

New Hire Packet Checklist

Company Name: _____

Employee Name: _____ **Hire Date:** _____

Submitted to Employer Flexible Date: _____

To Be Completed by Hiring Manager:

- ☐ New Employee Payroll Data Form
- ☐ Employee Job Category
- ☐ **Form I-9, Section 2** *(Review and verification of documents for work eligibility must be completed by client designee within 3 business days of employee's first day of employment. Do not send copies of identification to Employer Flexible.)*

To Be Completed by Employee:

- ☐ New Employee Data Form
- ☐ Employment Agreement
- ☐ Background Check Disclosure and Consent
- ☐ Direct Deposit Form
- ☐ Acknowledgement of Company or Orientation Handbook
- ☐ Employee Acknowledgement of Workers' Compensation Network (Texas Only)
- ☐ Wage Deduction Authorization Agreement
- ☐ Form W-4
- ☐ **Form I-9, Section 1** *(Employee must complete no later than the first day of employment.)*

Employee Received and Retained:

- ☐ Orientation or Company Employee Handbook

Submission Instructions

Please Complete and Return this
to Human Resources

Via email at: hr@employerflexible.com
Or via fax: 281-377-7459

Must Be Submitted **5 Days** Prior to 1st Payroll

NEW EMPLOYEE PAYROLL DATA FORM

Directions:

On the date of hire, the On-site HR Rep completes this form for the new employee.

Employee Name: First Middle Last	Last 4 Digits of Soc. Sec. No.:	Original Hire Date:
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		

Employee Position Category: (Check only one.)

Client Name:	Position Title:	
Department:	Location / Division:	Employee Work State:

Work Address: Street	City	State	Zip Code
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Work Phone Number:	Work Fax Number:	Work Email:
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Classification <input type="checkbox"/> Full-time Regular (≥ 30 hours) <input type="checkbox"/> Full-time Temp. <input type="checkbox"/> Part-time Regular (< 30 hours) <input type="checkbox"/> Part-time Temp.	Is the employee part of a collective bargaining unit or union? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this employee a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the employee a sole proprietor, partner in a partnership, or more than 2% stakeholder in an S-corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the employee exempt from overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Pay Rate <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other _____ <input type="checkbox"/> Commission <input type="checkbox"/> Draw against Commission in lieu of salary Amount: \$ _____ / Pay Rate is Per _____	
Sub-Classification <input type="checkbox"/> Intern/Seasonal <input type="checkbox"/> Leave of Absence	Employee Reports to: Pay Frequency: <input checked="" type="checkbox"/> Weekly 52/40 <input type="checkbox"/> Bi-Weekly - 26 / 80 <input type="checkbox"/> Semi-Monthly 24/ 86.67 <input type="checkbox"/> Monthly - 12 / 173.33	

Comments: (Special circumstances such as additional vacation allowance.)
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Client Designee Signature:	Client Designee Printed Name:	Date:

EMPLOYEE JOB CATEGORY

(As identified by the EEOC. **Check only one.**)

