



# WELCOME



## 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 and 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 employer's 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.



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## 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, Ste 206, 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 within five (5) business days of that payroll date. 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 such relationship is terminated and I accept immediate direct employment with the Worksite Employer, I acknowledge and agree that it is appropriate to consider this change of employment as a voluntary resignation from Servant HR for all legal purposes. 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) 585-1688 or 10412 Allisonville Rd, Ste 206, 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

|                          |   |                |                   |
|--------------------------|---|----------------|-------------------|
| First Name               | MI  | Last Name      | Social Security # |
| Street Address           | Apt #   | City           | State Zip County  |
| Home/Mobile Phone #      | Email Address   | Marital Status | Date of Birth     |
| Gender<br>Male    Female | On occasion, Servant HR may provide its worksite staff encouragement of a religious nature (i.e., birthday and holiday cards, etc.) Please check this box if you prefer to opt-out from receiving any materials of this kind. |                |                   |

## PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

|                        |                                     |         |
|------------------------|-------------------------------------|---------|
| Emergency Contact Name | Relationship (spouse, friend, etc.) | Phone # |
|------------------------|-------------------------------------|---------|

## INVITATION TO SELF-IDENTIFY

***Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.***

**Please mark the one box that describes the race/ethnicity category with which you primarily identify.**

**Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American:** a person having origins in any of the black racial groups of Africa.

**Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

|                           |      |
|---------------------------|------|
| <b>EMPLOYEE SIGNATURE</b> | DATE |
|---------------------------|------|

**\*\*\*TO BE COMPLETED BY WORKSITE SUPERVISOR\*\*\***

|                     |                |               |                    |      |              |
|---------------------|----------------|---------------|--------------------|------|--------------|
| <b>RATE OF PAY:</b> | <b>HOURLY</b>  | <b>SALARY</b> | <b>REPORTS TO:</b> |      |              |
| <b>JOB TITLE:</b>   | <b>STATUS:</b> | FT            | PT                 | TEMP | SEASONAL     |
|                     |                |               |                    |      | <b>DEPT:</b> |



# EMPLOYEE ACKNOWLEDGEMENT OF SUBSTANCE ABUSE POLICY

Employee Name: \_\_\_\_\_ SSN (Last 4 digits): \_\_\_\_ \_

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 due 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 to drug 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: \_\_\_\_\_



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# Payroll Direct Deposit Authorization (REQUIRED)

Check one of the following:      Start      Stop      Add/Change Account

Employee Name: \_\_\_\_\_ SSN (Last 4 digits): \_\_\_\_\_

Worksite Employer: \_\_\_\_\_

Desired Effective Date:      As Soon As Possible      Future Pay Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I hereby authorize Servant HR to initiate credit or debit entries to my account with the Financial Institution(s) listed below. This authority is to remain in full force and effect until Servant HR has received written notification from me of its termination, in such time and in such manner as to afford Servant HR and the Financial Institution(s) a reasonable opportunity to act on it.

|                       | Account #1            |                       | Account #2            |                       | Account #3            |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>Routing Number</b> |                       |                       |                       |                       |                       |                       |
| <b>Account Number</b> |                       |                       |                       |                       |                       |                       |
| <b>Account Type</b>   | Checking      Savings | Checking      Savings | Checking      Savings | Checking      Savings | Checking      Savings | Checking      Savings |
| <b>Amount or %</b>    |                       | Net                   |                       | Net                   |                       | Net                   |
| <b>Bank Name</b>      |                       |                       |                       |                       |                       |                       |

\*\*\*\*\* *For additional accounts, please attach separate sheet* \*\*\*\*\*

**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 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.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

# 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.

**2025**

|   |   |           |   |
|---|---|-----------|---|
| <b>Step 1:</b><br><b>Enter Personal Information</b> | (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 <a href="http://www.ssa.gov">www.ssa.gov</a> . |
|   | City or town, state, and ZIP code   |           |   |
|   | (c) <input type="checkbox"/> Single or Married filing separately<br><input type="checkbox"/> Married filing jointly or Qualifying surviving spouse<br><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.) |           |   |

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . .

**Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

|  |   |             |          |
|--|---|-------------|----------|
| <b>Step 3:</b><br><b>Claim Dependent and Other Credits</b> | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):   |             |          |
|  | Multiply the number of qualifying children under age 17 by \$2,000  | \$ _____    |          |
|  | Multiply the number of other dependents by \$500 . . . . .  | \$ _____    |          |
|  | Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .   | <b>3</b>    | \$ _____ |
| <b>Step 4 (optional): Other Adjustments</b>                | (a) <b>Other income (not from jobs).</b> 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 . . . . . | <b>4(a)</b> | \$ _____ |
|  | (b) <b>Deductions.</b> 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 . . . . .  | <b>4(b)</b> | \$ _____ |
|  | (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .  | <b>4(c)</b> | \$ _____ |

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
**Employee's signature (This form is not valid unless you sign it.)**

\_\_\_\_\_  
**Date**

|                       |  |                          |                                      |
|-----------------------|--|--------------------------|--------------------------------------|
| <b>Employers Only</b> | Employer's name and address  | First date of employment | Employer identification number (EIN) |
|                       | Servant HR, Inc<br>10412 Allisonville Rd, Ste 206<br>Fishers, IN 46038 |                          | 30-0190462                           |

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### 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](http://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 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 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 17, 2026.

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

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**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](http://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. Submit a separate Form W-4 for each job.

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

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



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

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

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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



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



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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

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

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



- 1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$30,000 if you're married filing jointly or a qualifying surviving spouse; \$22,500 if you're head of household; \$15,000 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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

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

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

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

**Married Filing Jointly or Qualifying Surviving Spouse**

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                   |                   |                   |                   |                   |                   |                   |                   |                   |                     |                     |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
|  | \$0 - 9,999                                   | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999                                    | \$0   | \$0               | \$700             | \$850             | \$910             | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,020             | \$1,020             |
| \$10,000 - 19,999                              | 0   | 700               | 1,700             | 1,910             | 2,110             | 2,220             | 2,220             | 2,220             | 2,220             | 2,220             | 2,220               | 3,220               |
| \$20,000 - 29,999                              | 700   | 1,700             | 2,760             | 3,110             | 3,310             | 3,420             | 3,420             | 3,420             | 3,420             | 3,420             | 4,420               | 5,420               |
| \$30,000 - 39,999                              | 850   | 1,910             | 3,110             | 3,460             | 3,660             | 3,770             | 3,770             | 3,770             | 3,770             | 4,770             | 5,770               | 6,770               |
| \$40,000 - 49,999                              | 910   | 2,110             | 3,310             | 3,660             | 3,860             | 3,970             | 3,970             | 3,970             | 4,970             | 5,970             | 6,970               | 7,970               |
| \$50,000 - 59,999                              | 1,020   | 2,220             | 3,420             | 3,770             | 3,970             | 4,080             | 4,080             | 5,080             | 6,080             | 7,080             | 8,080               | 9,080               |
| \$60,000 - 69,999                              | 1,020   | 2,220             | 3,420             | 3,770             | 3,970             | 4,080             | 5,080             | 6,080             | 7,080             | 8,080             | 9,080               | 10,080              |
| \$70,000 - 79,999                              | 1,020   | 2,220             | 3,420             | 3,770             | 3,970             | 5,080             | 6,080             | 7,080             | 8,080             | 9,080             | 10,080              | 11,080              |
| \$80,000 - 99,999                              | 1,020   | 2,220             | 3,420             | 4,620             | 5,820             | 6,930             | 7,930             | 8,930             | 9,930             | 10,930            | 11,930              | 12,930              |
| \$100,000 - 149,999                            | 1,870   | 4,070             | 6,270             | 7,620             | 8,820             | 9,930             | 10,930            | 11,930            | 12,930            | 14,010            | 15,210              | 16,410              |
| \$150,000 - 239,999                            | 1,870   | 4,240             | 6,640             | 8,190             | 9,590             | 10,890            | 12,090            | 13,290            | 14,490            | 15,690            | 16,890              | 18,090              |
| \$240,000 - 259,999                            | 2,040   | 4,440             | 6,840             | 8,390             | 9,790             | 11,100            | 12,300            | 13,500            | 14,700            | 15,900            | 17,100              | 18,300              |
| \$260,000 - 279,999                            | 2,040   | 4,440             | 6,840             | 8,390             | 9,790             | 11,100            | 12,300            | 13,500            | 14,700            | 15,900            | 17,100              | 18,300              |
| \$280,000 - 299,999                            | 2,040   | 4,440             | 6,840             | 8,390             | 9,790             | 11,100            | 12,300            | 13,500            | 14,700            | 15,900            | 17,100              | 18,300              |
| \$300,000 - 319,999                            | 2,040   | 4,440             | 6,840             | 8,390             | 9,790             | 11,100            | 12,300            | 13,500            | 14,700            | 15,900            | 17,170              | 19,170              |
| \$320,000 - 364,999                            | 2,040   | 4,440             | 6,840             | 8,390             | 9,790             | 11,100            | 12,470            | 14,470            | 16,470            | 18,470            | 20,470              | 22,470              |
| \$365,000 - 524,999                            | 2,790   | 6,290             | 9,790             | 12,440            | 14,940            | 17,350            | 19,650            | 21,950            | 24,250            | 26,550            | 28,850              | 31,150              |
| \$525,000 and over                             | 3,140   | 6,840             | 10,540            | 13,390            | 16,090            | 18,700            | 21,200            | 23,700            | 26,200            | 28,700            | 31,200              | 33,700              |

