



TO



SERVANTHR

Creating Freedom to Focus!

Your company has elected to provide you with the services of an *Administrative Employer* for most of its key human resource functions. Servant HR administers your group benefits, retirement plan, workers' compensation programs, and provides the expertise of professional human resource consultants, top-notch payroll processing, and other ancillary services.

Initially, you may note some small differences in the way personnel matters are handled, but you will soon discover this to be a very positive and beneficial change.

This enrollment packet contains necessary employment forms that must be completed and returned to Servant HR for your employment to officially begin and prior to receiving your first paycheck. Please review all information carefully and then complete each of the enclosed forms.

We encourage you to take full advantage of the many benefit programs available with your worksite employer. We also encourage you to write down any questions' or concerns you may have and discuss them with your Servant HR representative.

Please feel free to reach us through our corporate office at 317.585.1688. Again, welcome to Servant HR!



EMPLOYEE ENROLLMENT PACKET

THE FOLLOWING FORMS ARE INCLUDED IN THIS PACKET:

- ✓ Co-Employee Acknowledgement Agreement
- ✓ Employee Data Sheet
- ✓ Federal Form W-4 (Employee's Withholding Allowance Certificate)
- ✓ State Withholding Form (if applicable)
- ✓ Federal Form I-9 (Employment Eligibility Verification Form)
- ✓ Employee Acknowledgment of Substance Abuse Policy Form
- ✓ Payroll Direct Deposit Authorization Form (**required**)

All Applicable Forms Must Be Completed & Forwarded to Servant HR for you to be considered employed and receive your first paycheck!

IMPORTANT NOTES TO EMPLOYEES

- ❖ Employees **MUST** complete the applicable enclosed forms in order to receive a paycheck.
- ❖ Fax or mail all completed forms to Servant HR along with a copy of your drivers' license and social security card (or other qualified identification as listed on the Immigration form I-9).
- ❖ Full-time employees (regularly scheduled 30 hours or more per week) who are eligible for the worksite employers' group health insurance coverage must complete a health insurance enrollment form within the first 30 days of employment. If election is not made within the 30-day period, you may have to wait for an open enrollment period designated by the insurance company.



CO-EMPLOYEE ACKNOWLEDGEMENT AGREEMENT

Please read this Co-employee Acknowledgement Agreement carefully before signing below.

I, the undersigned employee (“Employee”), in consideration of my employment by Servant HR, whose address is 10412 Allisonville Rd, Fishers, Indiana, 46038, acknowledge and agree to the following:

This will confirm my understanding of my assignment as a co-employee at _____ (“Worksite Employer” / Client Location)

I understand that I am a co-employee of Servant HR and my Worksite employer. I hereby acknowledge that I have been advised that Servant HR is an *administrative employer*. I further acknowledge that Servant HR has entered into an administrative employer arrangement with my Worksite Employer. I acknowledge that as long as Servant HR and my Worksite Employer have a contractual relationship, Servant HR is my employer for all payroll, workers compensation, benefits, and unemployment compensation matters, unless otherwise stated.

As a co-employee of Servant HR and my Worksite Employer, I agree to abide by the terms and conditions of Servant HR and my Worksite Employer’s personnel policies. I understand and agree that my employment at Servant HR and my Worksite Employer is at-will in that just as I may terminate my employment at any time with or without cause, Servant HR and my Worksite Employer may also exercise this right, and there is no guarantee of employment for any specific period of time. This policy can only be changed in writing directed to me personally and signed by an officer of Servant HR and my Worksite Employer. I also agree that if at any time during my employment I am subjected to any type of discrimination or retaliation, including discrimination based on my race, sex, age, religion, color, national origin, disability, veteran status, or other classification protected by applicable federal, state or local law, or if I am subjected to any type of harassment, including sexual harassment, or if I am injured on the job or witness a safety violation, I will immediately contact Servant HR in order to obtain assistance in such matters. If I fail to do so I agree to hold Servant HR harmless from any claim.