<p><input type="checkbox"/> Executive/Senior Level Officials and Managers. Individuals who plan, direct and formulate policies, set strategy and provide the overall direction of enterprises or organizations for the development and delivery of products or services, within the parameters approved by boards of directors or other governing bodies. Residing in the highest levels of organizations, these executives plan, direct or coordinate activities with the support of subordinate executives and staff managers. (i.e.: In larger organizations, those individuals within two reporting levels of the CEO. Examples of these kinds of managers are: CEOs, COOs, CFOs, line of functional areas or operating groups, CIOs, CHROs, CMOs, CLOs, management directors and managing partners.)</p> <p><input type="checkbox"/> First/Mid Level Officials and Managers. Individuals who serve as managers, other than those who serve as Executive / Senior Level Officials and Managers, including those who oversee and direct the delivery of products, services or functions at group, regional or divisional levels of organizations. These managers receive directions from the Executive/Senior Level management and typically lead major business units. They implement policies, programs and directives of executive/senior management through subordinate managers and within the parameters set by Executive/Senior Level management. (i.e.: vice presidents and directors, group, regional or divisional controllers; treasurers; human Resources, information systems, marketing, and operations managers. The First/Mid Level Officials and Managers sub- Category also includes those who report directly to middle managers. These individuals serve at functional, line of business segment or branch levels and are responsible for directing and executing the day-to-day operational objectives of officials and managers to subordinate personnel and, in some instances, directly supervising the activities of exempt and non-exempt personnel. Examples of these kinds of managers are: first-line managers; team managers; unit managers; operations and production managers; branch managers; administrative services managers; purchasing and transportation managers; storage and distribution managers; call center or customer service managers; technical support managers; and brand or product managers.)</p>	<p><input type="checkbox"/> Professionals - Occupations requiring either college graduation or experience of such kind and amount as to provide a comparable background. (i.e.: Accounts and auditors, analysts, architects, designers, editors, engineers, lawyers, librarians, photographers, personnel or training specialists, sales engineers, teachers, technical writers)</p> <p><input type="checkbox"/> Technicians - Occupations requiring a combination of basic scientific knowledge and manual skill which can be obtained through 2 years of post high school education, such as is offered in many technical institutes and junior colleges, or through on-the-job training. (i.e.: Drafters, technicians, and tool programmers)</p> <p><input type="checkbox"/> Sales Workers - Occupations engaged wholly or primarily in direct selling. (i.e.: Advertising, cashiers, demonstrators, retail sales workers, non-retail sales workers, promoters, supervisors and proprietors of sales occupations, and travel agents)</p> <p><input type="checkbox"/> Office and Clerical - Administrative support occupations, including all clerical-type work regardless of level of difficulty, where the activities are predominately non-manual through some manual work not directly involved with altering or transporting the products is included. (i.e.: Administrative support occupations (department, human resources, library, teaching, etc..) clerks (billing, court, file, general office, hotel front desk, personnel, traffic, shipping and receiving, etc...), computer operators, couriers, dispatchers, operators, paralegals, receptionists, secretaries)</p> <p><input type="checkbox"/> Craft Workers (Skilled) - Manual workers of relatively high level (precision production and repair) having a thorough and comprehensive knowledge of the process involved in their work. Exercise considerable independent judgment and usually received and extensive period of training. (i.e.: Automotive mechanics, construction trades, lay-out workers, equipment operators, repairers, hourly supervisors of craft workers trades, office machine repairers, typesetters) Note: Exclude learners and helpers of craft workers.</p>	<p><input type="checkbox"/> Operative (Semi-skilled) - Workers who operate transportation or materials moving equipment, or who operate machine or processing equipment, or who perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. (i.e.: Assemblers (electrical, machine, mechanical, etc..), computer control programmers and operators, first line supervisors of production and operating workers, inspectors, operating engineers, operators (photographic process machine, press machines, printing press, textile cutting machine, etc..), solderers, tool press operators, truck drivers) Note: Includes <u>apprentices</u> in such fields as auto mechanics, building and printing trades.</p> <p><input type="checkbox"/> Laborers (Unskilled) - Handlers, equipment cleaners, helpers, and other workers in manual occupations which generally require no special training and who perform elementary duties that any be learned in a few days and require the application of little or no independent judgment. (i.e.: equipment cleaners, first-line supervisors / managers of landscaping, lawn service, and groundskeeping workers, grounds / maintenance workers, handlers (freight, stock, and material), helpers (construction, installation, maintenance, repair, etc..), laborers, logging workers, vehicle washers)</p> <p><input type="checkbox"/> Service Workers - Workers in both protective and no-protective service occupations. Includes non-protective workers in professional and personal service, amusement and recreation, food service, maintenance, and unarmed sentinel occupations. Also includes protective workers in police and detection, fire fighting, and fire protection, armed guards and security occupations. (i.e.: Attendants, child care workers, cooks, funeral service workers, hairdressers and cosmetologists, housekeepers, janitors and cleaners, lifeguards, pest control workers, personal home care aides, public service positions (animal control, firemen, policemen, security guards), recreation and fitness workers, residential advisors, supervisors of these trades, tour and travel guides, wait staff)</p>
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NEW EMPLOYEE DATA FORM

Directions:

On the date of hire, the new employee completes the fields in the employee data area.

