



SAMPLE

Employee Information Form
Relationship Disclosure

Employee Name: Ima G. Employee SSN: 123-45-6789
 Physical Address: 123 Happy Street City/State/Zip: Salt Lake City, UT 84001
 Mailing Address (if different): _____ City/State/Zip: _____
 County of Physical Address: Salt Lake County
 Phone Number: (801) 555-6666 Email (optional): myemail@yahoo.com
 Name of Client: John Client
 Name of Employer (if applicable): Ima Employer

Instructions: There are some tax exemptions for certain domestic employer and employee relationships. Please select any of the below boxes if a relationship exists between you as the employee and the employer:

- None**, no relation to employer
- *Spouse** of the employer,
- *Child** of the employer and under the age of 21
- *Parent** of the employer - if this option is marked, read below and check all that apply:
 - You are employed by your son or daughter**
 - Your son or daughter has a child or stepchild living in the home**
 - Your son or daughter is a widower, divorced, or is living with a spouse who, because of a mental or physical condition, cannot care for the child or stepchild for at least 4 continuous weeks in a calendar quarter**
 - Your son or daughter's child or stepchild is under the age of 18 and requires the personal care of an adult for at least 4 continuous weeks in a calendar quarter due to a mental or physical condition**

*Internal Use Only
<ul style="list-style-type: none"> • If Parent (employee) selected all 4 parent conditions, parent/employee is FUTA and SUTA Exempt • If Parent (employee) did NOT select all 4 parent conditions, parent/employee is FICA, FUTA, SUTA Exempt • If Spouse or Child are selected, employee is FICA, FUTA, SUTA Exempt

The fine print - under IRS guidelines, Publication 15 (Circular E) Section 3, employees are not subject to Social Security, Medicare and federal unemployment tax (FUTA) if these relationships exist. The exemptions are as follows:

- A. Child employed by parents – Payments for work other than in a trade or business, such as domestic work in the parent's private home, are not subject to Social Security, Medicare, and FUTA tax until the child reaches age 21. (IRS Pub. 15, Section 3, Paragraph 1)
- B. One spouse employed by another – Payments for services of one spouse employed by another in other than a trade or business, such as domestic service in a private home, are not subject to Social Security, Medicare, and FUTA tax. (IRS Pub. 15, Section 3, Paragraph 2)
- C. Parent employed by child – Payments for the services of a parent employed by his or her child in other than a trade or business, such as domestic services, are not subject to Social Security, Medicare and FUTA tax as long as the above conditions apply. (IRS Pub. 15, Section 3, Paragraph 4)

The State of Utah follows the federal guidelines in applying liability for state unemployment tax (SUTA). If the employee falls into the category of Spouse or Child as outlined above, Social Security and Medicare tax will not be withheld from their checks. If the employee falls into the category of Parent and meets all 4 parent conditions, Social Security and Medicare tax will be withheld from their checks. If the employee is exempt from FUTA, SUTA, Social Security and Medicare, the employer will not be charged for their share of Social Security and Medicare or FUTA and SUTA withholdings.

Employee Signature: Ima G. Employee Date: 3-1-22



UT DSPD EMPLOYEE RATE SHEET

SAMPLE

Employee Name <i>Ima Employee</i>	Employee SSN (last 4 digits) <i>- 6789</i>
Client Name <i>Ima Client</i>	Effective Date (see guidelines) <i>3/1/2022</i>

This employee is a NEW hire or RE-hire (The effective date above should be the first date of employment.)

This is a revision for an existing employee (Acumen requires at least two weeks' advance notice of rate changes and the effective date must be either the 1st or the 16th of a month. Retroactive rate changes or effective dates that do not follow these guidelines will not be processed.)

Each rate sheet should be a complete snapshot of ALL services the employee is authorized to provide for this client as of the effective date listed above. Include a rate for ALL services you wish this employee to provide. Write "END" on the rate line if an existing service will no longer be provided by this employee going forward.

Refer to the current "Show Me the Money" table for the allowable hourly wage range of each service code.