My payroll check will be processed by Servant HR upon hours and wages turned in for payment by my Worksite Employer. If at any time my paycheck does not reflect 100% of the hours worked or wages earned, I agree to report such discrepancy to Servant HR. If I fail to do so I agree to hold Servant HR harmless from any claim. I further understand and agree to contact Servant HR if I am released from employment for the purpose of possible reassignment. Failure to notify Servant HR could result in loss of unemployment benefits.

If the relationship between Servant HR and my Worksite Employer is terminated for any reason, I agree that my Worksite Employer will become solely responsible as my employer for all payroll, workers compensation, unemployment insurance, and benefits, and I agree to seek these same only from my Worksite Employer. If at any time my Worksite Employer files for bankruptcy and I have been paid wages by Servant HR, which Servant HR has a right to recover from my Worksite Employer, I agree to assign my rights for such recovery of wages to Servant HR.

Servant HR can be contacted at (317) 5851688 or 10412 Allisonville Rd, Fishers, Indiana, 46038. I also acknowledge that a telephonic facsimile (FAX) or photographic copy of my signature shall be as valid as the original.

Please sign and date below acknowledging you have read the Co-employee Acknowledgement Agreement and understand it completely.

Employee Name (Print)

Employee Signature

Date

If you would like a copy of this or any other documents included in the New Hire packet, please request such copies from your supervisor prior to documents being forwarded to Servant HR.



EMPLOYEE DATA SHEET

Worksite Location: _____ Original Hire Date: _____

EMPLOYEE INFORMATION

Social Security #	First Name	Last Name	Middle Int.
Street Address	City	State	Zip
Home Phone #	County	Job Title	
Email Address	Birth Date	Gender: Male Female	Marital Status

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name	Relationship (spouse, friend, etc.)
Daytime Phone #	Evening/Cell Phone #

On occasion Servant HR may provide its worksite staff encouragement of a religious nature (i.e., birthday cards, get well and holiday cards, etc.) Please check this box if you prefer to opt-out from receiving any materials of this kind.

EEOC INFORMATION

The employee is not required to complete the EEOC information. All EEOC information is provided on a voluntary basis and is for statistical reporting purposes only.

OCCUPATION CATEGORY		ETHNIC ORIGIN	
<input type="checkbox"/> Managers & Officers (1)	<input type="checkbox"/> Craft Workers (6)	<input type="checkbox"/> Black or African American (1)	
<input type="checkbox"/> Professional (2)	<input type="checkbox"/> Semi-Skilled (7)	<input type="checkbox"/> Hispanic or Latino (2)	
<input type="checkbox"/> Technicians (3)	<input type="checkbox"/> Laborers and Helpers (8)	<input type="checkbox"/> Asian (3)	
<input type="checkbox"/> Sales (4)	<input type="checkbox"/> Service (9)	<input type="checkbox"/> Native American (4)	
<input type="checkbox"/> Admin Support (5)		<input type="checkbox"/> Caucasian (5)	
VETERAN STATUS		<input type="checkbox"/> Two or More Races (6)	
<input type="checkbox"/> _____ Specify			

I understand that if at any time during my employment I am subjected to any type of discrimination or retaliation, including discrimination based on my race, sex, age, religion, color, national origin, disability, veteran status, or other classification protected by applicable federal, state or local law, or if I am subjected to any type of harassment, including sexual harassment, or if I am injured on the job or witness a safety violation, I will immediately contact Servant HR in order to obtain assistance in such matters.

9A D@CM9 G B5HI F9! : cfa 'bchj U]X i b Ygg mc i 'g][b _____ DATE

OFFICE USE ONLY

RATE OF PAY:	HOURLY	SALARY		
JOB TITLE:	STATUS:	FT	PT	TEMP SEASONAL



EMPLOYEE ACKNOWLEDGEMENT OF SUBSTANCE ABUSE POLICY

Employee Name: _____ Soc. Sec.#: _____

Worksite Employer: _____

Servant HR has established a substance abuse policy, which is fully compliant with all state regulations. Briefly described below are the criteria, which apply to that policy.