**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                                    | \$200   | \$850             | \$1,020           | \$1,020           | \$1,020           | \$1,370           | \$1,870           | \$1,870           | \$1,870           | \$1,870           | \$1,870             | \$2,040             |
| \$10,000 - 19,999                              | 850   | 1,700             | 1,870             | 1,870             | 2,220             | 3,220             | 3,720             | 3,720             | 3,720             | 3,720             | 3,890               | 4,090               |
| \$20,000 - 29,999                              | 1,020   | 1,870             | 2,040             | 2,390             | 3,390             | 4,390             | 4,890             | 4,890             | 4,890             | 5,060             | 5,260               | 5,460               |
| \$30,000 - 39,999                              | 1,020   | 1,870             | 2,390             | 3,390             | 4,390             | 5,390             | 5,890             | 5,890             | 6,060             | 6,260             | 6,460               | 6,660               |
| \$40,000 - 59,999                              | 1,220   | 3,070             | 4,240             | 5,240             | 6,240             | 7,240             | 7,880             | 8,080             | 8,280             | 8,480             | 8,680               | 8,880               |
| \$60,000 - 79,999                              | 1,870   | 3,720             | 4,890             | 5,890             | 7,030             | 8,230             | 8,930             | 9,130             | 9,330             | 9,530             | 9,730               | 9,930               |
| \$80,000 - 99,999                              | 1,870   | 3,720             | 5,030             | 6,230             | 7,430             | 8,630             | 9,330             | 9,530             | 9,730             | 9,930             | 10,130              | 10,580              |
| \$100,000 - 124,999                            | 2,040   | 4,090             | 5,460             | 6,660             | 7,860             | 9,060             | 9,760             | 9,960             | 10,160            | 10,950            | 11,950              | 12,950              |
| \$125,000 - 149,999                            | 2,040   | 4,090             | 5,460             | 6,660             | 7,860             | 9,060             | 9,950             | 10,950            | 11,950            | 12,950            | 13,950              | 14,950              |
| \$150,000 - 174,999                            | 2,040   | 4,090             | 5,460             | 6,660             | 8,450             | 10,450            | 11,950            | 12,950            | 13,950            | 15,080            | 16,380              | 17,680              |
| \$175,000 - 199,999                            | 2,040   | 4,290             | 6,450             | 8,450             | 10,450            | 12,450            | 13,950            | 15,230            | 16,530            | 17,830            | 19,130              | 20,430              |
| \$200,000 - 249,999                            | 2,720   | 5,570             | 7,900             | 10,200            | 12,500            | 14,800            | 16,600            | 17,900            | 19,200            | 20,500            | 21,800              | 23,100              |
| \$250,000 - 399,999                            | 2,970   | 6,120             | 8,590             | 10,890            | 13,190            | 15,490            | 17,290            | 18,590            | 19,890            | 21,190            | 22,490              | 23,790              |
| \$400,000 - 449,999                            | 2,970   | 6,120             | 8,590             | 10,890            | 13,190            | 15,490            | 17,290            | 18,590            | 19,890            | 21,190            | 22,490              | 23,790              |
| \$450,000 and over                             | 3,140   | 6,490             | 9,160             | 11,660            | 14,160            | 16,660            | 18,660            | 20,160            | 21,660            | 23,160            | 24,660              | 26,160              |

