes (including your marital status or number of dependents). You should contact your employer for instructions on how to complete an updated IT 4. Your employer may require you to complete this form electronically.

Section I: Personal Information

Franksia News	Franks (see CCN)
Employee Name:	Employee SSN:
Address, city, state, ZIP code:	
School district of residence (See <i>The Finder</i> at tax.ohio.gov):	School district number (####):
Section II: Claiming Withholding Exemptions	
1. Enter "0" if you are a dependent on another individual's Ohio return;	otherwise enter "1"
2. Enter "0" if single or if your spouse files a separate Ohio return; other	erwise enter "1"
3. Number of dependents	
4. Total withholding exemptions (sum of line 1, 2, and 3)	
5. Additional Ohio income tax withholding per pay period (optional)	\$
Section III: Withholding Waiver	
I am <u>not</u> subject to Ohio or school district income tax withholding because	se (check all that apply):
I am a full-year resident of Indiana, Kentucky, Michigan, Pennsy	Ivania, or West Virginia.
I am a resident military servicemember who is stationed outside	Ohio on active duty military orders.
I am a nonresident military servicemember who is stationed in C	Ohio due to military orders.
I am a nonresident civilian spouse of a military servicemember a spouse's military orders.	and I am present in Ohio solely due to my
I am exempt from Ohio withholding under R.C. 5747.06(A)(1) th	rough (6).
Section IV: Signature (required)	
Under penalties of perjury, I declare that, to the best of my knowledge and	belief, the information is true, correct and complete.
Signature	Date

IT 4 Instructions

Most individuals are subject to Ohio income tax on their wages, salaries, or other compensation. To ensure this tax is paid, employers maintaining an office or transacting business in Ohio must withhold Ohio income tax, and school district income tax if applicable, from each individual who is an employee.

Such employees who are subject to Ohio income tax (and school district income tax, if applicable) should complete sections I, II, and IV of the IT 4 to have their employer withhold the appropriate Ohio taxes from their compensation. If the employee does not complete the IT 4 and return it to his/her employer, the employer:

- Will withhold Ohio tax based on the employee claiming zero exemptions, and
- Will not withhold school district income tax, even if the employee lives in a taxing school district.

An individual may be subject to an interest penalty for underpayment of estimated taxes (on form IT/SD 2210) based on under-withholding.

Certain employees may be **exempt** from Ohio withholding because their income is not subject to Ohio tax. Such employees should complete sections I, III, and IV of the IT 4 **only**.

The IT 4 does <u>not</u> need to be filed with the Department of Taxation. Your employer must maintain a copy as part of its records.

R.C. 5747.06(A) and Ohio Adm.Code 5703-7-10.

Section I

Enter the four-digit school district number of your primary address. If you do not know your school district of residence or its school district number, use *The Finder* at **tax.ohio.gov**. You can also verify your school district by contacting your county auditor or county board of elections.

If you move during the tax year, complete an updated IT 4 immediately reflecting your new address and/ or school district of residence.

Section II

<u>Line 1:</u> If you can be claimed on someone else's Ohio income tax return as a dependent, then you are to enter "0" on this line. Everyone else may enter "1".

<u>Line 2:</u> If you are single, enter "0" on this line. If you are married and you and your spouse file separate Ohio Income tax returns as "Married filing Separately" then enter "0" on this line

<u>Line 3:</u> You are allowed one exemption for each dependent. Your dependents for Ohio income tax purposes are the same as your dependents for federal income tax purposes. See R.C. 5747.01(O).

<u>Line 5:</u> If you expect to owe more Ohio income tax than the amount withheld from your compensation, you can request that your employer withhold an additional amount of Ohio income tax. This amount should be reported in whole dollars.

Note: If you do not request additional withholding from your compensation, you may need to make estimated income tax payments using form IT 1040ES or estimated school district income tax payments using the SD 100ES. Individuals who commonly owe more in Ohio income taxes than what is withheld from their compensation include:

- Spouses who file a joint Ohio income tax return and both report income, and
- Individuals who have multiple jobs, all of which are subject to Ohio withholding.

