

**DIRECT CARE PROFESSIONAL  
AGEWAYS  
ENROLLMENT CHECKLIST**

| <b>DOCUMENT</b>                                   | <b>REQUIRED /<br/>OPTIONAL</b> |
|---------------------------------------------------|--------------------------------|
| Application Process and Training Requirements     | Information                    |
| Enrollment Information                            | Required                       |
| Relationship Attestation                          | Required                       |
| References                                        | Required                       |
| Payroll Authorization                             | Required                       |
| Wisely Cardholder Agreement                       | Information                    |
| Employment Agreement                              | Required                       |
| Medicaid Provider Agreement                       | Required                       |
| Orientation Form                                  | Required                       |
| Acknowledgement of Training Requirements          | Required                       |
| Authorization and Release to Obtain Information   | Required                       |
| MI: DHS-1929, Central Registry Clearance Request  | Required                       |
| IRS I-9: Employment Eligibility Verification      | Required                       |
| IRS: W-4 Employee Withholding Certificate         | Required                       |
| MI W-4: Employee's Michigan Withholding Exemption | Required                       |

**Note:**

Please ensure all **REQUIRED** documents are filled out accurately before submitting them for processing.

## DIRECT CARE PROFESSIONAL APPLICATION PROCESS AND TRAINING REQUIREMENTS

1. Complete and return the application along with two forms of identification (an email is also required):
  - a. Photo ID or Driver's License (address must match the address provided on the application)
  - b. Social Security Card, Birth Certificate or current Passport
2. Provide a valid email address. An email address is required for Electronic Visit Verification (EVV).
3. The application is reviewed, and a background check is completed.
4. You will receive an email with the required training information. Training must be completed before you can start. There are two (2) trainings to complete. Trainings are free and available online.
  - a. CPR / First Aid: [www.ncprf.com/eaywy2](http://www.ncprf.com/eaywy2)
  - b. Infection Control / Universal Precautions / Bloodborne Pathogens: [www.ncprf.com/eaywy2](http://www.ncprf.com/eaywy2)
5. The Agency is informed of your application being completed.
6. The Agency will inform PAS of your official Start Date.
7. You will be required to use the AssuriCare CareWhen Tracking System for Electronic Visit Verification (EVV). PAS will provide training on Electronic Visit Verification (EVV) and documentation requirements. You will receive an email from CareWhen Assuricare that will include your USERNAME, PASSWORD and a LINK to allow you to access the AssuriCare CareWhen Tracking System.
  - a. Install the AssuriCare CareWhen System (free) APP.
  - b. Complete a practice/test: See step-by-step instructions (when asked, allow for Location-GPS)  
Log In > Clock-In > Log Out  
Log In > Clock out > Log Out
8. Forms are sent to the employer's address (and available on our website: [www.PASSelfdirection.com](http://www.PASSelfdirection.com))
  - a. Employer Pay Authorization (EPA): employer and employee to sign and fax every two weeks at the end of each pay period (Billing Department Fax # is on every form)
  - b. Attendance Incident Report (AIR): use sparingly and only when unable to use CareWhen due to technical issues (see troubleshooting notes in training documentation)
9. For questions regarding hours or pay, contact our Billing Department.

Thank You,

PAS Enrollment Team

## **PARTICIPANT INFORMATION**

### **Full Legal Name**

Full Name (First, Middle Initial, Last): \_\_\_\_\_

Participant Program: \_\_\_\_\_ Support Coordinator Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Legal or Authorized Representative Name *(if applicable)*: \_\_\_\_\_

## **DIRECT CARE PROFESSIONAL INFORMATION**

Full Name (First, Middle Initial, Last): \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address *(if different than physical address)*: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # *(optional)*: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License/State ID #: \_\_\_\_\_ Driver's License/State ID Expiration Date: \_\_\_\_\_

## **REQUIREMENT STATEMENTS**

I understand that prior to starting work, I must pass a Criminal Background Check. A Criminal Background Check will be completed every 2 years following my start date. If during any Criminal Background Check, disqualifying convictions are found, I understand I will be terminated from providing services to the participant listed in this agreement.