- AC1 – Attendant Care (LSW only) \$ _____ Per hour
- CH1 – Chore Service \$ _____ Per hour
- CO1 – Companion Hourly \$ 14.00 Per hour
- HS1 – Homemaker \$ _____ Per hour
- PA1 – Personal Assistance \$ _____ Per hour
- PA2 – Personal Assistance (spouse of client) \$ _____ Per hour
- PA3 – Personal Assistance (limited) \$ _____ Per hour
- RP1 – Respite Care \$ 11.00 Per hour
- RL1 – Respite Care (LSW only) \$ _____ Per hour
- RP6 – Respite with Room & Board (R&B) \$ _____ Per hour
- RL6 – Respite with R&B (LSW only) \$ _____ Per hour
- RP7 – Group Respite without R&B \$ _____ Per hour
- RP8 – Group Respite with R&B \$ _____ Per hour
- SL1 – Supported Living* \$ _____ Per hour
*Employees must be at least 18 to provide SL 1
- SL2 – Supported Living (spouse of client) \$ _____ Per hour
- SL3 – Supported Living (limited) \$ _____ Per hour
- TF1 – Family Training \$ _____ Per hour
- DTP – Mileage Reimbursement \$ 0.42 (cents) Per mile
- Other Code _____ \$ _____ Per hour

Employer name (please print): Ima Employer

Employer Signature Ima Employer Date 2/15/22

Fax: (888) 249-7023

Email: enrollment-ut@acumen2.net (add "UTAH" to the subject line for the fastest routing)

Mail: Acumen Fiscal Agent, P.O. Box 539, Orem, UT 84059-0539



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

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

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

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

Last Name (Family Name) EMPLOYEE		First Name (Given Name) JANE		Middle Initial (if any) E	Other Last Names Used (if any)	
Address (Street Number and Name) 123 HAPPY VALLEY RD			Apt. Number (if any)	City or Town ANYTOWN		State AZ
Date of Birth (mm/dd/yyyy) 01/01/1990		U.S. Social Security Number 5 5 5 5 5 5 5 5		Employee's Email Address EMAIL@EXAMPLE.COM		Employee's Telephone Number (555) 555-5555

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

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 in the United States (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
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Signature of Employee
EMPLOYEE SIGNATURE

Today's Date (mm/dd/yyyy)
08/03/2023

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

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

Document Title 1	List B	AND	List C
	DRIVER'S LICENSE		SOCIAL SECURITY CARD
Issuing Authority	ARIZONA DMV		SSA
Document Number (if any)	5555555A		555-55-5555
Expiration Date (if any)	05/05/2025		N/A

Document Title 2 (if any)

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 used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):
08/05/2023

Last Name, First Name and Title of Employer or Authorized Representative EMPLOYER, ELAINE - HOUSEHOLD EMPLOYER		Signature of Employer or Authorized Representative EMPLOYER SIGNATURE	Today's Date (mm/dd/yyyy) 08/03/2023
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Employer's Business or Organization Name ELAINE EMPLOYER	Employer's Business or Organization Address, City or Town, State, ZIP Code 123 MAIN ST, ANYTOWN, AZ, 55555
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For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

Utah Department of Health & Human Services
 Division of Licensing & Background Checks
 195 North 1950 West, Salt Lake City, Utah 84116



Utah Department of
Health & Human
 Services

DHHS/DLBC
 Sept 2023
 For DSPD/SAS Fiscal

Background check information worksheet
 DSPD/SAS Fiscal Agents

1. Applicant information, authorization and release							
This section must be completed by the applicant. Missing information or unreadable applications will be returned.							
Legal first name: Jane		Given middle name. Indicate if middle name is an initial only: Use N/A if no middle name. N/A			Current legal last name: Doe		
List all maiden, alias & previous married names: NONE					Phone # cell or home (circle one): 801-123-4567		
Date of birth 01 / 02 / 2003 <small>MM DD YYYY</small>		Social security number: 123-45-6789 <small>(Enter you full social security number)</small>			Email address: nunya@gmail.com		
Mailing address: 123 Golden Brick Rd			City: Salt Lake City		State: UT	ZIP code: 84104	
2. In the last five (5) years, have you lived in or have you spent six (6) or more consecutive months in a U.S. state besides Utah?							
<input type="checkbox"/> Yes	If yes, list each state separately. Additional documentation may be required. Do not list states in which you spent time for religious, educational, or military service as long as the primary state of residence is maintained.						
<input checked="" type="checkbox"/> No							
State	County		From month/year		To month/year		
3. Submit a copy of your social security card and current driver license, state identification card, passport, or military ID for verification of identity and complete the fields below. Applicants who wish to do a virtual meeting in lieu of mailing sensitive information may request one.							
Circle valid identification type <small>(Driving privilege cards are not acceptable forms of I.D.)</small>	State/country issued		ID Number		Expiration date (mm/dd/yyyy)		Gender
<input checked="" type="checkbox"/> Drivers license	UT/USA		123456789		12/31/2030		FEMALE
<input type="checkbox"/> State ID	Eye color	Hair color	Height	Weight	Race (please circle)		Place of birth
<input type="checkbox"/> Passport	GREEN	BROWN	5'5"	150	<input checked="" type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic		SALT LAKE /UTAH
4. Authorization must be given to the Utah Department of Health and Human Services Office of Background Processing to complete the background check. This will come in an email from noreply@innovativearchitects.com. You have 5 days from the time this application is submitted to complete the electronic disclosure form:							
<input checked="" type="checkbox"/> I acknowledge I must complete the electronic disclosure form via email from noreply@innovativearchitects.com to proceed with the background check.							
<input type="checkbox"/> I do not have the ability to complete the electronic disclosure form via email which may cause the background check to close.							
5. Fingerprints (check one box): <input checked="" type="checkbox"/> For those who are in Utah: I request the fiscal agent to send the Livescan Authorization Form and will do Livescan fingerprints.				<input type="checkbox"/> For those who are not in Utah: I am submitting 2 copies of rolled fingerprints with this application.			
6. Fiscal agent program name:							
DSPD							
8.							
Applicant signature: <u>JANE DOE</u>				Date: <u>10/20/2023</u>			