On-site HR Rep completes the employee race / ethnicity area by visual observation if the employee has not self-identified.

Employee Data:

Employee Name: First Middle Last			Social Security Number:
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			
Home Address: Street		City	State Zip Code
Date of Birth:	Home Phone Number:	Cell Phone Number:	Personal Email:

Emergency Contact Data:

Emergency Contact:		Relationship to Employee:	
Emergency Contact Address: Street		City	State Zip Code
Primary Phone Number:	Secondary Phone Number:	Email:	

Do you ever work outside the USA: ☐ Yes ☐ No (If yes, contact your Employer Flexible payroll specialist.)

Do you ever travel outside the USA for work-related purposes? ☐ Yes ☐ No (If yes, contact your Employer Flexible payroll specialist.)

Authorization to Work Data:

Are you an alien authorized to work in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the following information below.	
Visa Type:	Visa Expiration Date:

Voluntary Self-Identification Data:

The employer may be subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntary self-identify their race or ethnicity, veteran or handicapped status, and sex. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. We are a company that values diversity.

Race or Ethnicity:

☐ Hispanic or Latino

If not Hispanic or Latino, select the race or ethnicity which you identify with below.

☐ Black or African American (Not Hispanic or Latino)

☐ White (Not Hispanic or Latino)

☐ American Indian or Alaskan Native (Not Hispanic or Latino)

☐ Asian (Not Hispanic or Latino)

☐ Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)

☐ Two or more races (Not Hispanic or Latino)

☐ Individual with Disabilities

Gender:

☐ Male

☐ Female

Veteran Status:

☐ Vietnam Era Veteran

☐ Special Disabled Veteran

☐ Other Eligible Veteran

☐ I do not wish to Self-Identify

Signature: _____

Date Completed: _____

Signature: _____

Employer Flexible HR, LLC is a PEO (professional employer organization) with Worksite Employer clients and employees all over the United States. You are an employee of both Employer Flexible HR, LLC and your Worksite Employer, our customer. Employer Flexible HR, LLC furnishes the administration of payroll, benefits and human resources paperwork, while your Worksite Employer will supervise your daily work to further its business objectives.

Your employment with Employer Flexible is on an at-will basis, and is for no stated or definite period. This means that either you or Employer Flexible are free to end the employment relationship for any reason or no reason, and with or without advance notice. Your employment with the Worksite Employer is also on an at-will basis.

If you have a written employment contract with your Worksite Employer that contract will continue to apply to your employment relationship with the Worksite Employer. If your written contract with the Worksite Employer provides for your employment on some basis other than at-will, then this at-will provision will not modify your contract with the Worksite Employer. Your employment with Employer Flexible will continue on an at-will basis.

If you are aware of any possible harassment or discrimination (whether directed at you or someone else) you are required to immediately report it to Employer Flexible. You must immediately contact Employer Flexible if your paycheck does not correctly include all pay or compensation that you believe you are owed. No one is authorized to make you work off the clock. For example, this means that hourly or non-exempt employees cannot be required to work unreported overtime. If you submit a timesheet, you are responsible for ensuring that each timesheet is complete and accurate, and correctly shows all hours you actually worked. While you are required to obtain pre-approval to work overtime hours, any overtime hours actually worked (whether pre-approved or not) must still be reported.

To the extent required by state law, Employer Flexible has agreed to pay your wages, to the extent your wages are timely and accurately reported to us by our Client. Employer Flexible does not offer any bonus plans, commission plans, paid leave plans, profit sharing plans or deferred compensation plans. Your Worksite Employer (our customer) may offer such plans. To the extent that the Worksite Employer offers any such plans, payment under those plans is the sole obligation of our customer. Employer Flexible's only responsibility is to process payment to Employees as directed by the Worksite Employer and to the extent of the funds actually received from the Worksite Employer.