I understand that prior to receiving a start date, I must complete the required trainings and submit training verification.

*(continued on next page)*

**REQUIREMENT STATEMENTS** *(continued)*

I understand that I must provide two references that will be contacted as part of the onboarding process. Failure to provide reference checks will delay my start date. If my references are unresponsive or do not provide a reference, I understand that I will not receive a start date.

I understand that I may not begin providing services or submitting time until I receive a start date. I understand that any time worked before my official start date will not be reimbursed.

I understand that I can only be paid for budgeted and authorized weekly hours.

I understand that I will not be paid for hours not submitted, not approved by my employer, or hours that are unauthorized.

I understand that my employer may provide employer specific training.

I understand that PAS (Personal Accounting Services) is not my employer and the individual or legal representative I support is my employer.

By signing below, I attest to my understanding of the above statements and certify that all information provided is true and accurate to the best of my knowledge.

Direct Care Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant/Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 1

### Participant

Full Name (First, Middle Initial, Last): \_\_\_\_\_

### Direct Care Professional

Full Name (First, Middle Initial, Last): \_\_\_\_\_

## SECTION 2

Are you under the age of 21 or will turn 21 this year?

Yes: I am under the age of 21 or will be turning 21 this year.

No: I am not under the age of 21.

## SECTION 3 (Please select your legal relationship to the participant)

|                   |                 |                        |                      |
|-------------------|-----------------|------------------------|----------------------|
| Parent *±         | Spouse*±        | Daughter/Son Under 21± | Daughter/Son Over 21 |
| Sibling/Ex-Spouse | Friend/Neighbor | Grandchild             | Domestic Partner     |
| Stepchild         | Grandparent     | Stepparent             | Daughter/Son-in-Law  |
| VA Programs       | No Relationship |                        |                      |

\* You are exempt from payroll taxes for unemployment insurance (SUTA) due to your relationship with the participant/employer and current legislation. If your employment with the participant/employer is terminated, you will not receive unemployment benefits.

± You are exempt from payroll taxes for Social Security and Medicare (FICA), (FUTA), it means you are not earning Social Security work credits. Due to your relationship with the participant/employer and current legislation.

By signing below, you certify that the information on this form is accurate and that you have all supporting documentation that may be needed to verify your selection. Please be aware that if any changes occur in the relationship you are required to complete a new form and submit the new form to PAS (Personal Accounting Services, Inc).

Direct Care Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant/Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Both the Direct Care Professional (Employee) and the Participant (Employer) or the Employer's representative (Legal Guardian or POA), must sign and date the above to be considered completed in full.

**Participant**

Full Name (First, Middle Initial, Last): \_\_\_\_\_

**APPLICANT INFORMATION**

Full Name (First, Middle Initial, Last): \_\_\_\_\_

**REFERENCE INFORMATION**

| Reference 1                                        | Reference 2                                        |
|----------------------------------------------------|----------------------------------------------------|
| Contact Name:                                      | Contact Name:                                      |
| Phone:                                             | Phone:                                             |
| Email:                                             | Email:                                             |
| Reference 1 Comments                               | Reference 2 Comments                               |
| How do you know this applicant?                    | How do you know this applicant?                    |
| How long have you known this applicant?            | How long have you known this applicant?            |
| Would you recommend this applicant for employment? | Would you recommend this applicant for employment? |

## PAYROLL AUTHORIZATION FORM

**Instructions:** Please fill out the information, as applicable, then select the appropriate box below. After entering the Financial Institution information, please attach the required documentation as listed. Review the Authorization to Set-Up then sign and date. Please submit the completed form to PAS via one of the following options:

**Mail or Drop-Off**

20500 Eureka Rd, Suite 112  
Taylor, MI 48180

**Email**

[HR@PASselfdirection.com](mailto:HR@PASselfdirection.com)