Section III

This section is for individuals whose income is deductible or excludable from Ohio income tax, and thus employer withholding is not required. Such employee should check the appropriate box to indicate which exemption applies to him/her. Checking the box will cause your employer to not withhold Ohio income tax and/or school district income tax. The exemptions include:

- <u>Reciprocity Exemption:</u> If you are a resident of Indiana, Kentucky, Pennsylvania, Michigan or West Virginia and you work in Ohio, you do not owe Ohio income tax on your compensation. Instead, you should have your employer withhold income tax for your resident state. R.C. 5747.05(A)(2).
- Resident Military Servicemember Exemption: If you are an Ohio resident and a member of the United States Army, Air Force, Navy, Marine Corps, or Coast Guard (or the reserve components of these branches of the military) or a member of the National Guard, you do not owe Ohio income tax or school district income tax on your active duty military pay and allowances received while stationed outside of Ohio.

This exemption does not apply to compensation for nonactive duty status or received while you are stationed in Ohio.

R.C. 5747.01(A)(21).

- Nonresident Military Servicemember Exemption: If you are a nonresident of Ohio and a member of the uniformed services (as defined in 10 U.S.C. §101), you do not owe Ohio income tax or school district income tax on your military pay and allowances.
- Nonresident Civilian Spouse of a Military Servicemember Exemption: If you are the civilian spouse of a military servicemember, your pay may be exempt from Ohio income tax and school district income tax if all of the following are true:
 - Your spouse is a nonresident of Ohio;
 - You and your spouse are residents of the same state;
 - Your spouse is stationed in Ohio on military orders; and
 - You are present in Ohio solely to be with your spouse.

You <u>must</u> provide a copy of the employee's spousal military identification card issued to the employee by the Department of Defense when completing the IT 4.

Note: For more information on taxation of military servicemembers and their civilian spouses, see 50a U.S.C. §571.

- <u>Statutory Withholding Exemptions</u>: Compensation earned in any of the following circumstances is not subject to Ohio income tax or school district income tax withholding:
 - Agricultural labor (as defined in 26 U.S.C. §3121(g));
 - Domestic service in a private home, local college club, or local chapter of a college fraternity or sorority;
 - Services performed by an employee who is regularly employed by an employer to perform such service if she or he earns less than \$300 during a calendar quarter;

- Newspaper or shopping news delivery or distribution directly to a consumer, performed by an individual under the age of 18:
- Services performed for a foreign government or an international organization; and
- Services performed outside the employer's trade or business if paid in any medium other than cash.

*These exemptions are not common.

Note: While the employer is not required to withhold on these amounts, the income is still subject to Ohio income tax and school district income tax (if applicable). As such, you may need to make estimated income tax payments using form IT 1040ES and/or estimated school district income tax payments using form SD 100ES.

See R.C. 5747.06(A)(1) through (6).



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: 866-862-6862

Mail: 5416 E. Baseline Rd. Suite 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 □ I would like to have my pay stub mailed to me (check one box): Yes No □ 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** Secondary Account 2 (Mandatory for Flat dollar option) Account Type: Account Type: **Checking** (attach a voided check) **Checking** (attach a voided check) □ Savings (attach routing & account information printout) **Savings** (attach routing & account information printout) Flat Dollar Amount Remainder account. (Used if percentage is less than 100% or net pay exceeds the flat dollar amount listed Percentage 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? \square 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 for 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

Print Name Social Security Number Date of Birth

Email Address Signature Date

that Acumen is not responsible and I will need to work with my institution to rectify said payment.



Attestation to the Employee Live-in Exemption

Under the U.S. Department of Labor Fair Labor Standards Act (FLSA) – Home Care Rule revised regulations, I confirm that my employee listed below qualifies as a live-in domestic service worker and is exempt from the Fair Labor Standards Act overtime requirements.

I attest to the following:

- My worker resides on my premises either "permanently" or for "extended periods of time":
 - "Permanently" My worker resides on my premises permanently by living, working and sleeping on my premises seven days per week and therefore has NO home of his or her own: OR
 - "Extended Periods of Time" My worker resides on my premises for an extended period of time by living, working and sleeping on my premises for five days a week (120 hours or more) OR My worker spends less than 120 hours per week working and sleeping on my premises, but spends five consecutive days or nights residing on my premises.
- My worker is/will be paid at least minimum wage for all hours worked.
- There is a written agreement signed by my worker and myself to determine the number of hours that my worker will work.
 - Sleep time, meal time and other periods of time of complete freedom from work duties are excluded from work hours.
 - If any of the designated freedom of time periods are interrupted, I must pay for that time worked.
 - My worker may either leave the premises or stay on the premises during the designated freedom time periods.
 - o If there is ANY deviation to the written agreement, a new agreement must be made.

