

Welcome to Veridian
We are happy to serve you!

GET TO KNOW US

Welcome to Veridian Fiscal Solutions – we are happy to serve you! Veridian Fiscal Solutions is the Fiscal Agent for North Dakota’s self-directed program. We process the enrollment paperwork, payroll, taxes, and workers’ compensation functions on behalf of the participant or appointed employer of record. The participant or the person he/she appoints is your employer of record and makes all the decisions about your employment. Veridian looks forward to working with you as the Fiscal Agent.

OUR COMMUNICATION PROMISE

Veridian Fiscal Solutions is committed to responding to your questions within 24 hours.
Business hours: Monday-Friday 8 a.m. to 5 p.m. Central Standard Time (excluding holidays)

Phone – 855-828-0775

Email – NorthDakota@veridiancu.org

OUR CONTACT INFORMATION

All forms can be sent by email to Veridian Fiscal Solutions at NorthDakota@veridiancu.org. If email is not an option for you, please submit your documents in one of the following ways: **Fax** – 855-828-0729

Mailing address – Veridian Fiscal Solutions
P.O. Box 4502
Waterloo, IA 50704

REQUIRED FORMS

The documents included in this packet contain information about the program and the enrollment forms. These enrollment forms must be completed and approved so you can be paid through the program. You may not be paid with program funds until Veridian contacts your employer to inform him/her you are successfully enrolled.

When completing the forms please remember the following to avoid processing delays.

- ✓ We cannot accept an electronic signature
- ✓ Do not allow services to start without approval
- ✓ Do not use pencil or gel pen
- ✓ Make sure all highlighted areas are complete
- ✓ Only use black ink or type on the form

ENROLLMENT & BACKGROUND CHECKS

On behalf of your employer of record, Veridian Fiscal Solutions will conduct a background screening on you. Please return all forms to Veridian and we will submit them with the appropriate payments. You do not need to provide a check or money order with the forms. For more information regarding the background check, please reference the included Background Check Q&A or refer to the ND Background Check Overview that can be found on our website <https://www.veridianfiscalsolutions.org/nd/forms-resources.aspx> under ND Forms & Resources and then under General Information.

SUBMITTING EMPLOYEE HOURS

You will be provided with two options to submit time for payment. You will have the option to use our online electronic visit verification (EVV) portal or a phone in telephony solution. To use the EVV portal you will need to register on our website at [veridianfiscalsolutions.org/nd](https://www.veridianfiscalsolutions.org/nd). When on the site, you will click on WebTime entry and then Registration. Important note: the employer of record must register first, then you can register.

On our ND Forms & Resources website <https://www.veridianfiscalsolutions.org/nd/forms-resources.aspx> you can find information on how to use the EVV portal and the telephony solution under the EVV sections EVV User Guides and EVV Videos.

Forms for Veridian Fiscal Solutions

All forms can be sent by email to Veridian Fiscal Solutions at NorthDakota@veridianscu.org. If email is not an option for you, please submit your documents in one of the following ways:

Fax – 855-828-0729

Mailing address – Veridian Fiscal Solutions
P.O. Box 4502
Waterloo, IA 50704

Employee checklist

- ND program agreement form
- Background check authorization and disclosure form
- Authorization for criminal history Criminal history record check form
(Veridian will submit this form with the appropriate payment)
- Child abuse and neglect
- Statement of relationship
- Form W-4
- Form I-9
- Rate sheet
- Direct deposit (Not a required form)

WE ARE SO HAPPY YOU ARE NOW A PART OF THE VERIDIAN FAMILY.
WELCOME TO VERIDIAN!

2024 Payment schedule

All time worked and vendor invoices must be submitted no later than the 5th and the 20th of each All time worked and vendor invoices must be submitted no later than the 5th and the 20th of each month. This is to be processed with the 15th and end of the month payroll, respectively. Paper checks will be mailed on the pay date. Direct deposits will be posted to the recipient's account on the pay date. If the 15th or last date of the month fall on a weekend or a federal holiday, payroll will be issued on the prior business day. Veridian is not responsible for U.S. Postal Service delays.