Dispute Resolution. Employer Flexible has adopted a dispute resolution plan, the Solutions Plan. All disputes between You and Employer Flexible shall be resolved exclusively through final and binding arbitration under the Federal Arbitration Act, and administered by the American Arbitration Association under its Employment Arbitration Rules and the Employer Flexible Solutions Plan. If the Worksite Employer that has adopted the Solutions Plan, then disputes between You and the Worksite Employer shall also be subject to final and binding arbitration under the Employer Flexible Solutions Plan as provided by the Plan. The decision of the arbitrator shall be final and binding on You and on Employer Flexible (and the Worksite Employer, if applicable), and may be enforced in any court with jurisdiction. This agreement to arbitrate all disputes shall survive the expiration, termination or breach of this Employment Agreement, and applies to claims first asserted after termination of employment, even if that termination is alleged to be wrongful. In addition, both Employee and Company waive all right to a trial by jury in any action between them, in any forum.

Accurate Information. I represent that all information I provided on any forms or other documents filled out in connection with my employment, and all information provided in any interview, is complete, true and correct. I have withheld nothing that would, if disclosed, affect my employment relationship unfavorably or might lead a reasonable employer to make further inquiry or to decide against hiring. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

I understand it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete the Form I-9.

Initial _____ **Date** _____

Important Notice about Unemployment Benefits. You are required to report back to Employer Flexible if you are laid off or terminated from your position and desire Employer Flexible to attempt to reassign you to a different one of our clients. Reassignment is not guaranteed. **Important** - under Texas law if you fail to report back to Employer Flexible and request reassignment you may be denied state unemployment insurance benefits. If you wish to be considered for reassignment and to maintain eligibility for unemployment insurance benefits you must contact Employer Flexible in person or in writing not later than two business days after the day your employment terminates. If you do not contact Employer Flexible in person or in writing, you may lose your right to receive unemployment insurance benefits from the State of Texas.

Drug Testing. Co-operation with drug and alcohol testing is a condition of employment and/or continued employment. Drug and alcohol testing may be required as part of pre-employment screening, randomly, based on reasonable suspicion or after an on-the-job accident or injury. Failure to submit to screening or failure to reasonably cooperate with screening tests will result in termination of employment. Positive test results may result in discipline, up to and including termination of employment.

Changes. No implied, oral, or written agreement contrary to the express language of this Agreement are valid unless they are in writing and signed by the Chief Executive Officer of Employer Flexible or the Chief Executive Officer of the Worksite Employer, as appropriate. No supervisor or representative of the Employer Flexible, other than the Chief Executive Officer, has any authority to make any agreements contrary to this agreement for at-will employment. This agreement takes the place of all prior and contemporaneous agreements, representations, and understandings between employee and Employer Flexible.

If you have any questions regarding this statement, please call Employer Flexible 1-888-983-5879 before signing. By signing, you acknowledge that you have read and understood this agreement.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT AND AGREEMENT

SIGNATURE OF EMPLOYEE

DATE

SS#

Background Check Disclosure & Consent

In connection with my application for employment, I understand and agree that Employer Flexible or my Worksite Employer may obtain a consumer report and/or investigative consumer report concerning me. An investigative consumer report is a special type of consumer report that is obtained through interviews and may contain information about my character, general reputation, personal characteristics, and/or mode of living. Upon my written request within a reasonable period of time, a complete disclosure of the nature and scope of that investigation will be made to me in writing within five days of the date on which the request was received. During my employment, I authorize Employer Flexible or my Worksite Employer to obtain a consumer report and/or investigative consumer report about me for employment related purposes, to the full extent allowed by law. By signing below, I am authorizing Employer Flexible or my Worksite Employer to obtain consumer reports or investigative consumer reports.