Employee's Withholding Certificate

2022

▶ **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.**

Step 1:
Enter Personal Information

Physical Address Required (No P.O. Box)

(a) First name and middle initial Jane E.	Last name Employee	(b) Social security number 123-45-6789
Address 111 Main St. Apt 2		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code Anytown, State 12345		
(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

Step 2:
Multiple Jobs or Spouse Works

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

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

If applicable -->

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3:
Claim Dependents

If your total income will be \$20,000 or less (\$10,000 or less if married filing jointly):

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

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

Add the amounts above and enter the total here **3** \$ **0**

Required field even if "0".

Step 4 (optional):
Other Adjustments

Optional. Please refer to the instructions.

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$ _____

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period **4(c)** \$ _____

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

Step 5:
Sign Here

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

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

01/01/2022
Date

Employers Only

Employer's name and address
Employer Name
222 Main Ave
Anytown, State 12345

First date of employment

Employer identification number (EIN)

Employer Name & Address Required.

I choose to receive my pay by (select only one): Check Direct Deposit Pay Card

DIRECT DEPOSIT INFORMATION

Acumen cannot process a request for Direct Deposit without a voided check or a direct deposit authorization (bank letter) corresponding to the account(s) listed on this form. For savings accounts, please send a printout from your bank that provides the routing number and account information. If proper documentation is not provided, Acumen will default to paper paycheck until the supporting documentation is received. It can take up to two pay periods for direct deposit to take effect. Paychecks will be mailed until full setup is complete.

Primary Account 1 What type of account is this? <input checked="" type="checkbox"/> Checking (Include a voided check or bank letter) <input type="checkbox"/> Savings (Include routing & account information printout)	Secondary Account 2 (Mandatory for flat dollar option) Account Type: <input type="checkbox"/> Checking (attach a voided check or bank letter) <input type="checkbox"/> Savings (attach routing & account information printout)
Financial Institution Name: <u>Neighborhood Bank</u>	Financial Institution Name:
Financial Institution Address: <u>123 City Street, SLC, UT 84001</u>	Financial Institution Address:
Routing Number: <u>123456789</u>	Routing Number:
Account Number: <u>456-789</u>	Account Number:
Skip this section if there is no Secondary Account 2. How much of each paycheck should be deposited into Primary Account 1? <input type="checkbox"/> A flat dollar amount of: \$ _____ <input checked="" type="checkbox"/> A percentage of each paycheck: <u>100</u> % If not specified, Acumen will deposit entire paycheck into Primary Account 1.	All remaining funds exceeding Primary Account 1 allocations will deposit into this account.

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

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

If "no," employee agrees to have their funds deposited into this account. _____
Employee's 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 Check, I understand that Acumen will issue my check on payday and that 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 after payday, I can call Acumen to issue a stop payment and have a new check issued. I understand that if I request a stop payment, a processing fee of \$35.00 will be deducted from my new check. If I require that this fee be waived, I must sign up for either direct deposit or a Pay Card.

Ima Employee 123-45-6789 1-1-1995
 Print Name Social Security Number Date of Birth

myemail@yahoo.com Ima Employee 3-1-2022
 Email Address for Paystub Delivery Signature Date

Return this form by email enrollment-ut@acumen2.net, fax (888) 249-7023 or mail: PO Box 539, Orem, UT 84059