Overtime

Under the Fair Labor Standards Act, if an employee works more than 40 hours in the work week (Sunday through Saturday), hours in excess of 40 are considered overtime. Overtime hours are required to be paid at the rate of time and a half the employee's normal rate of pay.

An employee's overtime is calculated based on their hours worked per employer in a work week. If an employee works for multiple participants that are under the same employer in a work week, the hours will add up across participants with respect to calculating overtime.

For more information on overtime, please visit the Forms and Resources page on our website.

Time Period	Due to Veridian	Payment Date
January 1-15	01/20/2024	01/31/2024
January 16-31	02/05/2024	02/15/2024
February 1-15	02/20/2024	02/29/2024
February 16-28	03/05/2024	03/15/2024
March 1-15	03/20/2024	03/29/2024
March 16-31	04/05/2024	04/15/2024
April 1-15	04/20/2024	04/30/2024
April 16-30	05/05/2024	05/15/2024
May 1-15	05/20/2024	05/31/2024
May 16-31	06/05/2024	06/14/2024
June 1-15	06/20/2024	06/28/2024
June 16-30	07/05/2024	07/15/2024
July 1-15	07/20/2024	07/31/2024
July 16-31	08/05/2024	08/15/2024
August 1-15	08/20/2024	08/30/2024
August 16-31	09/05/2024	09/13/2024
September 1-15	09/20/2024	09/30/2024
September 16-30	10/05/2024	10/15/2024
October 1-15	10/20/2024	10/31/2024
October 16-31	11/05/2024	11/15/2024
November 1-15	11/20/2024	11/29/2024
November 16-30	12/05/2024	12/13/2024
December 1-15	12/20/2024	12/31/2024
December 16-31	01/05/2025	01/15/2025



Veridian Fiscal Solutions Background Check Process Questions and Answers

Q. Why does Veridian conduct background checks on my employees?

A. Veridian conducts background checks on behalf of the enrolled participant/employer. The program requires background checks because employees are paid with Medicaid funds. Background checks are performed to ensure the safety and well-being of the participants.

Q. What is needed for Veridian to conduct a background check on my employee?

A. Veridian needs the employee to complete the necessary background check forms and the program manager's approval to pay for the background check. This approval is called an authorization.

Q. Why is an authorization needed for Veridian to process a background check?

A. The authorization is provided by the program manager. This is the approval from the program to pay for the background check.

Q. Who receives the results of a background check?

A. It depends on the background check and the state. Some background check results are returned to Veridian and some are returned to the employee. Important: In the event the employee receives the results themselves, he/she should send the results to Veridian as soon as possible.

Q. My employee has lived in the state of North Dakota his/her entire life. What background checks must be completed?

- North Dakota Criminal Background Check
- North Dakota Department of Health's Certified Nurse Aide Registry
- North Dakota Child Abuse and Neglect Index

Q. I am an adult receiving services. Does my employee still require a child abuse clearance check?

A. Yes.

Q. How long will it take to get the North Dakota background checks results?

A. Once all of the background checks forms are completed properly and an authorization is on file, these background checks can take anywhere from four to six weeks. Note: Additional time might be needed in the event an out-of-state background check needs to be performed.

Q. Why do background checks at Veridian seem to take longer than they did with the previous fiscal agent?

A. There are additional background checks Veridian is required to complete as part of the enrollment process. These background checks are completed to comply with program rules.

Q. My employee has lived out of the state of North Dakota in the last five years. What background checks must be completed?

- North Dakota Criminal Background Check
- Criminal background check in the previous state of residence
- North Dakota Department of Health's Certified Nurse Aide Registry
- North Dakota Child Abuse and Neglect Index
- Child Abuse and Neglect Index in the previous state of residence

Q. How long will it take to get the out-of-state background checks results?

A. The timeline varies greatly based on that state's requirements. Please plan to wait four to eight weeks from the time Veridian submits the form.

Q. Can my employee begin working without a completed background check?

A. According to the program rules, the employee cannot begin working until the background check is complete, all of the enrollment paperwork is complete and accurate, and workers' compensation is obtained. You will be contacted by Veridian when all these steps are completed.