By signing below, I acknowledge that I am the employer for this stated employee and that by declaring this exemption, I have complied with the requirements for this exemption and accept any and all legal responsibility including but not limited to any cost associated with litigation or fines that may result by falsely claiming this exemption. I understand that this attestation form does not constitute the written agreement between me and my worker.

Participant/Client Name:	(Please print)
State:	
Employer Name:	(Please print)
Employer Signature:	Date:
Employee/Worker Name:	(Please print)
Employee/Worker Signature:	Date:

Phone: (866) 862-6861 Email: customerservice@acumen2.net

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) 862-6862

Email: <u>enrollment@acumen2.net</u>

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, <u>only</u> 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:								
Client Name and ID Number:								
Employee ID Number:								
Signature (Employer or Authorized Rep):								
Date:								



EMPLOYEE TERMINATION FORM

Employers must complete the following information when an employee stops working for them. Please complete this form and return it to Acumen in one of the following ways:

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

Fax: (866) 862-6862

E-mail: payroll-oh@acumen2.net

Your state has laws regarding how quickly an employee's final paycheck must be issued. Please make sure the final hours owed to your employee have been approved and submitted so Acumen can help you comply with the final paycheck laws in your state.

EMPLOYEE NAME:							
EMPLOYEE ID #:							
LAST DATE OF EMPLOYMENT:	CHEC	CK ONE					
LAST DATE OF EMPLOTMENT.	VOLUNTARY 🗆	INVOLUNTARY 🗆					
REASON FOR ENDING EMPLOYMENT:							
IF YOUR EMPLOYEE RECEIVES PAYCHECKS IN THE MAIL, THE FINAL PAYCHECK WILL BE SENT TO THE ADDRESS ON FILE. IF THE CHECK NEEDS TO BE SENT TO A DIFFERENT ADDRESS, PLEASE PROVIDE THAT ADDRESS BELOW:							
IF YOUR EMPLOYEE RECEIVES PAYCHECKS ELECTRONICALLY (DIRECT DEPOSIT OR PAYCARD), THE FINAL PAYCHECK WILL BE DELIVERED ELECTRONICALLY. IF A PAPER CHECK IS NEEDED INSTEAD, PLEASE PROVIDE THE ADDRESS WHERE THAT CHECK SHOULD BE SENT BELOW:							
CLIENT NAME AND ID #:							
EMPLOYER NAME:							
EMPLOYER SIGNATURE:	DATE:						



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 (C	Given Name)	Middle Initial (if any)	Other Last	Names Us	ed (if any)
Address (Street Number and National Language Lan	,			. Number (if	any) City or Tow	ın —		State AZ	ZIP Code 55555
Date of Birth (mm/dd/yyyy)	1	cial Securit	ty Number	Emple	oyee's Email Addre		T	1	's Telephone Number
01/01/1990			5 5 5		•	/PLE.COM			555-5555
I am aware that federal lav provides for imprisonmen fines for false statements, use of false documents, ir connection with the comp this form. I attest, under p of perjury, that this inform including my selection of	1. 2. 3. 4.	eck one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): 1. A citizen of the United States 2. A noncitizen national of the United States (See Instructions.) 3. A lawful permanent resident (Enter USCIS or A-Number.) 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to wo the surface of the instructions.)							
attesting to my citizenship	or				ter one of these:	ion Number	olana C	Ali wala au	and Country of Incomes
immigration status, is true correct.	and	030	IS A-Numb	OR OR	Form I-94 Admiss	R POR	eign P	Number	and Country of Issuance
Signature of Employee EMPLOYEE SIGN	ATUR	E					(mm/dd/)	,,\	
If a preparer and/or transl	ator assist	ted you in	completing	S 1,	that ert n MU	complete the PI	er and/or Tr	anslator Ce	ertification on Page 3.
Section 2. Employer Rev business days after the empl- authorized by the Secretary of documentation in the Addition	oyer' of aS, do	day of e	oloy en	t, an mus ist A R a fions	s the ical exam ination of c		sistent with List B and L	ı an alterna	ative procedure ter any additional
		st A		0	Li	st B	AND		List C
Document Title 1					DRIVER'S	LICENSE	SOC	IAL SE	CURITY CARD
Issuing Authority					ARIZONA DMV SSA				
Document Number (if any)					555555A		555-5	55-555	5
Expiration Date (if any)					05/05/2025		N/A		
Document Title 2 (if any)				Add	litional Informat	ion			
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)					Check here if you u	sed an alternative proce	dure authori	zed by DHS	S to examine documents.
Certification: I attest, under pe employee, (2) the above-listed best of my knowledge, the emp	documenta	ation appe	ars to be g	enuine and	to relate to the en			(mm/dd/	y of Employment /yyyy): 5/2023
Last Name, First Name and Title	of Employe	r or Author	rized Repres	entative	Signature of Er	mployer or Authorized R	epresentativ	e	Today's Date (mm/dd/yyyy)
EMPLOYER, ELAINE		ISEHO				ER SIGNATU			08/03/2023
Employer's Business or Organiza			I .		-	ization Address, City or YTOWN, AZ,		, ZIP Code	