1. Any employee who is unfit for duty to suspected drug and/or alcohol abuse may be required to submit to drug and/or alcohol testing.
2. Any employee who is unable to perform his or her duties due to suspected drug and/or alcohol usage affecting his or her job may be required to submit to drug and/or alcohol testing.
3. Excessive, unexplained or patterned absences from work may be cause for drug and/or alcohol testing.
4. Any employee who is involved in a work related accident, resulting in personal injury, lost time or property damage is required to submit drug to and/or alcohol testing.
5. Drug and alcohol test results are released to Servant HR. A positive drug and/or alcohol test result is considered misconduct, a violation of Servant HR's policy, and may be grounds for immediate termination. The appropriate management personnel of the Servant HR's worksite employer will be notified of the test results.

AN EMPLOYEE REFUSAL TO COMPLY WITH SERVANT HR'S DRUG AND/OR ALCOHOL TESTING REQUIREMENTS IS CONSIDERED MISCONDUCT, A VIOLATION OF COMPANY POLICY, AND GROUNDS FOR NON-HIRE OR IMMEDIATE TERMINATION.

On occasion Servant HR's worksite employers may request drug testing of employees assigned to their facilities. When this occurs, you will be notified of such request. Test results will be provided to both Servant HR and the worksite employer. If test results are positive, you may be subject to immediate termination.

Do not sign this Employee Acknowledgement of Substance Abuse Policy form until you have read, understand, and agree to comply with this policy.

Employee Signature: _____ **Date:** _____



PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM - REQUIRED

ENROLLMENT TYPE: **New Enrollment** **Change Current Status**

Employee Name: _____ Soc. Sec. #: _____

Worksite Employer: _____

I hereby authorize Servant HR to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name below hereinafter called Depository, to credit and/or debit the same entries to such account.

Depository Information

	Bank Checking	Bank Savings	Credit Union Checking	Credit Union Savings	Other Institution
Account Num.					
ABA/Transit #					
Dollar \$ or %					
Bank Name					
City					
State					
Phone					

Note: Funds transferred by electronic transmission normally post to accounts one to two banking days after payroll is processed. Employees remain responsible for verifying that their funds are deposited, clear and are available, prior to writing checks or debiting account. **Always examine pay stub to verify money will be deposited and you have not received a "live" check.** Also, note that your first and last paycheck may not be direct deposit.

This authority is to remain in full force and effect until Servant HR has received written notification from me to terminate in such time and in such manner as to afford Servant HR and Depository a reasonable opportunity to act on it.

Employee Signature: _____ **Date:** _____

SAMPLE

ATTACH VOIDED CHECK SLIP HERE		0001
Address _____ 19 _____		
PAY TO THE ORDER OF _____ \$ _____		DOLLARS
Memo _____		signature _____
<input checked="" type="checkbox"/> 028809525	<input checked="" type="checkbox"/> 1157650295085	* 0001
Routing Number	Account Number	Check Number

Form W-4 (2012)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">1 Your first name and middle initial</td> <td style="width: 40%; padding: 2px;">Last name</td> <td style="width: 30%; padding: 2px;">2 Your social security number</td> </tr> </table>		1 Your first name and middle initial	Last name	2 Your social security number		
1 Your first name and middle initial	Last name	2 Your social security number				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Home address (number and street or rural route)</td> <td style="width: 50%; padding: 2px;"> 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. </td> </tr> <tr> <td style="padding: 2px;">City or town, state, and ZIP code</td> <td style="padding: 2px;"> 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/> </td> </tr> </table>		Home address (number and street or rural route)	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	City or town, state, and ZIP code	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
Home address (number and street or rural route)	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.					
City or town, state, and ZIP code	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</td> <td style="width: 20%; padding: 2px;">5 <u> </u></td> </tr> <tr> <td style="padding: 2px;">6 Additional amount, if any, you want withheld from each paycheck</td> <td style="padding: 2px;">6 \$ <u> </u></td> </tr> </table>		5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>					
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"> 7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ </td> <td style="width: 20%; padding: 2px;">7 <u> </u></td> </tr> </table>		7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶	7 <u> </u>			
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶	7 <u> </u>					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.						
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)				

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

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 who claims no withholding allowances; 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.

Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting

Employee's Section

Employee's Name (last, first, middle initial)		Social Security Number		Date of Birth
Employee's address (number and street)		City	State	Zip Code
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: <i>If married, but legally separated, check the Single box.</i>				Date of Hire

FIGURE YOUR TOTAL WITHHOLDING EXEMPTIONS BELOW

Complete Lines 1 through 3 only if your Wisconsin exemptions are different than your federal allowances.

- (a) Exemption for yourself – enter 1 _____
 - (b) Exemption for your spouse – enter 1 _____
 - (c) Exemption(s) for dependent(s) – you are entitled to claim an exemption for each dependent..... _____
 - (d) Total – add lines (a) through (c)
- Additional amount per pay period you want deducted (if your employer agrees) _____
 - I claim complete exemption from withholding (see instructions). Enter "Exempt" _____

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming complete exemption from withholding, I certify that I incurred no liability for Wisconsin income tax for last year and that I anticipate that I will incur no liability for Wisconsin income tax for this year.

Signature _____ Date Signed _____, _____

EMPLOYEE INSTRUCTIONS:

- WHO MUST FILE:**
Every Employee is required to file a completed Form WT-4 with each of his or her employers unless the Employee claims the same number of withholding exemptions for Wisconsin withholding tax purpose as for federal withholding tax purpose. Form WT-4 (or federal Form W-4 if a Form WT-4 is not filed) will be used by your employer to determine the amount of Wisconsin income tax to be withheld from your paychecks. If you have more than one employer, you should claim a smaller number or no exemptions on each Form WT-4 filed with employers other than your principal employer so that the total amount withheld will be closer to your actual income tax liability.
Your employer may also require you to complete this form to report your hiring to the Department of Workforce Development.
You may file a new Form WT-4 any time you wish to change the amount of withholding from your paychecks, providing the number of exemptions you claim does not exceed the number you are entitled to claim.
- UNDER WITHHOLDING:**
If sufficient tax is not withheld from your wages, you may incur additional interest charges under the tax laws. In general, 90% of the net tax shown on your income tax return should be withheld.
- OVER WITHHOLDING:**
If you are using Form WT-4 to claim the maximum number of exemptions to which you are entitled and your withholding exceeds your expected income tax liability, you may use Form WT-4A to minimize the over withholding.
- WHEN TO FILE IF YOUR EXEMPTIONS CHANGE:**
You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES.
You may file a new certificate at any time if the number of your exemptions INCREASES.

- HOW TO COMPLETE FORM WT-4**
Clearly print your full name (last, first, middle initial), address, social security number and date of birth.
- LINE 1:**
(a)-(c) Number of exemptions — Do not claim more than the correct number of exemptions. If you expect to owe more income tax for the year than will be withheld if you claim every exemption to which you are entitled, you may increase your withholding by claiming a smaller number of exemptions on lines 1(a)-(c) or you may enter into an agreement with your employer to have additional amounts withheld (see instruction for line 2).
(c) Dependents — Those persons who qualify as your dependents for federal income tax purposes may also be claimed as dependents for Wisconsin purposes. The term "dependents" does not include you or your spouse. Indicate the number of dependents that you are claiming in the space provided.
- LINE 2:**
Additional withholding — If you have claimed "zero" exemptions on line 1, but still expect to have a balance due on your tax return for the year, you may wish to request your employer to withhold an additional amount of tax for each pay period. If your employer agrees to this additional withholding, enter the additional amount you want deducted from each of your paychecks on line 2.
- LINE 3:**
Exemption from withholding — You may claim exemption from withholding of Wisconsin income tax if you had no liability for income tax for last year, and you anticipate that you will incur no liability for income tax for this year. You may not claim exemption if your return shows tax liability before the allowance of any credit for income tax withheld. If you are exempt, your employer will not withhold Wisconsin income tax from your wages.
You must revoke this exemption (1) within 10 days from the time you anticipate you will incur income tax liability for the year or (2) on or before December 1 if you anticipate you will incur Wisconsin income tax liabilities for the next year. If you want to stop or are required to revoke this exemption, you must file a new Form WT-4 with your employer showing the number of withholding exemption you are entitled to claim. This certificate for exemption from withholding will expire on April 30 of next year unless a new Form WT-4 is filed before that date.