**State of North Dakota
Medicaid Waivers
Self-Directed In-Home Support (IHS) or Respite Program
Employee Agreement**

Name of Individual: _____
Participant First Name Participant Last Name

Name of Employee: _____
First Name Middle Name Last Name

I recognize that my employment is conditional on the employer's participation in the Medicaid Waiver Self Directed Supports Program. If my employer is no longer a participant in the waiver, I may no longer be employed. In order to acknowledge the terms of my employment, I agree to the following:

1. During the term of this agreement, I shall agree to provide the supports as identified in the Person-Centered Service Plan in accordance with the health and safety requirements identified.
2. I agree to complete the required training and competencies as identified in the Person-Centered Service Plan.
3. I agree to maintain the necessary documentation and records as required by the Medicaid Waiver Self Directed Supports Program, by my employer and as identified in the Person-Centered Service Plan. All records I may have or assist in maintaining will be kept confidential and released only upon the consent of my employer. I acknowledge that all records I may have access to, are the property of and must be returned to the employer at the time my employment relationship terminates.
4. I agree to complete incident reports, including suspected abuse, neglect, exploitation or any event involving error in service/support implementation, critical events involving personal injury, illness, medical emergency or any event determined to be atypical as required by the Department of Human Services (DHS) and my employer.
5. I agree to participate in any meetings if requested by and/or regarding the individual.
6. I shall agree to abide by all applicable rules, regulations and policies pertaining to providing support through the Medicaid Waiver Self Directed Supports Program.
7. I hereby acknowledge that I have received, read and understand all of the following information:
 - a. Confidentiality
 - b. Person Centered Plan
 - c. Abuse, Neglect, Exploitation
 - d. Respect and Rights
 - e. Self-Declaration – Infectious/contagious diseases

8. I am not a legal guardian or legally responsible caregiver for the individual receiving services.
9. I do not and will not live in the same home as the individual receiving services.
10. I am over the age of 18.
11. I understand that in consideration of the above stated agreement, I shall be compensated for the services I provide in accordance to the individuals' Person-Centered Service Plan.
12. I understand that this is an employment at will relationship, which can be terminated by either party, at any time, providing for reasonable notice.
13. I understand that the fiscal agent is acting as financial administrator of my employers' budget/funds for the Medicaid Waiver Self Directed Supports Program. I authorize the fiscal agent to make the necessary employment tax payments provided. I understand that although my paychecks will be drafted by the fiscal agent, the fiscal agent is acting only as a fiscal administrator and shall in no way be considered my employer.
14. I understand and acknowledge that the Department of Human Service's DD Program Manager or private entity completing service management shall in no way be considered my employer.
15. I understand and consent to having a background check and child abuse and neglect check completed on me.
16. I understand that my employment is conditional upon the requirements pertaining to passing a background check and the child abuse and neglect check.
17. I understand that the results of my background check and the child abuse and neglect check will be made available to my future employer, Department of Human Services staff and contracted entities providing service management.
18. I understand that if I have not lived in the state of North Dakota for the past five years, additional back ground checks will be required of me.

I have lived in the state of North Dakota for the past 5 years? TRUE FALSE

Employee signature: _____ Date: _____

Individual/Employer signature: _____ Date: _____

Background check information disclosure

All employees hired to provide self-directed services in the North Dakota Medicaid Waiver programs must pass a background screening before they can begin work. Veridian Fiscal Solutions will submit the required forms and information to complete these background checks. Veridian requests this information on behalf of the participant so we can pay employees with Medicaid program funds. This authorization allows Veridian to run the background check at any time after the forms have been signed.

If you have lived in the state of North Dakota for the past five consecutive years the following screenings will be conducted:

- ✓ North Dakota Criminal Background Check
- ✓ North Dakota's Department of Health's Board of Nursing
- ✓ North Dakota child abuse and neglect index

If you have not lived in the state of North Dakota for five consecutive years the following screenings will be conducted:

- ✓ North Dakota Criminal Background Check and a background check in your previous state of residence.
- ✓ North Dakota's Department of Health's Board of Nursing
- ✓ North Dakota child abuse and neglect index
- ✓ Child protective services index for your previous state of residence

Veridian may share the results of these checks with the participant, employer and North Dakota program staff. Veridian does not make determinations about your employment status based on these results. All decisions are made by the program and the participant/employer. An employee should not start working with the participant until he/she has been informed by the employer of record that he/she has passed the background check.