I authorize all corporations, employers, co-workers, references, credit reporting agencies, educational institutions, licensing bodies, courts, law enforcement agencies, governmental agencies or departments, and military services to provide information about my background, including but not limited to driving records, court records, criminal records, credit report, academic records, professional license record and employment information or records.

I agree that Employer Flexible and my Worksite employer may share with each other and disclose to each other the results of any background check, consumer report or investigative consumer report.

I agree that this Disclosure will be valid, now or in the future, in original, faxed, copied or electronic form.

If you have any questions regarding this statement, please call Employer Flexible 1-888-983-5879 before signing. By signing, you acknowledge that you have read and understood this agreement.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT AND AGREEMENT

SIGNATURE OF EMPLOYEE

DATE

SS#

Employee Information

Employee Name:		Last 4 digits of Soc. Sec. No:
Client Company Name:		Work Phone:
Email: (For online paystub notification) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> New Enrollment <input type="checkbox"/> Decline <input type="checkbox"/> Add / Change <input type="checkbox"/> Delete	Home Phone:	
Employee Signature:		Date:

I hereby authorize Employer Flexible HR, herein referred to as Employer / Company, to initiate credit entries (deposits) and to initiate, if necessary, debit entries (withdrawals) and adjustments for any credit entries made in error to my account(s) indicated below, to credit and / or debit the same to such account(s). It is my responsibility to provide accurate data and to notify Employer Flexible of any changes or corrections to my financial institution account information. I acknowledge that if I submit a change in financial institution information, that I may receive one or more physical, negotiable paycheck(s) until the new Bank information is processed. I understand that any new or changed direct deposit(s) will not be processed for approximately 3 weeks from Employer Flexible HR's receipt of this form. It is understood that the following situations may result in my receiving a physical, negotiable paycheck: network electronic failure, my becoming subject to any attachment, garnishment, or levy, or if I terminate employment. I agree to hold harmless the above named Bank(s) and Employer Flexible for any erroneous deposits or adjustments. I understand that Employer Flexible reserves the right to reverse direct deposit of funds paid in error. I understand that it is my responsibility to verify funds deposited into my designated account(s) prior to performing transactions on expected funds. Neither Employer Flexible nor _____ (Client Company) is responsible for insufficient funds charges posted to my designated account(s) due to errors in electronic funds transfer.

Because you have elected direct deposit, you will receive electronic paystubs. On your payday, you will be sent an email to the address you indicated above which contains a reminder along with a secured link to access, view, and or print your records. I understand that I can obtain a written copy of my paystub information at any time by making a request to Employer Flexible.

Primary Banking Information

Bank Name:		Bank Phone:
Bank Address:		
<input type="checkbox"/> Checking Amt: \$_____ (if NET, write NET) Routing Code: _____ Account No: _____	<input type="checkbox"/> Savings Amt: \$_____ (if NET, write NET) Routing Code: _____ Savings Acct. No: _____	

Secondary Banking Information

Bank Name:		Bank Phone:
Bank Address:		
<input type="checkbox"/> Checking Amt: \$_____ (if NET, write NET) Routing Code: _____ Account No: _____	<input type="checkbox"/> Savings Amt: \$_____ (if NET, write NET) Routing Code: _____ Savings Acct. No: _____	

**ATTACH YOUR PERSONAL CHECK(S)
MARKED "VOID" HERE**

Acknowledgement of Orientation Handbook

By signing below, I acknowledge that I have read, and understand, the policies contained within the Orientation Handbook, and I will comply with the requirements of the policies.

I understand that this Orientation Handbook represents only current policies and benefits, and that it does not create a contract of employment.

Your company and Employer Flexible HR, LLC retain the right to change these policies and benefits, as it deems advisable.

Unless expressly proscribed by statute or contract, my employment is "at-will." I understand that I have the right to terminate my employment at any time, with or without cause or notice, and that the Company has the same right. I further understand that my status as an "at-will" employee may not be changed except in writing and signed by the President of Employer Flexible HR, LLC.

