

Handout # 8



EMPLOYEE INFORMATION



Complete and submit this form to APD with employee's IRS Form W-4 and DHS Form I-9.

Employer (Participant)'s Name: <u>Johnny Sample</u>
Participant's CDC+ ID Number: <u>0011111</u> Date: <u>9/1/2010</u>

Employee Information (name must be written as it appears on SS card):

Last Name: <u>EMPLOYEE</u>	First Name: <u>#1</u>
Phone: <u>(XXX) XXX-XXXX</u>	
Address: <u>Any Street</u>	
City: <u>Any Town</u>	State: <u>FL</u> Zip: <u>12345</u> SSN: <u>123-45-6789</u>
Email Address: <u>Emp#1@aol.com</u>	DOB: <u>XX/XX/XXXX</u>

WHO CAN WE CONTACT IF YOUR MAIL IS RETURNED?

Last Name: <u>My Mother</u>	First Name: <u>Mary</u>
Phone: <u>(XXX) XXX-XXXX</u>	Relationship: <u>Mother</u>

The following information determines whether the employee is exempt from certain employment taxes. **NOTE:** Employment taxes are **NOT** federal withholding; the information you provide on IRS Form W-4 determines how much federal withholding the CDC+ employee will pay, if any.

Employee's relationship to the employer (participant) is as follows. This Employee is (check one):

<input type="checkbox"/>	The participant's parent or step-parent.
<input type="checkbox"/>	The participant's child or step-child, <u>and</u> the employee is under age 21.
<input type="checkbox"/>	The participant's spouse.
<input type="checkbox"/>	Under age 18 and still in high school (and is NOT the participant's child or step-child).
<input checked="" type="checkbox"/>	None of the above.

Provide the following information, which is required for program reporting (check one).

Employee's Relationship to CDC+ Participant: <input type="checkbox"/> None <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild (includes step-relationships)
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To determine if the employee can claim LIVE-IN status, respond to the following statement:

Employee's legal residence is the same as the participant's residence.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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You must verify the status of the employee's background screening. Proof of clear screen must be provided before employee can be enrolled in F/EA and issued a provider number.

1. Employee is a Medicaid-enrolled provider.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Employee has a current professional license from FL Dept of Health	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Employee has been unemployed for 90 days or more	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No to 1 & 2 above, a level 2 background screening clearance letter is attached.	YES <input checked="" type="checkbox"/>	
If Yes to 3 above, a level 2 background screening clearance letter is attached.	YES <input type="checkbox"/>	

I certify that the above information is true and correct.

Participant/Representative Signature: Josephine Sample

Employee Signature: Employee #1

Form W-4 (2010)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit **F** _____


(**Note.** Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **G** _____

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** _____

For accuracy, complete all worksheets that apply.
 • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2010
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				
1	Type or print your first name and middle initial. EMPLOYEE	Last name #1	2 Your social security number 123 45 6789	
Home address (number and street or rural route) ANY STREET		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>		
City or town, state, and ZIP code ANY TOWN, FL 12345		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 _____		
6	Additional amount, if any, you want withheld from each paycheck	6 \$ _____		
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability . If you meet both conditions, write "Exempt" here ► 7 _____				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ► Employee #1		Date ► 9/2/2010		
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9	Office code (optional)	10 Employer identification number (EIN)

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

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>Employee</u>	First <u># 1</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>ANY STREET</u>		Apt. #	Date of Birth (month/day/year) <u>7/22/1989</u>
City <u>ANY TOWN</u>	State <u>FL</u>	Zip Code <u>12345</u>	Social Security # <u>123-45-6789</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen of the United States

A noncitizen national of the United States (see instructions)

A lawful permanent resident (Alien #) _____

An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature Employee # 1 Date (month/day/year) 9/2/2010

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		<u>FLORIDA DRIVER LICENSE</u>		<u>Social Security Card</u>
Issuing authority: _____		<u>EXX-XXX-XXXXX</u>		<u>123-45-6789</u>
Document #: _____				
Expiration Date (if any): _____		<u>7/22/2011</u>		
Document #: _____				
Expiration Date (if any): _____				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 7/2/10 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Josephine Sample</u>	Print Name <u>Josephine Sample for Johnny Sample</u>	Title <u>Household Employer</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Johnny Sample ANY STREET, ANYTOWN, FL 12345</u>		Date (month/day/year) <u>9/06/10</u>

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization

Document Title:	Document #:	Expiration Date (if any):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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