Background check information authorization

I have read and understand the Background Check Information Disclosure. By signing below, I authorize Veridian Fiscal Solutions to complete these background screenings. I understand the results will be shared with the participant, employer of record and designated entities. I understand it is my responsibility to notify the participant immediately if I am convicted of a crime or become excluded from receiving federal and/or state payments. I understand information contained in the background screening may be covered under the Fair Credit Reporting Act (FCRA). I understand I may request additional information about the nature and scope of any background screening report and a summary of my rights under the FCRA at any time.

Participant Name: _____

Employee Last Name Middle Name First Name

AKA/Maiden/Former Last Name Middle Name First Name

Street Address City State Zip

If you lived out of the state of North Dakota in the last five years please include your previous address prior to moving to North Dakota.

Street Address City State Zip

/ / / /
Date of Birth Social Security Number

Employee Signature





PERSONAL AUTHORIZATION FOR CRIMINAL HISTORY RECORD INFORMATION

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 51156 (05-2021)

REQUESTER INFORMATION - RESULTS WILL BE MAILED TO INDIVIDUAL OR COMPANY INDICATED IN THIS BLOCK

Mail to Attention of		Telephone Number (855) 828-0775	
Name/Company Veridian Fiscal Solutions			
Address P.O. Box 4502	City Waterloo	State IA	ZIP Code 50704

Pursuant to NDCC § 12-60-16.8, I hereby authorize the North Dakota Bureau of Criminal Investigation to release a copy of my criminal history record to the above party, provided; however, that the Bureau may release only that information pertaining to reportable events occurring within the past three years and information regarding any conviction.

Name (please print)	
Signature	Date

This form should accompany the Non-Criminal Justice Request for Criminal History Record Information. Both forms should be forwarded to the following address:

North Dakota Bureau of Criminal Investigation
Criminal Records Section
PO Box 1054
Bismarck ND 58502-1054
(701) 328-5500



NON-CRIMINAL JUSTICE REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 50744 (05-2021)

FOR BCI USE ONLY
Check Number
Amount
Receipt Number
Receipt Date

INSTRUCTIONS

1. Please type or print legibly and ensure that all information is complete. **Incomplete or illegible requests will be returned.**
2. Record request only covers North Dakota criminal history records.
3. State law (NDCC § 12-60-16.6) requires the subject's name and at least two other provided items of information match the data in the criminal history record system before a record may be released. Providing maiden or former names is very important. Please ensure Social Security Number and Date of Birth are provided and are correct. A set of fingerprints is not required, but may be submitted.
4. The required **\$15.00** fee [U.S. Dollars] per record check must be included with this request. The **check or money order** must be made payable to the **North Dakota Attorney General**.
5. To complete the criminal history record check, we must have a signed authorization form (SFN 51156) from the subject **OR** the subject's current address. If a signed authorization form is not provided, state law requires BCI provide notice to the subject if a record is disseminated. NDCC § 12-60-16.8)
6. Return the request to:

Criminal Records Section
North Dakota Bureau of Criminal Investigation
PO Box 1054
Bismarck ND 58502-1054
(701) 328-5500

REQUESTER INFORMATION - RESULTS WILL BE MAILED TO INDIVIDUAL OR COMPANY INDICATED IN THIS BLOCK

Mail to Attention of	Telephone Number (855) 828-0775		
Name/Company	Veridian Fiscal Solutions		
Address	City	State	ZIP Code
P.O. Box 4502	Waterloo	IA	50704

RECORD CHECK WILL BE CONDUCTED ON INDIVIDUAL LISTED BELOW

Last Name	First Name (no initials)	Middle Name
Last Name(s) (AKA/Maiden/Formal)	First Name	Middle Name
Date of Birth (MM/DD/YYYY) / /	Social Security Number - -	BCI State ID Number (if known)
Specific Reportable Criminal Event Identified by Date, Offense, and Agency or Court (if known)		
Current Address (if current address is not provided, a signed authorization form must be attached)		
City	State	ZIP Code

Your social security number is requested to permit the North Dakota Bureau of Criminal Investigation to conduct a criminal history record information background investigation under NDCC § 12-60-16.6. Disclosure of your social security number is voluntary. However, not providing this information will result in the requirement that other information be provided, including a reportable criminal event or the submission of fingerprints.