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

Form W-4

Department of the Treasury Internal Revenue Service

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:		First name and middle initial	Last name			cial security number		
Enter		Jane E.	Employee			3-45-6789		
Personal	Add	^{ress} 111 Maine St Apt 2			name o	our name match the on your social security		
Information /		or town, state, and ZIP code				f not, to ensure you get or your earnings,		
Physical Address	•	Anytown, State 12345				SSA at 800-772-1213 www.ssa.gov.		
Required	(c)	X Single or Married filing separately						
(No P.O. Box)		Married filing jointly or Qualifying surviving s			16			
		Head of household (Check only if you're unman				, , , ,		
are completing marital status, deductions, or	this num crea	g the estimator at www.irs.gov/W4App to form after the beginning of the year; explorer of jobs for you (and/or your spouse idits. Have your most recent pay stub(s) frator again to recheck your withholding.	pect to work only part of the factorial factor	year; or have change idents, other income	s during (not fro	the year in your m jobs),		
		2-4 ONLY if they apply to you; otherwis om withholding, and when to use the est			on on ea	ich step, who can		
Step 2: Multiple Job	s	Complete this step if you (1) hold mor also works. The correct amount of wit						
or Spouse		Do only one of the following.						
Works		(a) Use the estimator at www.irs.gov/ you or your spouse have self-emp	• •	<u> </u>	step (ar	nd Steps 3–4). If		
		(b) Use the Multiple Jobs Worksheet	•		or			
If applicable	->	option is generally more accurate higher, the glob. Conercise, (1) is	than (^I) pa at the we pa					
		F-4(b) on Fo in W-4 or inly ON, of he fyou complete Steps 3-4(b) on the Form			bs. (You	r withholding will		
Step 3:		If your total income will be \$200,000 c	or less (\$400,000 or less if ma	arried filing jointly):		Required field		
Claim		Multiply the number of qualifying c	hildren under age 17 by \$2,0	00 <u>\$</u>	_	even if "0".		
Dependent and Other		Multiply the number of other depe	ndents by \$500	. \$ 0	_			
Credits		Add the amounts above for qualifying this the amount of any other credits.	•	ents. You may add t		\$ 0		
Step 4		(a) Other income (not from jobs).						
(optional):		expect this year that won't have w This may include interest, dividence		of other income here	e. 4(a)	\$		
Other Adjustments		·						
Optional.	, 	(b) Deductions. If you expect to claim want to reduce your withholding, u						
Please refer		the result here			4(b)	\$		
to the instructions.		(c) Extra withholding. Enter any additional content of the content	tional tax vou want withheld	each pav period	4(c)	 \$		
			ave Steps 2, 3 & 4 blank. Wri			,		
Step 5:	Unc	ler penalties of perjury, I declare that this certi	ficate, to the best of my knowled	dge and belief, is true, o	orrect, a	nd complete.		
Sign						1/03/2025		
Here	Employee's signature (This form is not valid unless you sign it.) Date							
Employers	Employer's name and address First date of E			Emplove	imployer identification			
Only		Employer Name		employment	number			
oyer /		22 Maine St Anytown, State 12	2345					

Empl Name If selecting Direct Deposit, Include a voided check or bank letter.

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

Check □ Direct Deposit □

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

Email □

Physical Mail

DIRECT DEPOSIT INFORMATION

MUST include a voided check or bank letter for direct deposit. To avoid processing delays, please do not staple your voided check or bank letter to this form. For savings accounts, please send a printout from your bank that gives the routing number and account information. Send any changes to your account(s) right away!