**Fax**

734.206.1433

### PARTICIPANT

Full Name (First, Middle Initial, Last): \_\_\_\_\_

### DIRECT CARE PROFESSIONAL / VENDOR

Full Name (First, Middle Initial, Last): \_\_\_\_\_

Effective Date: \_\_\_\_\_ Last Four Digits of SSN/Vendor EIN: \_\_\_\_\_

Participant Program: \_\_\_\_\_

Check One Box Only:

New DD Set-Up

New Paycard Set-Up

Name of Financial Institution: \_\_\_\_\_

Type of Account:      Checking      Savings      Percentage: \_\_\_\_\_ %

**FOR CHECKING ACCOUNT:** Tape a voided check here.

*No starter checks or deposit slips.*

**FOR SAVINGS ACCOUNT:** Attach letter from bank with routing and account numbers. *Letter must be typed on bank's letterhead.*

(continued on next page)

## PAYROLL AUTHORIZATION FORM

(If there is a second Financial Institution)

Name of Financial Institution: \_\_\_\_\_

Type of Account:            Checking                      Savings                      Percentage: \_\_\_\_\_ %

**FOR CHECKING ACCOUNT:** Upload a picture of a voided check.  
*No starter checks or deposit slips.*

**FOR SAVINGS ACCOUNT:** Upload a picture of a letter from bank  
with routing and account numbers. *Letter must be typed on bank's  
letterhead.*

### AUTHORIZATION FOR SET-UP

I hereby authorize PAS (Personal Accounting Services, LLC) to **deposit** any amount owed to me for wages and/or reimbursements. PAS is not responsible for any erroneous information provided. Also, I grant PAS permission to correct and/or adjust any electronic funds transfer resulting from an erroneous overpayment by debiting my account. This authorization is to remain in full force and effect until PAS receives written notification from me to terminate the agreement.

I hereby elect and consent to receive my wages to a **paycard** by electronic transfer. I also grant PAS (Personal Accounting Services, LLC) permission to correct and/or adjust any electronic funds transfer resulting from an erroneous overpayment by debiting my account. I acknowledge I have received a copy of the terms, conditions, and fees associated with using the aforementioned paycard. This authorization is to remain in full force and effect until PAS receives written notification from me to terminate the agreement.

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

Paycard Number:  
For office use only.

## DIRECT CARE PROFESSIONAL WISELY CARDHOLDER AGREEMENT

If you choose to receive your payment through a paycard, you will be issued a card through Wisely.

Please see below for a brief overview of any related fees to using the card. The complete cardholder agreement can be found here: [tinyurl.com/wiselyeng](https://tinyurl.com/wiselyeng)

|                                                                                                                   |              |                                                       |                  |
|-------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------|------------------|
| <p>You do not have to accept this payroll card.<br/>Ask your employer about other ways to receive your wages.</p> |              |                                                       |                  |
| Monthly fee                                                                                                       | Per purchase | ATM withdrawal                                        | Cash reload      |
| <b>\$0</b>                                                                                                        | <b>\$0</b>   | <b>\$0</b> in-network<br><b>\$3.00</b> out-of-network | <b>\$5.95*</b>   |
| ATM balance inquiry (in-network or out-of-network)                                                                |              |                                                       | \$0              |
| Customer service (automated or live agent)                                                                        |              |                                                       | \$0              |
| Inactivity (after 90 days with no transactions)                                                                   |              |                                                       | \$4.00 per month |

**We also charge 6 other types of fees.**

\*This fee can be lower depending on how and where this card is used.

**No overdraft/credit feature.**  
Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit [cfpb.gov/prepaid](https://cfpb.gov/prepaid).

Find details and conditions for all fees and services in the cardholder agreement and in the "List of all fees for the Wisely® Pay Card."

The Wisely® Pay Mastercard® is issued by Pathward®, National Association, Member FDIC, pursuant to license by Mastercard International Incorporated. Card is serviced by Global Cash Card, Inc.