FOR BCI USE ONLY

SID Number	Released Date	Record <input type="checkbox"/> Yes <input type="checkbox"/> No	Parole/Probation <input type="checkbox"/>	Offender <input type="checkbox"/>	Offender Letter <input type="checkbox"/>
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INFORMATION CONTAINED ON THIS RECORD REQUEST FORM IS SUBJECT TO THE NORTH DAKOTA OPEN RECORDS LAW.



CHILD ABUSE AND NEGLECT BACKGROUND INQUIRY
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CHILD ABUSE AND NEGLECT PROGRAM
 SFN 433 (12-2022)

The North Dakota Child Abuse/Neglect Information Index is mandated by the North Dakota Child Abuse and Neglect Law. When a decision is made that services are required or that child abuse or neglect is Confirmed, the names of individuals identified as the subject of the child abuse or neglect assessment are entered into the Index. The names remain on the Index for ten years from the date of the Services Required or Confirmed assessment decision. Results only include a search of the North Dakota Child Abuse/Neglect Information Index. No tribal agency registry information is available through the state Index.)

* The Privacy Act of 1974 (P.L. 93-579, Section 7) requires the following information be provided when individuals are requested to disclose their social security number. Disclosure of the social security number is voluntary and is requested for identification purposes. Failure to disclose this information may result in a delay in reporting results.

Part I: Information of Individual Whose Name is to be Searched				
LAST Name	FIRST Name	FULL MIDDLE Name <input type="checkbox"/> None <input type="checkbox"/> Initial Only	Social Security Number*	Date of Birth
Birth Name, Alias, or Other Married Names You Have Gone by in the Last Ten Years			OR <input type="checkbox"/>	Check this box if you have no additional names
Current Physical Address	City	State	ZIP Code	
Last North Dakota Address	City	State	ZIP Code	

Part II: Agency/Organization Information			
Agency/Organization Veridian Fiscal Solutions	Contact Person	Telephone Number 855-828-0775	
Address PO Box 4502	City Waterloo	State IA	ZIP Code 50704
Email Address and/or Fax Number NorthDakota@VeridianCU.org			
This information is being requested for: (Check Only One)			
<input type="checkbox"/> Employment with HHS	<input type="checkbox"/> Employment in a NDDHS Licensed or Contracted Agency	<input type="checkbox"/> Childcare/In-home Provider	
<input type="checkbox"/> Adoption Study	<input type="checkbox"/> Private Agency Employment/Volunteer	<input type="checkbox"/> Foster Parent Licensing	
<input type="checkbox"/> Other (List): _____			

Part III: Consent

This consent remains in effect for 90-days from the date of signature unless specifically revoked by written notice to the agency/ organization contact person. Any disclosure prior to a written revocation shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original. **This document must be physically signed by the applicant or signed with a Public Key Infrastructure (like VeriSign or DocuSign). A typed signature is not accepted.**

a. I grant permission to the Department of Health and Human Services and its authorized agents (Human Service Zones) to conduct a search of my name on the North Dakota Child Abuse/Neglect Information Index and to disclose the results of the search to the agency/ organization indicated on this form.

Signature	Date
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b. I further authorize the Department of Health and Human Services and its authorized agents (Human Service Zones) to disclose the records of all Child Abuse and Neglect records pertaining to Services Required or Confirmed findings to the agency/organization indicated on this form. I understand that this information may include medical and mental health information.

I understand that substance use disorder treatment records are protected under the federal regulations governing Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without written consent. Substance use disorder record information will not be disclosed unless an Authorization to Disclose Information form (SFN 1059) permitting the disclosure accompanies this form.