**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   | \$450             | \$850             | \$1,000           | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,870           | \$1,870           | \$1,870             | \$1,890             |
| \$10,000 - 19,999                              | 450   | 1,450             | 2,000             | 2,200             | 2,220             | 2,220             | 2,220             | 3,180             | 4,070             | 4,070             | 4,090               | 4,290               |
| \$20,000 - 29,999                              | 850   | 2,000             | 2,600             | 2,800             | 2,820             | 2,820             | 3,780             | 4,780             | 5,670             | 5,690             | 5,890               | 6,090               |
| \$30,000 - 39,999                              | 1,000   | 2,200             | 2,800             | 3,000             | 3,020             | 3,980             | 4,980             | 5,980             | 6,890             | 7,090             | 7,290               | 7,490               |
| \$40,000 - 59,999                              | 1,020   | 2,220             | 2,820             | 3,830             | 4,850             | 5,850             | 6,850             | 8,050             | 9,130             | 9,330             | 9,530               | 9,730               |
| \$60,000 - 79,999                              | 1,020   | 3,030             | 4,630             | 5,830             | 6,850             | 8,050             | 9,250             | 10,450            | 11,530            | 11,730            | 11,930              | 12,130              |
| \$80,000 - 99,999                              | 1,870   | 4,070             | 5,670             | 7,060             | 8,280             | 9,480             | 10,680            | 11,880            | 12,970            | 13,170            | 13,370              | 13,570              |
| \$100,000 - 124,999                            | 1,950   | 4,350             | 6,150             | 7,550             | 8,770             | 9,970             | 11,170            | 12,370            | 13,450            | 13,650            | 14,650              | 15,650              |
| \$125,000 - 149,999                            | 2,040   | 4,440             | 6,240             | 7,640             | 8,860             | 10,060            | 11,260            | 12,860            | 14,740            | 15,740            | 16,740              | 17,740              |
| \$150,000 - 174,999                            | 2,040   | 4,440             | 6,240             | 7,640             | 8,860             | 10,860            | 12,860            | 14,860            | 16,740            | 17,740            | 18,940              | 20,240              |
| \$175,000 - 199,999                            | 2,040   | 4,440             | 6,640             | 8,840             | 10,860            | 12,860            | 14,860            | 16,910            | 19,090            | 20,390            | 21,690              | 22,990              |
| \$200,000 - 249,999                            | 2,720   | 5,920             | 8,520             | 10,960            | 13,280            | 15,580            | 17,880            | 20,180            | 22,360            | 23,660            | 24,960              | 26,260              |
| \$250,000 - 449,999                            | 2,970   | 6,470             | 9,370             | 11,870            | 14,190            | 16,490            | 18,790            | 21,090            | 23,280            | 24,580            | 25,880              | 27,180              |
| \$450,000 and over                             | 3,140   | 6,840             | 9,940             | 12,640            | 15,160            | 17,660            | 20,160            | 22,660            | 25,050            | 26,550            | 28,050              | 29,550              |



Form WH-4  
State Form 48845  
(R10 / 8-23)

State of Indiana  
**Employee's Withholding Exemption and County Status Certificate**  
This form is for the employer's records. Do not send this form to the Department of Revenue.  
The completed form should be returned to your employer.

Full Name \_\_\_\_\_ Social Security Number or ITIN \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Indiana County of Residence as of January 1: \_\_\_\_\_ (See instructions)

Indiana County of Principal Employment as of January 1: \_\_\_\_\_ (See instructions)

Check this box if the changes to the counties are effective for the next calendar year. (See instructions)

**How to Claim Your Withholding Exemptions**

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1" ..... \_\_\_\_\_  
**Nonresident aliens** must skip lines 2 through 8. See instructions

2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" ..... \_\_\_\_\_

3. You are allowed one (1) exemption for each dependent. Enter number claimed..... \_\_\_\_\_

4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or  
(b) if you and/or your spouse are legally blind.

Check box(es) for additional exemptions: You are 65 or older  or blind  Spouse is 65 or older  or blind

Enter the total number of boxes checked..... \_\_\_\_\_

5. Add lines 1, 2, 3, and 4. Enter the total here ..... ►

6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions) ..... ►

7. You are entitled to claim an additional exemption for each qualifying dependent claimed for the first time (see instructions) ..... ►

8. You are entitled to claim an additional exemption for each adopted qualifying dependent (see instructions) ..... ►

9. Enter the amount of additional state withholding (if any) you want withheld each pay period ..... \$ \_\_\_\_\_

10. Enter the amount of additional county withholding (if any) you want withheld each pay period ..... \$ \_\_\_\_\_

I hereby declare that to the best of my knowledge the above statements are true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you neither lived nor worked in Indiana on January 1 of the current year, enter 'not applicable' on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar year. Please check the box if you are requesting a change to a county of residence or work for the next calendar year.