Send any changes to your account(s) right away!		
Primary Account 1	Secondary Account 2 (Mandatory for Flat dollar option)	
Account Type:	Account Type:	
 ☑ Checking (Include a voided check or bank letter) ☐ Savings (Include routing & account information print 	 □ Checking (Include a voided check or bank letter) □ Savings (Include routing & account information printout) 	ı + \
☐ Flat Dollar Amount	□ Remainder account. (Used if percentage is less than 1	
✓ Percentage	net pay exceeds the flat dollar amount listed for Primary Acco	
_ : :::::::::::::::::::::::::::::::::::	,	,
	Financial Institution Name	
Flat dollar amount or % of check to be deposited:		
Financial Institution Name	Financial Institution Address	
Bank Name		
Financial Institution Address	Routing Number	
Routing Number	Account Number	
Bank routing #		
Account Number	All remaining funds exceeding Primary Account 1 allocation	ions w
Bank Account #	deposit into this account.	
I hereby tumen Fiscal t, LLC (here ar initiatic of credit er is to my a but at the final a is Bank to proceed and credit any critic endit in a count, a company to ebit my proceed with reasonable opportunition are in it. If I see "ed Par in Chepayda, powever, it impossible to guarant the count is that mail after the country of the coun	ECT DEPOSIT, PAY CARD or PAPER CHECK Company depositiution (h & after "hk") handling y ch e indicated above erroneously in pount no loce eed the priginal arm of the first in the event of the pount notion from the office in the company in the event of the pount notion in the event of the principal arm	thorize nto my n is to fford a rive by irected
Employee Name	Employee SSN Employee DOB	
Print Name	Social Security Number Date of Birth	
Employee Email	Imployee Signautre Signature Date	
Email Address for Paystub Delivery	Signature Date	
Employee Street Address/City/State/Zip:	Employee Physical Address	

Return completed form by email enrollment@acumen2.net, fax (866) 6862 or mail to 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206



LEARN, SHOP, CUSTOMIZE & ENROLL



A free insurance resource made available exclusively to all Acumen Fiscal Agent members and their family members.

Major Medical Short-Term Medical Dental Vision Critical Illness Accident
Auto & Home
Life
Disability
Free Prescription Card

Customized Coverage from Carriers You Know



vision care



oscar











OPEN ENROLLMENT HAS ENDED, BUT YOU STILL HAVE OPTIONS

Here's How We Can Help:

Special Enrollment Period

Does your life change qualify you for a special enrollment period? A licensed agent can help you decide. If you qualify, you can enroll into the major medical plan of your choosing.

Visit our online Insurance Resource Center at **acumen.augeobenefits.com** for a full list of qualifications.

Short Term Medical Coverage

If you haven't experienced a qualifying life change, you and your family can still get covered by enrolling into a Short-Term Medical plan. Our licensed agents will go through your options and enroll you into the best plan for your situation.



Individual plans from \$60.60/mo*



Family plans from \$123.02/mo*

*Dates subject to change. Sample rates were calculated on 11/2024 using the zip code 85050. Actual `rates may vary. All eligibles were non-smokers.

WHO WE ARE

Powered by Augeo Benefits, our health insurance marketplace provides an insurance resource to all

Acumen Fiscal Agent members and their family members.

With one call to Augeo Benefits, you will be able to



shop, compare and enroll in health insurance plans both on and off the federal and state marketplaces; allowing you to find the individualized coverage that fits your specific situation.

DID YOU MISS THE OPEN ENROLLMENT DEADLINE? We Can Help.

866.248.9991 acumen.augeobenefits.com

Our Online Insurance Resource Center provides 24/7 access to all things insurance, including an Affordable Care Act (ACA) overview, important dates to remember, a tax credit calculator and much more.



FAQS

Q Who is eligible?

A All Acumen Fiscal Agent members and thier family members are eligible for this service.

Q How is Augeo Benefits different than the federal and state health insurance marketplaces/exchanges?

A We have created a one-stop shop for you and your family members to receive professional assistance in shopping for, comparing, and enrolling in health insurance plans, both on and off the federal and state marketplaces. Our goal is to expand your options by giving you access to plans located on the government marketplaces as well as options off of those marketplaces.

Q Do I need to purchase a federal or state marketplace health insurance plan?

A No. We offer access to qualified insurance plans, both on and off the government marketplaces.

Q What if I have pre-existing conditions?

A Pre-existing conditions no longer limit your Major Medical Insurance. It's the same plans, at the same rates, as those without pre-existing conditions.

Q Can I apply for a subsidy or tax credit through Augeo Benefits?

A Yes. If you qualify to purchase a health insurance plan from a federal or state marketplace, you can apply for a subsidy/tax credit through Augeo Benefits.

WE'VE GOT YOU COVERED

866.248.9991

acumen.augeobenefits.com