Signature	Date
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Part IV: Do Not Write Below - State Office Use Only

(NOTE: Results only include a search of the ND Child Abuse/Neglect Information Index. No tribal agency registry information is available through the state Index.)

- The above-named individual is not listed on the ND Child Abuse/Neglect Information Index.
- An assessment decision of Services Required was found on the ND Child Abuse/Neglect Information Index.
For further details, please contact the Human Service Zone listed below.

Human Service Zone	Telephone Number	Email Address	Decision Date
Signature of Person Completing CA/N Information Index Inquiry			Date Completed

Human Service Zone	Telephone Number	Email Address	Decision Date
Signature of Person Completing CA/N Information Index Inquiry			Date Completed

Human Service Zone	Telephone Number	Email Address	Decision Date
Signature of Person Completing CA/N Information Index Inquiry			Date Completed

Human Service Zone	Telephone Number	Email Address	Decision Date
Signature of Person Completing CA/N Information Index Inquiry			Date Completed

Submit the completed form to:
 Children and Family Services
 600 East Boulevard Avenue, Dept. 325
 Bismarck, ND 58505
 (701) 328-2316
 E-mail: cfs_cani@nd.gov
 Fax: (701) 328-3538

Statement of Relationship

Employees and employers may be exempt from paying certain state and federal taxes based on the relationship of the two people. Please answer the following questions to ensure taxes are calculated properly.

Employee name: _____ Employee date of birth: ___/___/___

Member name: _____

Employer name: _____

Employer of Record First Name

Employer of Record Last Name

Choose all of the following that describe your status or relationship to the **employer** (must check at least one box).

- Parent working for child. If this is checked, select all the responses that apply:
 - I also provide care for my grandchild/step-grandchild living in my child's home.
 - My grandchild/step-grandchild is under 18 or has a physical or mental condition that requires personal care.
 - My child is widowed, divorced or living with a spouse who has a mental or physical condition and cannot care for the minor dependent.
- Child working for parent (includes adopted children)
- If under 18, this is your primary occupation (**do not** check if you are a student)
- Spouse
- Non-resident alien temporarily in the United States (F-1, J-1, M-1, Q-1 visa) admitted to the United States for the purpose of providing domestic services
- None of the above apply

I attest that the information above is accurate and true by writing my signature below. This information will impact my tax liabilities and it is my responsibility to notify Veridian Fiscal Solutions of any and all changes by submitting a revised Statement of Relationship form.

Employer signature: _____

Date: _____

Employee signature: _____

Date: _____

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.

2024

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 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.)		

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: 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.

Multiple Jobs or Spouse Works 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). 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 (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (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	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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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

Section references are to the Internal Revenue Code.

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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 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, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. 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.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2024 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
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

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	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

I-9 Instructions

For complete instructions on the I-9 form, please visit uscis.gov/sites/default/files/document/forms/i-08/9instr.pdf

TO BE COMPLETED BY THE EMPLOYEE

Section 1: Employee information and attestation

Have your employee complete the highlighted fields.

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 (if any)	Other Last Names Used (if any)		
Doe	John	A	Test		
Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code	
123 Happy Lane	1	Anywhere	IA	12345	
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number		
01/01/2000	1 2 3 4 5 6 7 8 9	johndoe@internet.com	(319) 555-5555		

- Employee's Last Name, First Name, Middle Initial (if any), and Other Last Names (if applicable).
- Street address, Apt # (if applicable), City, State and Zip Code
- Date of Birth
- Social Security Number
- Email Address
- Phone Number

Your employee will then check one of the following boxes outlined in red below to attest to their citizenship or immigration status.

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 until (exp. date, if any) _____			
	If you check Item Number 4., enter one of these:				
	USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)	
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.					

The options to choose from are as follows:

- **A citizen of the United States**
- **A non-citizen national of the United States**
- **A lawful permanent resident (Alien Registration Number/USCIS Number)**
- **A noncitizen (other than Item Numbers 2 and 3 above) authorized to work until (exp. date if any)**

In our example, the employee has indicated they are a citizen of the United States.

