

Accent Washington Department of Services for the Blind Completed
Paperwork Sample



This document is intended to show how an Accent packet for the Washington Department of Services for the Blind (WA DSB) could be filled out in a complete way. Please note that this should be treated as solely an example for reference and should not be copied exactly as some of the selections made throughout this packet should be specific to you and your designations.

Please remember, you must send us copies of the verifying documents for the USCIS I-9 Form. If you select a verifying document from List A, then you only need to send us a copy of your List A document. If you choose to not use a verifying document from List A, please provide us copies of your verifying documents from List B and List C.

Employee Basic Information

Legal First Name:	
Legal Middle Name:	
Legal Last Name:	
Employee Date of Birth:	
Employee Email:	
Employee Phone:	
Address:	
Address Apt/Unit:	
Address City:	
Address State: <i>(abbreviation)</i>	
Address Zip:	

ACCENT INTERMEDIARY SERVICES EMPLOYEE HANDBOOK ACKNOWLEDGEMENT AND RECEIPT FORM

The Employee Handbook describes important information about Accent Intermediary Services, LLC. (also referred to as the Company) and I understand that I should consult an Accent Representative regarding any questions not answered in the handbook. I have entered into my employment relationship with the Company voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or the Company can terminate the relationship at will, with or without cause, at any time, so long as there is not a violation of applicable federal or state law.

No supervisor or other representative of the Company, except the CEO, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the above.

This handbook and the policies and guidelines contained herein supersede any and all prior practices, oral or written representations, or statements regarding the terms and conditions of my employment with the Company. By distributing this handbook, the Company expressly revokes any and all previous policies and procedures that are inconsistent with those contained herein.

I understand that, except for employment-at-will status, any and all policies and practices may be changed at any time by the Company and the Company reserves the right to change my hours, wages and working conditions at any time. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify or eliminate existing policies. Only an Officer of the Company has the ability to adopt any revisions to the policies in this handbook.

I understand and agree that nothing in the Employee Handbook creates, or is intended to create, a promise or representation of continued employment and that employment at the Company is employment at will, which may be terminated at the will of either the Company or myself. Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I understand and agree that employment and compensation may be terminated with or without cause and with or without notice at any time by the Company or myself.

I have received my copy of the Accent Intermediary Services Employee Handbook. I have read and will comply with the policies and procedures contained in this handbook and any revisions to it. I further understand that failure to comply with any Company policy may result in disciplinary action up to and including termination of employment.

Employee' Signature

Employee's Name (Print)

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 (Given Name) JANE	Middle Initial (if any) E	Other Last Names Used (if any)	
Address (Street Number and Name) 123 HAPPY VALLEY RD		Apt. Number (if any)	City or Town ANYTOWN	State AZ ZIP Code 55555
Date of Birth (mm/dd/yyyy) 01/01/1990	U.S. Social Security Number 5 5 5 5 5 5 5 5	Employee's Email Address EMAIL@EXAMPLE.COM		Employee's Telephone Number (555) 555-5555

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):			
	<input checked="" type="checkbox"/> 1. A citizen of the United States			
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)			
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)			
	<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work in the U.S. (exp. date, if any)			
If you check Item Number 4. , enter one of these:				
USCIS A-Number	OR	Form I-94 Admission Number	Foreign Port of Entry Number and Country of Issuance	

Signature of Employee EMPLOYEE SIGNATURE	Today's Date (mm/dd/yyyy) 08/01/2023
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If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

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

List A		List B	AND	List C
Document Title 1		DRIVER'S LICENSE	SOCIAL SECURITY CARD	
Issuing Authority		ARIZONA DMV	SSA	
Document Number (if any)		5555555A	555-55-5555	
Expiration Date (if any)		05/05/2025	N/A	
Document Title 2 (if any)		Additional Information		
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 3 (if any)				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				

Check here if you used an alternative procedure authorized by DHS to examine documents.

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

First Day of Employment
(mm/dd/yyyy):

08/05/2023

Last Name, First Name and Title of Employer or Authorized Representative EMPLOYER, ELAINE - HOUSEHOLD EMPLOYER	Signature of Employer or Authorized Representative EMPLOYER SIGNATURE	Today's Date (mm/dd/yyyy) 08/03/2023
Employer's Business or Organization Name ELAINE EMPLOYER	Employer's Business or Organization Address, City or Town, State, ZIP Code 123 MAIN ST, ANYTOWN, AZ, 55555	

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

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

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

• 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 [I-9 Central](#) for more information.

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.

Your withholding is subject to review by the IRS.

2026**Step 1:
Enter
Personal
Information**Physical
Address
Required
(No P.O. Box)

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

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

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

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

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

If applicable -->

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

Do only one of the following.

- (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(a) if the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate.

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

**Step 3:
Claim
Dependent
and Other
Credits****Step 4:
Other
Adjustments**Optional.
Please refer
to the
instructions.

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

- (a) Multiply the number of qualifying children under age 17 by \$2,200
- (b) Multiply the number of other dependents by \$500

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here

3(a)	\$
3(b)	\$

Required field
even if "0"
↓

3

\$

4(a)

\$

4(b)

\$

4(c)

\$

If filing exempt, leave Steps 2, 3 & 4 blank, and check this

Exempt from
withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027.

**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.)

Date

Employer
Name Here
→

Employer's name and address

First date of
employmentEmployer identification
number (EIN)



Pay Selection Options

Below are the options employees have for receiving their paychecks through Accent. Please read the information about each option and select the one that is right for you. Paystubs will be sent to the email provided on the Authorization for Direct Deposit on the following page. **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 Accent to receive your pay via direct deposit. You won't have to wait for the mail or make a trip to the bank. Paystubs will be sent to you by email. 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 Accent.

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

Email: enrollment@acumen2.net

Fax: (866) 492-4552

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

Note: if you do not select one of the options, Accent will send your pay check 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. Accent 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 Accent to issue a stop payment and have a new check issued. A processing fee of 35\$ will be deducted from the new check for each stop payment request. This fee may be waived by signing up for direct deposit.

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

Check Direct Deposit

DIRECT DEPOSIT INFORMATION

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

Account Type: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach routing & account information printout)
Financial Institution Name
Financial Institution Address
Routing Number
Account Number

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

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

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

Employee Signature

AUTHORIZATION FOR DIRECT DEPOSIT or PAPER CHECK

I hereby authorize Accent Intermediary Services, 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 I selected Paper Check, I understand that Accent 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. Accent 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 Accent 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 be signed up for direct deposit.

Print Name

Social Security Number

Date of Birth

Email Address for Paystub Delivery

Signature

Date

Return completed form by email enrollment@acumen2.net, fax (866) 496-4552 or mail to
5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206