

Employee Welcome Packet

Welcome to the Veterans Directed Home and Community Based Services (VD-HCBS) program. Veridian Fiscal Solutions (VFS) is a Financial Management Organization that coordinates some of the payroll and tax responsibilities for the Veteran Employer/Authorized Representative and the employees they choose to hire. The documents included in this packet contain information about the program and the enrollment forms. These enrollment forms must be completed and approved for you to be paid through the Veteran Directed Home and Community Based Services Program.

Forms

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

- ✓ Only use black ink or type on the form
- ✓ Do not use pencil or gel pens
- ✓ Make sure all highlighted areas are complete
- ✓ Do not provide services without prior approval

Our Communication Promise

We are committed to responding to your questions within 48 hours. If you need immediate assistance, please call us at (866) 226-4692 or send us an email veterans@veridiancu.org. Our business hours are Monday through Friday, 8am-5pm with the exception of holidays.

Our Contact Information

All enrollment forms and paper time sheets can be sent by email to Veridian Fiscal Solutions at veterans@veridiancu.org. If email is not an option for you, please submit your documents in one of the following ways:

- ✓ **Fax** - (319) 236-6785
- ✓ **Mailing address** –Veridian Fiscal Solutions. P.O. Box 4502 Waterloo, IA 50704

Submitting Hours On-Line

Once approved to work we highly recommend you submit your time using our online time collection system. Simply click on this link veridianfiscalsolutions.org/veterans to register. It is important to note the employer of record must register first and then employees can register.

This system is easy to use and allows you to enter your time anywhere an internet connection is available. As an employee you can check to see if your employer provided approval for the time entered. A tutorial is available under the “Help” tab on our website.

Paper Time Sheets

If you are not able to use the online time collection system, you can submit a paper time sheet via email, fax or by mail.

Mileage and Reimbursements

Mileage and reimbursements are made when approved in the Veteran’s budget and by submitting the Mileage and Reimbursement Form. Receipts are not required for mileage but are required for all other reimbursements.



Payments

All payments follow a payment schedule and will be issued on the 15th and the last day of each month (Payment dates are subject to change if they fall on a weekend or holiday). All payment requests can be submitted immediately following each pay period but no later than the 7th and 22nd of each month. Payment requests should be submitted within 30 days of the date service was provided.

Employees have the choice to be paid through direct deposit or by a paper check. We highly encourage direct deposit so funds are available to you on the payment date. If you prefer a paper check it will be mailed on the payment date. VFS will not be liable for delays caused by the US Postal Service.

Payment Schedule

Time Period	Due to Veridian	Payment Date
January 1-15	01/22/2022	01/31/2022
January 16-31	02/07/2022	02/15/2022
February 1-15	02/22/2022	02/28/2022
February 16-28	03/07/2022	03/15/2022
March 1-15	03/22/2022	03/31/2022
March 16-31	04/07/2022	04/15/2022
April 1-15	04/22/2022	04/29/2022
April 16-30	05/07/2022	05/13/2022
May 1-15	05/22/2022	05/31/2022
May 16-31	06/07/2022	06/15/2022
June 1-15	06/22/2022	06/30/2022
June 16-30	07/07/2022	07/15/2022
July 1-15	07/22/2022	07/29/2022
July 16-31	08/07/2022	08/15/2022
August 1-15	08/22/2022	08/31/2022
August 16-31	09/07/2022	09/15/2022
September 1-15	09/22/2022	09/30/2022
September 16-30	10/07/2022	10/14/2022
October 1-15	10/22/2022	10/31/2022
October 16-31	11/07/2022	11/15/2022
November 1-15	11/22/2022	11/30/2022
November 16-30	12/07/2022	12/15/2022
December 1-15	12/22/2022	12/30/2022
December 16-31	01/07/2023	01/13/2023



Background Check Information Disclosure Form

An employee of a Veteran Employer or Authorized Representative must complete a background screening and be approved by the employer before he/she can begin work. Veridian Fiscal Solutions will submit the required forms to complete this check. This information is requested on behalf of the employer so Veridian can pay an employee with Veteran Administration (VA) funds. Once Veridian receives the required forms, they will be submitted to run the check. The background check can be run at any time after the authorization form has been signed.