Si elige recibir su pago a través de una tarjeta de pago, se le emitirá una tarjeta a través de Wisely.

A continuación, se ofrece una breve descripción de las comisiones relacionadas con el uso de la tarjeta. El acuerdo completo del titular de la tarjeta se encuentra aquí: [tinyurl.com/wiselyspn](https://tinyurl.com/wiselyspn)

| No es necesario que acepte esta tarjeta de nómina.<br>Pregúntele a su empleador sobre otras formas de recibir su salario. |            |                                                              |                                |
|---------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------|--------------------------------|
| Tarifa mensual                                                                                                            | Por compra | Retiro en ATM                                                | Recarga con dinero en efectivo |
| <b>\$0</b>                                                                                                                | <b>\$0</b> | <b>\$0</b> dentro de la red<br><b>\$3.00</b> fuera de la red | <b>\$5.95*</b>                 |
| Consulta de saldo en ATM (dentro o fuera de la red)                                                                       |            |                                                              | \$0                            |
| Servicio al cliente (automatizado o agente en vivo)                                                                       |            |                                                              | \$0                            |
| Inactividad (después de 90 días sin transacciones)                                                                        |            |                                                              | \$4.00 por mes                 |

**También cobramos otros 6 tipos de tarifas.**

\*Esta tarifa puede ser menos dependiendo de cómo y dónde se use esta tarjeta.

**No hay función de sobregiro/crédito.**  
Sus fondos son elegibles para el seguro de la FDIC.

Para obtener información general sobre las cuentas prepagadas, visite [cfpb.gov/prepaid](https://cfpb.gov/prepaid).

Encuentre detalles y condiciones para todas las tarifas y los servicios en el acuerdo del titular de la tarjeta y en la "Lista de todas las tarifas para la tarjeta Wisely® Pay".

La tarjeta Wisely® Pay Mastercard® es emitida por Pathward®, National Association, miembro de la FDIC, de conformidad con licencia de Mastercard International Incorporated. La tarjeta es administrada por Global Cash Card, Inc.

## DIRECT CARE WORKER EMPLOYMENT AGREEMENT

Participant/Representative, \_\_\_\_\_, herein referred to as Employer.

Direct Care Worker/Employee \_\_\_\_\_

The purpose of this agreement is to describe the supports that the Employee will provide to the Employer and the terms and conditions of employment. It is understood by and between the Employer and Employee that a binding agreement shall commence on the date of acceptance as indicated by signatures on behalf of the Employer.

### Article 1

#### Employee Responsibilities

I am aware and agree that my employment is conditioned on my Employer's participation in the Self-Directed Program administered by \_\_\_\_\_. I am also aware that if my Employer ends participation in the Self-Directed Program, my employment may end. I agree to the following terms of employment:

During the term of this Agreement, I shall provide support to my Employer by performing the duties outlined in this agreement and any attachments to it.

I agree to assist my Employer in maintaining the documentation and records required by my Employer and/or Program Administrator/Agencies. I agree to complete all necessary paperwork to secure mandatory payroll deductions from my pay. All records I may have or assist in maintaining are the property of my Employer. I will keep these records confidential, release them only with the consent of my Employer and return them to my Employer if my employment ends. In addition, I will complete illness and incident reports when necessary, as required or requested by my Employer and/or Program Administrator/Agencies.

I shall immediately notify \_\_\_\_\_, Phone #: \_\_\_\_\_ if my Employer experiences a medical emergency or illness, in which they are unable to communicate their wishes. I will contact 911 if necessary.

I agree to participate in any meetings if requested to do so by my Employer.

I agree to provide support to my Employer. The Employer or Employee may modify any supports provided to the Employer at any time; provided both parties are in agreement.

I understand that this is an employment "at will" relationship, which can be terminated by me or my Employer at any time. However, my Employer cannot terminate my employment on the basis of my race, religion, sex, disability or other protected status under federal or Michigan law. In addition, I agree to give 30 days written notice to my Employer if I terminate my employment.