If the employee has selected option 4, the employee will also need to complete the following fields:

<input checked="" type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) 09/01/2025				
If you check Item Number 4., enter one of these:				
USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
000001001				

1. If there is an expiration date on your employee's ability to work in the United States, list that information here.
2. Add one of the following numbers:
 - **USCIS A-Number**
 - **Form I-94 Admission Number**
 - **Foreign Passport Number and County of Issuance**

In this example, our employee has provided their USCIS A-Number and is authorized to work in the U.S. until 09/01/2025.

After filling in the above information, your employee will then sign and date the form.

Signature of Employee <i>John Doe</i>	Today's Date (mm/dd/yyyy) 09/01/2023
If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.	

Notes

- If your employee used a translator(s) and/or preparer(s) to assist them with the I-9, they will need to complete form Supplement A, Preparer and/or Translator Certification for Section 1. A copy of this form and instruction and how to complete it can be located under the State and Federal Forms section of the [Forms and Resources](#) page on our website.

TO BE COMPLETED BY THE EMPLOYER OF RECORD

Section 2: Employer or Authorized Representative Review and Verification

You as the employer will fill out this section of the form. Your role is to verify the documents supplied by your employee and provide the necessary information in section 2. As the employer, you cannot require the employee choose any particular documents. As long as the employee provides either a valid (authentic and unexpired) List A or combination of List B and C documents, these documents must be accepted for the purposes of completing the I-9.

To complete section 2, your employee needs to provide you a document(s) from either

- **List A**
- or*
- **List B and C**

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	OR	
	List B	AND	List C
Document Title 1			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
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)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			

Page 2 of the I-9 provides a chart of the acceptable documents for each List.

List A

To complete List A, you will add the following information based off List A document provided by your employee:

1. **Document Title 1**
2. **Issuing Authority**
3. **Document Number (if any)**
4. **Expiration Date (if any)**

To the right is an example of List A being completed after verifying a U.S. Passport

List A	
Document Title 1	U.S. Passport
Issuing Authority	Department of State
Document Number (if any)	ABC1123456789
Expiration Date (if any)	10/10/2025

Note, if your employee provides a List A document that required multiple documents be presented, complete the noted fields for each document in the fields provided.

List B and C

List B and C require the same fields be completed as List A, only with a List B and C document.

To the right is an example of List B and C being completed after verifying Driver's License and a Social Security Card, respectively.

List B	AND	List C
Driver's License		Social Security Card
Iowa DOT		Social Security Administration
123456789		123-45-6789
10/10/2025		N/A

Helpful Tips

When completing List fields, please keep the following in mind:

- Document information must be recorded under the correct List. Information recorded under the wrong list will result in the I-9 being rejected.
- If an employee provides a document from List A, they do not need to provide anything from List B and C.
- If an employee provides a document from List B, they must also turn in a document List C, and vice versa.

To finalize the I-9, you will then add the information requested in the highlighted fields:

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) 09/15/2023
Last Name, First Name and Title of Employer or Authorized Representative Doe, Jane Household Employer	Signature of Employer or Authorized Representative <i>Jane Doe</i>	Today's Date (mm/dd/yyyy) 09/01/2023
Employer's Business or Organization Name Jane Doe	Employer's Business or Organization Address, City or Town, State, ZIP Code 987 Main Street, Townsville, IA 54321	

- **First Day of Employment**
- **Last Name, First Name, and Title of Employer or Authorized Representative**
- **Employer Signature/Date**
- **Employer's Business or Organization Name- This is the employer's first and last name**
- **Employer's Business or Organization Address- This is the employer's address city, state and zip code**



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)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>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.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input 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 until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

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		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority		<p>Veridian Fiscal Solutions must keep a copy of the identification on file. Photocopy the document(s) listed as verification of identity and/or employment authorization and attach to this form. Please verify all highlighted fields have been completed correctly before submitting. If the form is not filled out accurately and completely, we are unable to accept it. Thank you.</p>			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
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):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Household Employer					
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

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 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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 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. 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 	OR	<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 <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<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 <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A 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. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Employee rate sheet

Veridian Fiscal Solutions processes payments for the employees you hire. To ensure your employees are paid at the correct rate, please provide us with the information requested on this form.