Information will be taken from the following:

- ✓ The Single Contact Repository which includes:
 - Iowa's Criminal History and Sex Offender Registry (Department of Public Safety, Division of Criminal Investigation)
 - Central Abuse Registry for Child and Dependent Adult Abuse (Department of Human Services)
- ✓ The Office of the Inspector General (OIG) Exclusions Database (Monthly)

Veridian may share the information in these reports with the Veteran, Authorized Representative, Service Coordinator and designated entities.

If there is a finding in the report that would prevent the employee from working with the Veteran, Veridian will send the employee the following: a pre-adverse action letter, a copy of the report, summary of your rights and the contact information for the reporting agency. You will be provided with 5 business days to contact the screening company and dispute the findings. If after 5 business days VFS does not receive a written response from you, then you will receive a final adverse decision letter.

All employment decisions will be made by the Veteran Employer/Authorized Representative. An employee may not start working with the Veteran until he/she has been informed by the Employer or the Service Coordinator that the employee is approved to work and be paid.

Background Check Authorization Form

Veteran Name: _____

I have read and understand the Background Check Information Disclosure Form. By signing below, I authorize Veridian Fiscal Solutions and its contractors to obtain the background check information and share the findings with my Veteran Employer, Authorized Representative, Service Coordinator, and designated entities.

I understand that it is my responsibility to notify my employer immediately if I am convicted of a crime or become excluded from payment in any state or federal program. I understand that information contained in the background check may be covered under the Fair Credit Reporting Act (FCRA). I understand that I may request additional information about the nature and scope of any background check report and a summary of my rights under FCRA at any time.

PLEASE PRINT (If additional Alias's exist please submit a separate piece of paper)

Employee First Name Middle Name Last Name

Alias Name (if applicable) Alias Name (if applicable)

Maiden Name

Street Address City State Zip

Date of Birth Social Security Number Gender

Employee Signature Date

Employee Information and Agreement Form

This employee agreement is between the Veteran Employer/Authorized Representative and the employee.

Veteran

Name: _____

Veteran ID Number: _____

Authorized Representative (if applicable)

Name: _____

Employee information

Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Employee Payroll

Employees can choose to be paid either through direct deposit or through a paper check. VFS highly recommends direct deposit to eliminate mail delays in receiving your paycheck.

If you would like to be paid by direct deposit, please provide your financial institution's information and provide either a voided check or deposit slip. You will receive a paper check until the information below is verified.

Financial Institution Information (Direct Deposit Only)

Financial Institution Name: _____

Account type: ☐ Checking ☐ Savings (CHECK ONE)

Account Number: _____

Routing Number: _____

☐ I have attached a voided check or deposit slip

Authorized Pay Rate(s) and Service Type

Pay Rate(s): _____

Service Type: _____

Employment relationship

- The Veteran or their authorized representative is the employer of record.
- Veridian Fiscal Solutions is a Vendor Fiscal Employer Agent that operates under section 3504 of the IRS code and Revenue Procedure 70-6 and 2003-70.
- The Veteran's Administration (VA), Northeast Iowa Area Agency on Aging (NEI3A) and Veridian Fiscal Solutions (VFS) are not the employer of record and are not responsible for the employer's actions.
- Worker's compensation insurance will be purchased on behalf of the employer.

Approval to work

- You must wait to gain approval from the service coordinator or the employer of record prior to working to receive payment. Approval includes: properly completed enrollment forms, clearing a background screening, and the Veteran having an approved budget from the VAMC.
- The employer and service coordinator will receive the results of the employee background screening.

Submitting time worked for payroll

- The work week is Sunday-Saturday.
- All hours worked over 40 require prior approval from the Veteran or Authorized Representative.
- Hours worked may be submitted on-line at veridianfiscalsolutions.org/veterans or on a paper time sheet for payment.
- All hours submitted on-line must be entered by the employee and approved by the employer for payment.
- All paper time sheets must be signed by the employee and the employer prior to submission.
- All time submissions must include: Type of service, date, and hours worked (MUST ROUND TO THE NEAREST QUARTER HOUR)
- The employer must approve and submit hours to VFS within 5 business days from the end of the semimonthly payroll cycle. Failure to do so will result in payment to the employee in the next scheduled payroll.

- Hours submitted 30 days or beyond the last day of service, may not be approved for payment by the program.
- Per state and federal laws, all payroll taxes will be withheld and paid accordingly.
- If hours are submitted beyond what is included in the Veteran's approved budget they will not be paid with program funds.