I understand that the information I come into contact with during my employment is proprietary to the Company and accordingly, I agree to keep it confidential, which means I will not use it other than in the performance of my duties, or disclose it to any person or entity outside the Company. I understand that I must comply with all of the provisions of the Handbook to have access to and use Company resources. I also understand that if I do not comply with all provisions of the Handbook, my access to Company resources may be revoked, and I may be subject to disciplinary action up to and including discharge.

I further understand that I am obligated to familiarize myself with the Company's safety, health, and emergency procedures as outlined in this Handbook or in other documents.

Please Print Your Name

Please Sign Your Name

Date

Client Company Name



WORKWELL, TX

Employee Acknowledgment of Workers' Compensation Network

I have received information that informs me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this packet, I understand that:

- I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual Insurance Company at (844) 867-2338 to notify them of my choice.
- I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me to a specialist. If I need emergency care, I may go anywhere.
- Texas Mutual will pay the treating doctor and other network providers for the treatment for my compensable injury.
- I may have to pay the bill if I get health care from someone other than a network doctor without prior network approval.

Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

Signature _____

Date _____

Printed name _____

I live at: _____

Street address

City

State

Zip code

Name of employer: _____

Name of network: WorkWell, TX

To the employer:

Each employee must sign this form when you begin the program or within 3 days of being hired, and at the time an injury occurs. Please indicate at which point this acknowledgement was completed.

- ☐ Initiating the network program (companywide)
- ☒ Initial employee notification (new hire)
- ☐ Injury notification (Date of injury: / /)

Keep this completed form in the employee's personnel file. It could be requested by Texas Mutual.

Wage Deduction Authorization Agreement

I understand and agree that my employer, Employer Flexible, may deduct money from my pay from time to time for reasons that fall into the following categories:

1. my share of the premium contributions to any Company benefit programs;
2. any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by the Company;
3. installment payments on loans or wage advances given to me by the Company, and if there is a balance remaining when I leave the Company, the balance of such loans or advances;
4. if I receive an overpayment of wages for any reason, repayment to the Company of such overpayments (the deduction for such a repayment will equal the entire amount of the overpayment, unless the Company and I agree in writing to a series of smaller deductions in specified amounts);
5. the cost of repairing or replacing any Company supplies, materials, equipment, money, or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the Company during my employment (except in the case of misappropriation of money by me, I understand that no such deduction will take my pay below minimum wage, or, if I am a salaried exempt employee, reduce my salary below its predetermined amount);
6. if I take paid vacation or sick leave in advance of the date I would normally be entitled to it and I separate from the Company before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered;
7. the value of any time off for absences to which paid leave is not applied (non-exempt salaried employees will have all such unpaid leave deducted from their salary, while exempt salaried employees will experience salary reductions only in units of a full day or week at a time, depending upon the exact nature of the absence, unless partial-day deductions are specifically allowed under federal law); and,
8. if my employer pays any insurance premiums or retirement system contributions ("payments") on my behalf that I would normally make under the applicable Company benefit plan, the amount of such payments made by the Company, such payments being an advance of future wages payable to me.

I agree that the Company may deduct money from my pay under the above circumstances, or if any of the above situations occur. I further understand that the Company has stated its intention to abide by all applicable federal and state wage and hour laws and that if I believe that any such law has not been followed, I have the right to file a wage claim with appropriate applicable state and federal agencies.

Signature of Employee

Date

Employee's Name - Printed

Company Representative

Date

Employee's Withholding Certificate

OMB No. 1545-0074

2021

- ▶ **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	(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 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 ▶ ☐

TIP: To be accurate, submit a 2021 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 \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 ▶ \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(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)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ Employee's signature (This form is not valid unless you sign it.)		▶ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

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 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), 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 2021 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 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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.

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

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

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

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

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

- 1** Enter an estimate of your 2021 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: $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$ **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 possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	<div>QR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions) Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number. 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
-----------------------	------------------------	--

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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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. 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 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.