In order for the pay rate indicated on this rate sheet to be effective, it must be received by Veridian by the 25th of the prior month. For example, if a pay rate will be in effect for the month of February, Veridian should receive the rate sheet by January 25th.

Please complete this form for each employee who will work for you. This form will be needed for:

- Each new employee you hire
- A pay rate change for an existing employee

Employee name (please print): _____

Employee ID number: _____

IHS pay rate: _____

Effective month of the pay rate: _____

Employer name (please print): _____

Participant name (if different from employer): _____

By signing and dating below, I as the employer and my employee are agreeing that this is the rate at which he/she should be paid as of the first of the month noted above. The submission of this rate sheet will replace any existing rate sheets, making any prior pay rates no longer applicable.

Employer signature: _____ **Date:** _____

Employee signature: _____ **Date:** _____

Please complete and return this form to Veridian Fiscal Solutions in one of the following ways:

- Email: NorthDakota@veridiancu.org
- Fax: 855-828-0729
- Mail: Veridian Fiscal Solutions, P.O. Box 4502, Waterloo, IA, 50704

Direct deposit authorization

Employee information

Employee name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Phone number: _____ Email: _____

Participant information

Participant name: _____
Participant ID #: _____

Financial institution information

Financial institution name: _____
Account type: _____ Checking _____ Savings
Account number: _____
Routing number: _____

I hereby authorize Veridian Fiscal Solutions to initiate direct deposit credit entries and, if necessary, to direct the financial institution above to initiate debit entries or adjustments to correct any deposit errors to my checking or savings account at the financial institution. I understand this authorization will override any previous authorization and will remain in effect until the date Veridian Fiscal Solutions has received written or electronic notification from me of its termination in such time and in such manner as to afford Veridian Fiscal Solutions and the financial institution named above a reasonable opportunity to act on it. I understand that I must immediately notify Veridian Fiscal Solutions before I close the account listed above while this authorization is in effect.

Signature: _____ Date: _____

Please attach a voided check or deposit slip. With this, we have all the information we need to make a direct deposit into your account.

A direct deposit stub for each payment will be available online. Simply log into your account and click on "Pay Stubs" under the "My Account" tab. If you need a paper copy of a direct deposit stub, please contact us.

Please return this completed form and attachment to Veridian Fiscal Solutions by:

- 1) Email: NorthDakota@VeridianCU.org
- 2) Fax: 855-828-0729
- 3) Mail: P.O. Box 4502 Waterloo, IA 50704



FACTS WHAT DOES VERIDIAN FISCAL SOLUTIONS DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> - Social Security number and employment information - Checking and savings account information and transaction history - Account balances and income
How?	All financial companies need to share members' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their members' personal information; the reason Veridian Fiscal Solutions chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Veridian Fiscal Solutions share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	YES	NO
For our marketing purposes— to offer our products and services to you	YES	NO
For joint marketing with other financial companies	NO	We don't share
For our affiliates' everyday business purposes— information about your transactions and experiences	YES	NO
For our affiliates' everyday business purposes— information about your creditworthiness	NO	We don't share
For our affiliates to market to you	NO	We don't share
For nonaffiliates to market to you	NO	We don't share

Questions?	Call 1-855-828-0755 or go to veridianfiscalsolutions.org
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Who we are	
Who is providing this notice?	Veridian Fiscal Solutions
What we do	
How does Veridian Fiscal Solutions protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Veridian Fiscal Solutions collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> ▪ open an account or give us your contact information ▪ show your government-issued ID or tell us where to send the money ▪ provide account information <p>We also collect your personal information from other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> ▪ sharing for affiliates' everyday business purposes—information about your creditworthiness ▪ affiliates from using your information to market to you ▪ sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ <i>Our affiliates include financial companies with a common corporate identity, such as Veridian Credit Union and Veridian Insurance.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ <i>Veridian Fiscal Solutions does not share with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ▪ <i>Veridian Fiscal Solutions doesn't jointly market.</i>