The employee agrees to the following by their signature below:

- I have the necessary skills and qualifications to perform the services I have been hired to provide.
- I will effectively communicate with the employer of record.
- I am 18 years of age or older.
- I will provide services on an agreed upon schedule, any changes will be discussed and agreed upon with my employer.
- I will notify my employer as soon as possible if I cannot work.
- I will participate in any required training
- I will notify my employer if I have been convicted of a crime or am excluded from being paid with state or federal funds.
- I will keep all information during my employment confidential.

The employee understands the following by their signature below:

- If I provide transportation, I must provide the Veteran with a copy of my valid driver's license and automobile insurance. I am responsible to update these documents when they change or expire.
- If the Veteran is hospitalized or incarcerated I cannot provide services and be paid.
- All payment submissions will be submitted with information that is valid and true. Any false payment information submitted may result in the need for repayment, is subject to investigation and may be punishable by law.
- I will not begin providing services or be paid until my enrollment paperwork has been approved.
- I will not hold the VA, NEI3A or VFS liable for any injury that occurs and I absolve them from any responsibility for payment.

The Veteran Employer/Authorized Representative understands the following by their signature below:

- I am the employer of record.
- I am responsible to make sure my employee has the necessary training.
- I am responsible to schedule my employee and notify them of any changes.
- If my employee works over 40 hours in a week, the employee must be paid in accordance with the law. Hours over 40 may reduce the other services budgeted.
- I will verify the accuracy of all payment submissions and approve timely.
- I am responsible as the employer to pay the employee all hours that exceed the authorized budget.
- I will not hold the VA, NEI3A or VFS liable for any injury that occurs and I absolve them from any responsibility for payment.
- I am responsible to save for worker's compensation insurance through my Veteran's Directed budget.
- I am responsible to save monthly for an emergency backup, goods and services.
- All payment submissions will be verified as true and accurate, any false payment submissions may result in the need for repayment, is subject to investigation and may be punishable by law.

Veteran's Name: _____
Please Print

As the **employer/authorized representative**, I have received clarification on the information I did not fully understand and agree.

Employer's Signature **Date**

As the **employee**, I have received clarification on the information that I did not fully understand and agree.

Employee's signature **Date**

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: _____

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: _____



Direct Deposit Authorization

Employee information

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

Veteran information

Veteran name: _____
Veteran 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: _____

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: veterans@veridiancu.org
- 2) Fax: 319-236-6785
- 3) Mail: P.O. Box 4502 Waterloo, IA 50704

Form W-4 Department of the Treasury Internal Revenue Service	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.	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2022</div>										
Step 1: Enter Personal Information	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">(a) First name and middle initial</td> <td style="width: 40%;">Last name</td> <td style="width: 20%;">(b) Social security number</td> </tr> <tr> <td colspan="2">Address</td> <td rowspan="3"> ▶ 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. </td> </tr> <tr> <td colspan="2">City or town, state, and ZIP code</td> </tr> <tr> <td colspan="2"> (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.) </td> </tr> </table>		(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.)	
(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 . . . ▶ <input type="checkbox"/> TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.
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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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> (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 . . . </td> <td style="width: 20%; text-align: right;">4(a) \$ _____</td> </tr> <tr> <td> (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 . . . </td> <td style="text-align: right;">4(b) \$ _____</td> </tr> <tr> <td> (c) Extra withholding. Enter any additional tax you want withheld each pay period . . </td> <td style="text-align: right;">4(c) \$ _____</td> </tr> </table>	(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) \$ _____
(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. <div style="display: flex; justify-content: space-between;"> <div> ▶ Employee's signature (This form is not valid unless you sign it.) </div> <div> ▶ Date </div> </div>		
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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 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 2022 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, 2023.

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. 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 2022 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 2022 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: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **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	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

Each employee must file this Iowa W-4 with his/her employer. Do not claim more allowances than necessary or you will not have enough tax withheld. You may file a new W-4 at any time if the number of your allowances increases. You must file a new W-4 within 10 days if the number of allowances previously claimed by you decreases.

Penalties apply for willfully supplying false information or for willful failure to supply information, which would reduce the withholding allowances. If you file as exempt from withholding and you incur an income tax liability, you may be subject to a penalty for underpayment of estimated tax.

Marital Status: Single (or married but legally separated) ☐ Married ☐

Print your full name: _____ **Social Security Number:** _____

Home address: _____

City: _____ **State:** _____ **ZIP:** _____

Exemption from withholding

If you do not expect to owe any Iowa income tax and have a right to a full refund of ALL income tax withheld, enter "EXEMPT" here _____ and the year effective here _____.