**Nonresident alien limitation.** A nonresident alien is allowed to claim only one exemption for withholding tax purposes. If you are a nonresident alien, enter "1" on line 1, then skip to line 9. You are considered to be a nonresident alien if you are not a citizen of the United States and do not meet the green card test and the substantial presence test (get Publication 519 from [www.irs.gov](http://www.irs.gov) for information about these tests).

All other employees should complete lines 1 through 8.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Line 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than \$4,400 gross income during the tax year (unless the person is your child and either (1) is under age 19 or (2) is under age 24 and a full-time student at a qualified educational institution during at least 5 months of the tax year).

Line 4 - Additional Exemptions. You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind.

Line 5 - Add the total of exemptions claimed on lines 1, 2, 3, and 4. Enter the total in the box provided.

Line 6 - Additional Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter, foster child, and/or child for whom you are a legal guardian. The dependent must be under age 19 or must be both under age 24 and a full-time student at a qualified educational institution during at least 5 months of the taxable year.

Line 7 - First-time Claimed Additional Exemption. If an additional dependent exemption on Line 6 is being claimed for one or more children for the first time, enter the number of children for whom you are claiming. This exemption is good only for the calendar year in which the WH-4 claiming the exemption is submitted. If you claim this in multiple tax years, you **MUST** submit a new WH-4 each year for which this exemption is claimed. Do not claim this exemption if the child was eligible for the additional dependent exemption in any previous year, regardless of whether the exemption was claimed. This includes instances where the child was eligible for the additional dependent exemption before 2023. This also includes instances where the child was eligible to be claimed for the additional dependent exemption by another individual.

Line 8 - Additional Adopted Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on lines 3 and 6 and have been adopted by you or your spouse. The dependent child must be a son, stepson, daughter, or stepdaughter. The dependent must be under age 19 or must be both under age 24 and a full-time student at a qualified educational institution during at least 5 months of the taxable year.

Lines 9 & 10 - If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. **NOTE:** An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions **increases**. You must file a new Form WH-4 within 10 days if the number of exemptions previously claimed by you **decreases** for any of the following reasons:

- (a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4;
- (b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person's support for the tax year; or
- (c) a dependent no longer qualifies for an additional dependent or an adopted dependent exemption.

Penalties are imposed for willingly supplying false information or information which would reduce the withholding exemption.



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 05/31/2027

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

|  |                             |   |                            |                         |                                |   |
|--|-----------------------------|---|----------------------------|-------------------------|--------------------------------|---|
| Last Name (Family Name)  |                             | First Name (Given Name)   |                            | Middle Initial (if any) | Other Last Names Used (if any) |   |
| Address (Street Number and Name)   |                             |   | Apt. Number (if any)       | City or Town            |                                | State<br>ZIP Code                               |
| Date of Birth (mm/dd/yyyy)   | U.S. Social Security Number |   | Employee's Email Address   |                         |                                | Employee's Telephone Number                     |
| <p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p> |                             | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): |                            |                         |                                |   |
|  |                             | <input type="checkbox"/> 1. A citizen of the United States  |                            |                         |                                |   |
|  |                             | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)                                    |                            |                         |                                |   |
|  |                             | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)  |                            |                         |                                |   |
| <input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)  |                             |   |                            |                         |                                |   |
| If you check <b>Item Number 4.</b> , enter one of these:   |                             |   |                            |                         |                                |   |
| USCIS A-Number   |                             | OR  | Form I-94 Admission Number |                         | OR                             | Foreign Passport Number and Country of Issuance |
| Signature of Employee  |                             |   |                            |                         | Today's Date (mm/dd/yyyy)      |   |

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

|                           | List A  | OR | List B | AND | List C |
|---------------------------|---|----|--------|-----|--------|
| Document Title 1          |   |    |        |     |        |
| Issuing Authority         |   |    |        |     |        |
| Document Number (if any)  |   |    |        |     |        |
| Expiration Date (if any)  |   |    |        |     |        |
| Document Title 2 (if any) | <p><b>Additional Information</b></p>  |    |        |     |        |
| Issuing Authority         |   |    |        |     |        |
| Document Number (if any)  |   |    |        |     |        |
| Expiration Date (if any)  |   |    |        |     |        |
| Document Title 3 (if any) | <p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p> |    |        |     |        |
| Issuing Authority         |   |    |        |     |        |
| Document Number (if any)  |   |    |        |     |        |
| Expiration Date (if any)  |   |    |        |     |        |