I understand and acknowledge that the Participant listed above is my Employer and that I am not an employee of \_\_\_\_\_, which authorizes the supports I provide, or of Personal Accounting Services, Inc. Fiscal Intermediary, which is the financial administrator of the Self-Directed Program funds used to pay me.

## DIRECT CARE WORKER EMPLOYMENT AGREEMENT

I agree to complete the required training and/or provide proof of previous training (completed within last six months) prior to the start of my employment.

I understand my employment is contingent on successful completion of required trainings which include but are not limited to training in: CPR, First Aid, Universal Precautions, Blood Born Pathogens and any additional training(s) specific to my employer's care/needs.

My employment will begin after the completion of the application packet, background check, and required training(s). Proof of training must be submitted. The employee and employer are responsible for submitting current training & documentation. I agree to the following compensation:

| Service Code and Modifiers | Hourly Wage |
|----------------------------|-------------|
|                            |             |
|                            |             |
|                            |             |
|                            |             |
|                            |             |

I agree to execute a Medicaid Provider Agreement with \_\_\_\_\_ and acknowledge that this agreement does not alter the fact that \_\_\_\_\_ is only the project administrator of the Self-Directed Program and not my employer. I understand that my employment is contingent on completing this agreement.

I understand that I must provide 2 references that will be contacted as part of the onboarding process. Failure to provide references checks will delay my start date. If my references are unresponsive or do not provide a reference, I understand that I will not receive a start date.

I understand that I may not begin providing services or submitting time until I receive a start date. I understand that any time worked before my official start date will not be reimbursed.

I understand that I can only be paid for budgeted and authorized weekly hours.

I understand that I will not be paid for hours not submitted, not approved by my employer, or hours that are unauthorized.

**Article II**

**Employer/Participant Responsibilities**

I, the Employer listed above agree to the following:

I will provide the Fiscal Intermediary with the necessary documentation to assure timely compensation of my employee.

I will compensate my Employee as listed under Article 1, in this agreement. Payroll will be handled by the Fiscal Intermediary:

PAS (Personal Accounting Services, Inc.)  
20500 Eureka Rd. Ste. 112  
Taylor, MI 48180  
734-729-3100

The Fiscal Intermediary will withhold all necessary tax, unemployment and other withholdings from the Employee's paycheck.

I will assure my Employee receives appropriate training.

I will evaluate the performance of my Employee and provide appropriate feedback to assure that I am receiving quality supports.

I will assure that my Employee executes a Medicaid Provider Agreement with \_\_\_\_\_.

I understand that I am responsible for scheduling my employee.

I understand that I cannot schedule my employee for more hours than my approved budget supports.

I agree to review and sign timesheets timely.

I agree to provide on the job training and provide feedback to my employee.

Employer and Employee agree to the terms and conditions of this Agreement.

Direct Care Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant/Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DIRECT CARE PROFESSIONAL MEDICAID PROVIDER AGREEMENT

THIS AGREEMENT is entered into by and between: \_\_\_\_\_ and  
Agency: \_\_\_\_\_, herein referred to as Waiver Agent, and:

Medicaid Provider (DCP/Employee): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Federal ID#: \_\_\_\_\_ Social Security#: \_\_\_\_\_ Birth Date: \_\_\_\_\_

The purpose of this agreement is to define the roles and responsibilities of the above named parties. It is understood by and between the Medicaid Provider and Waiver Agent that a binding agreement shall commence on the date of acceptance as indicated by signatures on behalf of the Waiver Agent. This agreement shall remain in effect until such time it must be terminated or modified. Any party can initiate a termination or modification by providing written notice to the other of the desire to terminate or modify this agreement.

Upon receipt of this agreement, the Waiver Agent will certify the Medicaid Provider as available to provide services to individuals receiving services and/or supports in accordance with their service plans developed through the person-centered planning process, authorized by the Waiver Agent or one of its subcontractors, and funded through the MI-Choice Waiver.