Employer's Section

Employer's Name		Federal Employer ID Number	
Employer's payroll address (number and street)	City	State	Zip Code

EMPLOYER INSTRUCTIONS for Department of Revenue:

- If you do not have a Federal Employer Identification Number (FEIN), contact the Internal Revenue Service to obtain a FEIN.
- If the Employee has claimed more than 10 exemptions OR has claimed complete exemption from withholding and earns more than \$200.00 a week or is believed to have claimed more exemptions than he or she is entitled to, mail a copy of this certificate to: Wisconsin Department of Revenue, Audit Bureau, P.O. Box 8906, Madison, WI 53708 or fax (608)-267-0834.
- Keep a copy of this certificate with your records. If you have questions about the Department of Revenue requirements, call (608) 266-8646 or (608) 266-2776.

EMPLOYER INSTRUCTIONS for New Hire Reporting:

- This report contains the required information for reporting New Hire to Wisconsin. Mail the original form to the Department of Workforce Development, New Hire Reporting, PO Box 14431, Madison, WI 53708-0431 or fax toll free to 1-800-277-8075.
- If you are reporting New Hires electronically, you do not need to forward a copy of this report to Department of Workforce Development.
- If you have questions about New Hire requirements, call toll free (888) 300-HIRE (888-300-4473).

The address will be displayed appropriately in a left window envelope.

**DEPARTMENT OF WORKFORCE DEVELOPMENT
NEW HIRE REPORTING
PO BOX 14431
MADISON WI 53708-0431**

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

Form I-9, Employment Eligibility Verification

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

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

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

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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

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

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

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

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

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

List A	OR	List B	AND	List C
Document title: _____	OR	_____	AND	_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____				

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

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
Servant HR, 10412 Allisonville Rd., Ste 206, Fishers, IN 46038		

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
-----------------------	-------------------	---------------------------------

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

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
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	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	
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	9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	11. Clinic, doctor, or hospital record	
12. Day-care or nursery school record	8. Employment authorization document issued by the Department of Homeland Security	

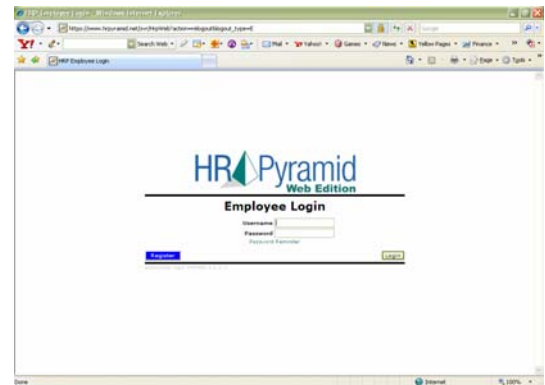
Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

GETTING YOUR PAYSTUB INFO!

To: All Servant HR Employees
From: Servant HR Payroll Department
Re: Employee Website Access

In order to make delivery and access of your payroll information quick and simple we are pleased to offer HR Pyramid web access for all employees of Servant HR.

- The website link is www.servanthr.com
- Click on the **Employee** link in the upper right-hand side of the page.
- When logging in for the first time, **your Username is your Social Security Number (INCLUDING the dashes)** and your **Password is the last four digits of your Social Security Number**. You will have the option of changing your password once you are logged (under the Administration tab).



By clicking on menu choices to the left of the screen, you will have access to a wealth of information regarding your employment with Servant HR and your worksite employer. For example, you can review your personal employee data and payroll summaries, view and print pay stubs, look up available PTO balances, etc.

As a result of this online access, you will not be receiving a printed copy of your pay stub in the mail. Instead, you will simply log onto the website above to view and print any needed pay stub information. This information will be available to you 24/7, from any computer with Internet access. You can print any and as many pay stubs as you need!

Please call us with any questions you may have at (317) 585-1688.