Nonresidents may not claim this exemption.

Check this box if you are claiming an exemption from Iowa income tax as a military spouse based on the Military Spouses Residency Relief Act of 2009 or the Veterans Benefits and Transition Act of 2018 ☐

If claiming the military spouse exemption, enter your state of domicile or residence here _____

If you are not exempt, complete the following:

1. Personal allowances..... 1. _____
2. Allowances for dependents. You may claim 1 allowance for each dependent you claim on your Iowa income tax return. 2. _____
3. Allowances for itemized deductions. See instructions. 3. _____
4. Allowances for adjustments to income. Estimate allowable adjustments to income for payments such as an IRA, Keogh, or SEP; penalty on early withdrawal of savings; alimony paid; and student loan interest, which are reflected on the IA 1040. Divide this amount by \$600, round to the nearest whole number, and enter on line 4. 4. _____
5. Allowances for child and dependent care credit. 5. _____
6. **Total allowances.** Add lines 1 through 5. 6. _____
7. Additional amount, if any, you want deducted each pay period. 7. _____

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this claim, and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee signature: _____ **Date:** _____

Employers: The employer must maintain records of the W-4s. If the employee is claiming more than 22 withholding allowances or is claiming exemption from withholding when wages are expected to exceed \$200 per week, complete the information below and within 90 days send a copy to: Compliance Services, Iowa Department of Revenue, PO Box 10456, Des Moines, Iowa 50306-0456.

Employer name: _____

Federal Employer Identification Number (FEIN): _____

Employer address: _____

City: _____ **State:** _____ **ZIP:** _____

Questions about Iowa taxes:

Call Taxpayer Services at 515-281-3114 or 800-367-3388 or email idr@iowa.gov.

IA W-4 Instructions – Employee Withholding Allowance Certificate

Exemption from withholding

Claim exemption from withholding if you are an Iowa resident and both of the following situations apply:

(1) for 2021 you had a right to a refund of all Iowa income tax withheld because you had no tax liability, and, (2) for 2022 you expect a refund of all Iowa income tax withheld because you expect to have no tax liability. Nonresidents may not claim this exemption. You must complete a new W-4 within 10 days from the day you anticipate you will incur an Iowa income tax liability for the calendar year (or your fiscal year). If you anticipate you will incur an Iowa income tax liability for the following year, then you must complete a new W-4 on or before December 31 of the current year. If you want to claim an exemption from withholding next year, you must file a new W-4 with your employer on or before February 15.

Taxpayers 64 years of age or younger: See your payroll officer to determine how much you expect to earn in a calendar year. You are exempt if:

- your filing status is single, your net income is less than \$5,000, and are claimed as a dependent on another person's Iowa return; or
- your filing status is single, your net income is less than \$9,000, and you are not claimed as a dependent on another person's Iowa return; or
- your filing status is other than single and your combined net income is \$13,500 or less.

Taxpayers 65 years of age or older: Only one spouse must be 65 or older to qualify for the exemption. Pension exclusion and any reportable Social Security amount must be added to net income for purposes of determining the low-income exemption. You are exempt if:

- you are single and your net income is \$24,000 or less; or
- your filing status is other than single and your combined net income is \$32,000 or less.

Military personnel in active duty status, as defined in Title 10 of the U.S. Code, are exempt from withholding. Under the Military Spouses Residency Relief Act of 2009 and the Veterans Benefits and Transition Act of 2018, you may be exempt from Iowa income tax on your wages if: (1) your spouse is a member of the uniformed services present in Iowa in compliance with military orders; (2) you are present in Iowa solely to be with your spouse; and (3) you maintain your domicile or residence in another state; or (4) you have elected to use your servicemember spouse's domicile or residence in another state for income tax purposes. If you claim this exemption, check the appropriate box, enter the state other than Iowa you are claiming as your state of domicile or residence, and attach a copy of your spousal military identification card to the IA W-4 provided to your employer.

Line 1. Personal allowances: You can claim the following personal allowances:

- 1 allowance for yourself or 2 allowances if you are unmarried and eligible to claim head of household status. Add 1 additional allowance if you are 65 or older, and/or 1 additional allowance if you are blind.
- If you are married and your spouse either does not work or is not claiming allowances on a separate W-4, you may claim the following allowances for them: 1 for your spouse, 1 additional allowance if your spouse is 65 or older, and/or 1 additional allowance if your spouse is blind.
- If you are single and hold more than one job, you may not claim the same allowances with more than one employer at the same time. If you are married and both you and your spouse are employed, you may not both claim the same allowances with both of your employers at the same time.
- To have the highest amount of tax withheld claim "0" allowances on line 1.