The Medicaid Provider stipulates that it agrees to the following:

1. To keep any records required by the Participant or the Waiver Agent regarding the services provided to Participants and to provide such information and any related invoices or billings, upon request, to the Participant, Waiver Agent, the State Medicaid Agency, the Secretary of the Department of Health and Human Services or the State Medicaid fraud control unit.
2. To comply with the ownership disclosure requirements specified in 42 CFR 455, subpart B, as applicable.
3. To comply with intent of the advance directive requirements specified in 42 CFR 489, Subpart I and 42 CFR 417.436 (d), as applicable, by finding out if a Participant has an advance directive to refuse life sustaining medical treatment, and informing the Participant, before the Provider starts work, whether or not the Provider will carry out that advance directive so the Participant can make an informed choice during the hiring process.<sup>1</sup>

Both parties expressly acknowledge that the sole purpose of this agreement is to assure compliance with 42 USC 1902 (a) 27. Further both parties recognize and reaffirm that the Waiver Agent is not the employer of the Medicaid Provider, and that the Participant is the sole employer of the Medicaid Provider.

This agreement sets forth the entire understanding between the parties with respect to the subject matters, and supersedes any and all other agreements, either oral or in writing between the parties pertaining to these matters. No change or modification of the terms of this agreement is valid unless it is in writing and signed by the parties.

Direct Care Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Participant**

Full Name (First, Middle Initial, Last): \_\_\_\_\_

**Direct Care Professional**

Full Name (First, Middle Initial, Last): \_\_\_\_\_

**REVIEW**

1. Employment Application
2. Direct Care Professional Relationship Attestation
3. Employment Agreement: Participant is the Employer
4. Medicaid Provider Agreement: PAS bills the insurance to pay the Employee
5. Training Acknowledgement of Required Trainings & Documentation
6. Mileage Reimbursement Requirements/Only if Authorized: Must have current Auto Insurance & Registration on file
7. We can not make payment without active authorization or above the authorized amount. Never work before a start date is provided.
8. For billing questions regarding a payment you received, please call: **734.729.3100 Prompt 3**  
For payroll questions regarding a missed payment, please call: **734.729.3100 Prompt 4**
9. Employee Start Date: \_\_\_\_\_  
Determined by completion of requirements and agency approval/active authorizations
10. Pay Period Schedule
11. Billing Forms: Provided on initial hire; also located on website at: PASselfdirection.com
  - a. EPA - Employer Pay Authorization: Backup documentation for time worked and logged in Assuricare CareWhen
  - b. AIR - Attendance Incident Report: Limitations Apply: Must be submitted within 48 hours of the attendance incident. Failure to provide documentation timely may result in payment delay.
  - c. PVN - Progress Note: Restrictions Apply
12. Assuricare CareWhen Attendance System (free APP) with GPS.  
Your enrollment specialist will ensure you are able to clock in successfully for the first time. We are available to help over Teams, Zoom, our office, or by phone. If you have additional questions about EVV, contact our dedicated EVV team at: **734.729.3100 Prompt 2**
  - a. Assuricare CareWhen is a free mobile app
  - b. Step by Step Instructions will be provided to you
13. PAS Contact List
14. Overview of Program Rules and Requirements
15. Reporting of Incident(s): Medicaid Fraud/ Accident/ Hospital/ Protective Services/ Recipient Rights
16. False Claim Act (FCA)

By signing below:

I acknowledge that I have reviewed and received a copy of the above information.

I understand the requirements as provided to me.

I will not hold PAS responsible for hours worked that have not been submitted, approved by my employer, or that are unauthorized.

Direct Care Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant/Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DIRECT CARE PROFESSIONAL ACKNOWLEDGEMENT OF TRAINING REQUIREMENTS

### TRAINING REQUIREMENTS – EVERY TWO YEARS

CPR / FA: [www.ncprf.com/eaywy2](http://www.ncprf.com/eaywy2)

Please do NOT share the website link shown above; this is intended for this one Direct Care Professional ONLY.