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

|  |  |  |  |                                       |
|--|--|--|--|---------------------------------------|
| Last Name, First Name and Title of Employer or Authorized Representative |  | Signature of Employer or Authorized Representative                         |  | First Day of Employment (mm/dd/yyyy): |
| Employer's Business or Organization Name                                 |  | Employer's Business or Organization Address, City or Town, State, ZIP Code |  |                                       |
|  |  |  |  | Today's Date (mm/dd/yyyy)             |

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

| LIST A<br>Documents that Establish Both Identity and Employment Authorization   | OR | LIST B<br>Documents that Establish Identity   | AND | LIST C<br>Documents that Establish Employment Authorization   |
|---|----|---|-----|---|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>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</li> </ol> | OR | <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol> |
| <p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>  |    |   |     |   |
| <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>  | OR | <p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>   | AND | <p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>   |

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



# Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 05/31/2027

|  |  |   |
|--|--|---|
| Last Name ( <i>Family Name</i> ) from <b>Section 1</b> . | First Name ( <i>Given Name</i> ) from <b>Section 1</b> . | Middle initial (if any) from <b>Section 1</b> . |
|--|--|---|

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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       |  |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          |  | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) |  | City or Town                     | State                      | ZIP Code                         |

**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       |  |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          |  | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) |  | City or Town                     | State                      | ZIP Code                         |

**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       |  |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          |  | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) |  | City or Town                     | State                      | ZIP Code                         |

**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       |  |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          |  | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) |  | City or Town                     | State                      | ZIP Code                         |



## ONLINE ACCESS FOR NEW EMPLOYEES

*including how to print paystubs*

- 1) Enter <https://svr.prismhr.com/svr/auth/#/login?lang=en> into a web browser. (You can bookmark this login page for future use.)
- 2) On the screen that appears, click **Register**.

New User Registration

\* Last Name

\* Identifier  
Social Security Number (SSN)

\* Personal Email

\* Username

\* Password  
 [Show](#)

\* Confirm Password  
 [Show](#)

[Register](#) [Return To Login](#)

[Privacy Policy](#)

- 3) Enter the requested information to set up your username and password. Be sure to remember your username and password for future use.
- 4) After you complete the login process, your personal dashboard will appear.




- **Personal** contains your address, phone, and emergency contact information. You can update any of these on this tab.
- **Benefits** contains a summary of your benefit coverages.
- **Pay** contains your pay statements and access to paystubs. You can also update direct deposit information here.
- **Paid Time Off** contains details of any planned, taken, and available PTO hours.
- **Taxes** contains your current tax settings and has a place to update your tax forms.
- **Documents** contains past tax forms and other miscellaneous information.



- 5) To print an official paystub in PDF format, go to the **Pay tab**. Click on **Pay History** to view past pay stubs. Select the desired pay period and click **View Paystub**. Then click on **View Check**. This will enable you to save and print. (It may take a minute or so for the paystub to generate.)


Pay > Pay History > Pay Detail


**Pay Detail**


|                                     |  |
|-------------------------------------|--|
| Pay Period: 04/21/2024 - 05/04/2024 | #454401  |
| Net Pay                             | \$201.46   |
| ACH Amount                          | \$201.46   |
| Check Amount                        | \$0.00   |
| Paid 05/10/2024                     |  <a href="#">View Check</a> |

EARNINGS   TAXES WITHHELD   DEDUCTIONS

- 6) To view messages, change to Spanish, or set up the mobile app click on the options in the drop-down menu on your name.

 **J John Doe** ▾

 English ▾

 My Preferences

[Log Out](#)

- 7) To change your benefits outside of open enrollment you can create a life event if you experience a qualifying event. Choose from the drop-down menu and then enter the date of the event. Click **Report Life Event**.


**Life Events**

You can change your benefits based on your qualifying life event by starting the process here.

\* Life Event

Select One ▾

\* Date of Event

 MM/DD/YYYY

[Report Life Event](#)

**Further questions?**

Contact [info@servanthr.com](mailto:info@servanthr.com) or call **317-585-1688** for assistance.