Line 3. Allowances for itemized deductions:

- Enter total amount of estimated itemized deductions (a) \$ _____
- Enter amount of your standard deduction using the following information (b) \$ _____
If single, married filing separately on a combined return, or married filing separate returns, enter \$2,210
If married filing a joint return, unmarried head of household, or qualifying widow(er), enter \$5,450
- Subtract line (b) from line (a) and enter the difference or zero, whichever is greater (c) \$ _____
- Additional allowance: Divide the amount on line (c) by \$600, round to the nearest whole number and enter on line 3.

Line 5. Allowances for child and dependent care credit: Persons having child/dependent care expenses qualifying for the federal and Iowa child and dependent care credit may claim additional Iowa withholding allowances based on their net incomes. If you have qualifying child and dependent care expenses and wish to reduce your Iowa withholding on the basis of this credit, you may claim additional withholding allowances for Iowa based on the information below. Taxpayers with a net income of \$90,000 or more cannot claim withholding allowances for the child and dependent care credit. Married persons, regardless of their expected Iowa filing status, must calculate their withholding allowances based on their combined net incomes. Total allowances for child and dependent care that you and your spouse may claim cannot exceed the total allowances shown below.

- Iowa net income between \$0 - \$19,999 Allowances: 5
Iowa net income between \$20,000 - \$34,999 Allowances: 4
Iowa net income between \$35,000 - \$44,999 Allowances: 3
Iowa net income between \$45,000 - \$89,999 Allowances: 1

Line 7. Additional amount of withholding deducted: You may need to have additional tax withheld if you have two or more jobs are married and you both work, or have income other than wages. Income other than wages would include: interest and dividends, capital gains, rent, alimony received, gambling winnings, etc. If you are not having enough tax withheld, you may request your employer to withhold more by filling in an additional amount on line 7. Estimate the amount you will be under-withheld, and divide that amount by the number of pay periods per year. If you reside in a school district that imposes school district surtax, consider reducing the amount of allowances shown on lines 1-5, or have additional tax withheld on line 7.



I-9 Instructions

For complete instructions on the I-9 form, please visit
www.veridianfiscalsolutions.org/forms_resources.aspx

TO BE COMPLETED BY THE EMPLOYEE

Page 1 Section 1: Employee information and attestation

Please check to ensure the following are complete:

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

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)
Test		John		A	Doe
Address (Street Number and Name)		Apt. Number	City or Town		State ZIP Code
123 Happy Lane		1	Anywher		IA 12345
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number
1/1/00	1 2 3 - 4 5 - 6 7 8 9		johntest@internet.com		319-555-5555

When completing the attestation section only check one of the boxes next to numbers 1-4.
Only choose **ONE**

- 1.) A citizen of the United States
- 2.) A non-citizen national of the United States
- 3.) A lawful permanent resident (Alien Registration Number/USCIS Number)
- 4.) An alien authorized to work

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 checked="checked" type="checkbox"/> 1. A citizen of the United States	Only check one box. What you check should be listed under citizenship status in Section #2
<input type="checkbox"/> 2. A non-citizen national of the United States	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number)	
<input type="checkbox"/> 4. An alien authorized to work (Alien Registration Number/USCIS Number)	
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: _____	
QR Code - Section 1 Do Not Write In This Space	



Make sure the employee signs and dates the I-9 on page 1

Signature of Employee	EMPLOYEE SIGNATURE HERE	Today's Date (mm/dd/yyyy)	5/1/18
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If an employee does not use a translator, they should check "I did not use a preparer or translator."

Preparer and/or Translator Certification (check one):	
<input checked="" type="checkbox"/> I did not use a preparer or translator.	<input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
<i>(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</i>	

If an employee does use a translator or preparer to assist them with the I-9, they should check the box, indicating they had a preparer and /or translator assist the employee in completing section 1. The preparer/translator should complete the section with their information.