Infection Control: [www.ncprf.com/eaywy2](http://www.ncprf.com/eaywy2)

When setting up your account; Employer=PAS/Personal Accounting Services, Inc.

The Direct Care Professional is responsible for submitting all training certificates to PAS.

### PARTICIPANT (EMPLOYER) ACKNOWLEDGEMENT

By signing below, I acknowledge that I have been informed that prior to any payroll being processed by PAS (Personal Accounting Services) my employee must meet all training requirements set forth by \_\_\_\_\_. My employee will be provided with the training materials and both I, as the employer and my employee must sign that the training has taken place.

As the Employer, I also have the right to waive the training requirements for my employee.

#### Participant/Employer

Full Name (First, Middle Initial, Last): \_\_\_\_\_

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

### DIRECT CARE PROFESSIONAL (EMPLOYEE) ACKNOWLEDGEMENT

By signing below, I acknowledge that I have been informed that prior to any payroll being processed by PAS (Personal Accounting Services), I must meet all training requirements set forth by \_\_\_\_\_. As the employee, I will be provided with the training materials and both I, as the employee and my employer must sign to acknowledge that the training has taken place.

My Employer also has the right to waive the training requirements.

After the training is complete, it is my responsibility to return proof of such to Personal Accounting Services before any payroll will be processed.

#### Direct Care Professional/Employee

Full Name (First, Middle Initial, Last): \_\_\_\_\_

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

## AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

As part of our hiring background and investigation process, we may obtain, where permitted, one or more reports and other information about you, including your background, employment history, academic and/or professional credentials, military services, credit history, if any. An investigative consumer report may include information about your character, general reputation, personal characteristics and living arrangements. This also may include contacts of all listed prior employers to verify your employment history. In addition, if your employment falls under the federal Motor Carrier Safety Administration (FMCSA), Including 49 CFR §391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

I hereby authorize you to release the following information to Personal Accounting Services, Inc. or its subcontractor(s) for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations and the disclosure requirements under the Fair Credit Reporting Act for employment purposes. You are released from any and all liability that may result from furnishing such information.

1. In accordance with the provisions of Section 604 and 607 of the Fair Credit Reporting Act P.L. 91-508, I, Personal Accounting Services, Inc. or its subcontractor(s), hereby certifies that the information requested below will be used for "permissible purposes" a defined in the Act, and that the information received will be used for no other purpose.
2. I, Personal Accounting Services, Inc. or its subcontractor(s), further certify that if the applicant name below is denied employment based upon the information received, I, Personal Accounting Services, Inc. or its subcontractor(s), will identify the source of the report in accordance with Section 615(a) of the Fair Credit reporting Act.

I, \_\_\_\_\_, in regards to my employment as a Support Staff/Direct Hire Employee give permission to Personal Accounting Services, Inc. and its subcontractor(s) on behalf of my employer to verify information given on my application for employment and do hereby release and hold harmless my past and prospective employer, Personal Accounting Services, Inc. its subcontractor(s), Michigan State Police, United States government, Office of Inspector General (OIG), Internet Criminal History Access (ICHAT), System for Award Management (SAM), or Insurance Information Exchange (iix) and its agents from liability or claims and authorize to release and disclose any and all information to my prospective employer, contracting Integrated Care Organizations, Manage Care Provider Network, Waiver Agencies my criminal history information.

Full Name (First, Middle Initial, Last): \_\_\_\_\_

|       |                                           |                    |
|-------|-------------------------------------------|--------------------|
| Race: | American Indian or Alaska Native          | Asian              |
|       | Black or African American                 | Hispanic or Latino |
|       | Native Hawaiian or Other Pacific Islander | White              |

Direct Care Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

(Revised 5-23)

**COPY PHOTO ID HERE**  
**OR**  
**ATTACH A SEPARATE PAGE**

## SECTION 1 – INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)

Maiden Name, Aliases, also known as (A.K.A)

Social Security Number

Date of Birth

Address

City

State

Zip Code

Phone Number

Email

☐ I would like to pick up my results in \_\_\_\_\_ County (For Michigan Residents Only).