It must include the following:

- ✓ Signature of Preparer or Translator
- ✓ Date
- ✓ Last Name and First Name
- ✓ Address, City, State and Zip Code

Preparer and/or Translator Certification (check one):			
<input type="checkbox"/> I did not use a preparer or translator.		<input checked="" type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.	
<i>(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</i>			
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)	
PREPARER'S SIGNATURE		5/1/18	
Last Name (Family Name)		First Name (Given Name)	
Preparer		The	
Address (Street Number and Name)		City or Town	State
123 Preparer's Way		Anywhere	IA
			ZIP Code
			12345

TO BE COMPLETED BY THE EMPLOYER OF RECORD

Section 2 page 2: Employer or Authorized Representative Review and Verification

This section of the form is filled out by the employer not the applicant. The employer's role is to verify the documents supplied by the employee and provide the necessary information in section 2.

Please check to ensure the following are complete:

- ✓ Employee last name, first name, MI, and Citizenship/Immigration Status from section A



Section 2. Employer or Authorized Representative Review and Verification				
<small>(Employers or their authorized representative must complete and sign Section 2 within 3 business days of hire. They must physically examine one document from List A OR a combination of one document from List B and one document from List C. See the back of this form for a list of acceptable documents.)</small>				
<small>This should match the box checked by the employee on page 1</small>				
Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
	Test	John	A	Citizen of the US

An employee can provide documents from List A or List B and List C. If an employee provides a document from (page 3 of the I-9 has a list of acceptable documents)

- List A, they do not need to provide anything from List B and C.
- List B, they must provide a document from List C also.

The employer must check the documents to ensure they are valid and not expired and check for authenticity. **The information from each document must be listed under the proper columns.**

PLEASE NOTE: The employee can provide any documents listed in column A. The below is just an example. Please remember if list A is complete then nothing must be in columns B and C.

List A
Identity and Employment Authorization
Document Title U.S. Passport
Issuing Authority Department of State
Document Number ABC1123456789
Expiration Date (if any)(mm/dd/yyyy) 1/1/20

PLEASE NOTE: The employee can provide any documents listed in columns B and C. The below is just an example. Please remember if list B is complete then list C should also be complete.

List B	AND	List C
Identity		Employment Authorization
Document Title Driver's License		Document Title Social Security Card
Issuing Authority Iowa DOT		Issuing Authority Social Security Administration
Document Number 123456789		Document Number 123-45-6789
Expiration Date (if any)(mm/dd/yyyy) 1/1/20		Expiration Date (if any)(mm/dd/yyyy) N/A



Employee's first day of employment

Please enter the employee first date of work. This is required for this form to be considered complete.

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)

Employer's Information

This section must be completed by the employer of record and make sure it includes the following:

- ✓ Employer Signature
- ✓ Date
- ✓ Last Name, First Name, Name of Business (this is the employer's first and last name)
- ✓ Business Address (this is the employer's address city, state and zip code)

Signature of Employer or Authorized Representative EMPLOYER SIGN HERE		Today's Date (mm/dd/yyyy) 5/1/18	Title of Employer or Authorized Representative Household Employer	
Last Name of Employer or Authorized Representative Duck		First Name of Employer or Authorized Representative Donald		Employer's Business or Organization Name Donald Duck
Employer's Business or Organization Address (Street Number and Name) 222 Happy Lane		City or Town Anywhere	State IA	ZIP Code 12345



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	
	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin: 2px;"></div>					

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	
<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)	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____</p> <p style="text-align: center;">OR</p> <p>2. Form I-94 Admission Number: _____</p> <p style="text-align: center;">OR</p> <p>3. Foreign Passport Number: _____</p> <p>Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
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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
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List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		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		Additional Information 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.		QR Code - Sections 2 & 3 Do Not Write In This Space
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)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	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.

Employee's Name: _____ Social Security Number (SSN): _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone Number: _____

Employer's Name _____

Address _____

City: _____ State: _____ ZIP: _____ Phone Number: _____

Employee

Iowa and Illinois have a reciprocal agreement for individual income tax purposes. A resident of Illinois working for wages or salary in Iowa should complete and file this form with their employer to withhold Illinois income tax. Any wages or salary made by an Illinois resident working in Iowa is taxable only to Illinois and not to Iowa.

Note: If you change your state of residence, you must notify your employer within 10 days.

Employer

You are required to have a copy of this form on file for each employee who is a resident of Illinois receiving wages or salary paid in Iowa and who claims exemption from withholding of Iowa income tax under the reciprocal agreement between Iowa and Illinois.

Declaration: I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this document and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee Signature: _____ Date: (MM/DD/YYYY): _____

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?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- 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

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>