Signature Required for Individual Being Cleared

Date

## SECTION 2 – REQUESTER INFORMATION

Check Appropriate Box

☐ Employer

☐ Volunteer Agency

☐ Out-of-State Child Caring Institution

☐ Out-of-State Adoption/Foster Care Home Screening

☐ Michigan Court/Law Enforcement/Department of Corrections/Prosecuting Attorney

☐ Individual Self-Request

Name of Agency or Organization

Name of Requester

Personal Accounting Services

Address

20500 Eureka Road, Suite 112

City

Taylor

State

MI

Zip Code

48180

Email

Fax

734.206.1433

Phone Number

x

Effective November 1, 2022, only confirmed cases of methamphetamine production, confirmed serious abuse or neglect, confirmed sexual abuse, or confirmed sexual exploitation will be classified as a central registry case in Michigan. Individuals may have child welfare history that previously resulted in central registry placement, but that would no longer meet the criteria. In addition, select criminal convictions involving children will result in placement on central registry.

This clearance does not identify individuals with child abuse/neglect history who did not meet the new central registry requirements as noted above or history in other states, territories, or tribal trust land.

With your signature, you are authorizing agencies to receive notice of all placements on central registry as allowable by Child Protection Law (MCL 722.627-722.627j).

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

# INSTRUCTIONS FOR DHS-1929

## REQUIREMENTS

All submitted requests must include a completed form with signature and a copy of the individual of the inquiry's legal photo ID.

With this signed written request, the department may provide confirmation of central registry placement to an individual, office, agency, and/or entity authorized by law to receive it. Results of placement on central registry will be indicated on a DHS-1910, Central Registry Check, response letter and mailed to the address on the individual's legal photo ID within ten (10) business days, via certified mail or marked restricted (to be delivered to addressee only), OR via encrypted email to the requestor, if authorized to receive the results.

If the individual of the inquiry is not listed on central registry, results indicating the person is not listed on central registry as of the date the clearance was performed will be marked on a DHS-1910, Central Registry Check, response letter and issued via standard mail, fax, or by encrypted email to the email address provided on this form within ten (10) business days. If Section 2 is completed, the clearance results will be sent to the listed agency lead.

## INSTRUCTIONS

### Employer and/or Volunteer Agency

Includes all agencies, organizations and companies employing staff or seeking volunteers. Includes school and university coursework programs, hospitals, medical centers, and third-party companies. Excludes camp organizations, children camp organizations, and Michigan-based child caring institutions.

**Michigan-Based Agencies:** Michigan employers and volunteer agencies requesting a central registry clearance on an employee/volunteer or potential employee/volunteer must complete both Sections 1 and 2. Submit the completed DHS-1929 form, along with legal photo ID, to the MDHHS office in the county where the employer or volunteer agency is located. See the attached list for MDHHS county office locations and contact numbers.

**NOTE:** If the Michigan-based agency is requesting a central registry clearance on an employee/volunteer or potential employee/volunteer who **resides out-of-state**, submit the DHS-1929 form, along with a legal ID, to the Out-of-State Central Registry mailbox at [MDHHS-Outofstate-Central-Registry@michigan.gov](mailto:MDHHS-Outofstate-Central-Registry@michigan.gov) or by fax. See the attached list for Out-of-State location and contact information.

**Out-of-State Agencies:** Out-of-state employers and volunteer agencies requesting a central registry clearance on an employee/volunteer or potential employee/volunteer must complete both Sections 1 and 2. Submit the completed DHS-1929 form, along with legal photo ID, to the Out-of-State Central Registry mailbox at [MDHHS-Outofstate-Central-Registry@michigan.gov](mailto:MDHHS-Outofstate-Central-Registry@michigan.gov) or by fax. See the attached list for Out-of-State location and contact information.

**Out-of-State Child Caring Institutions:** Out-of-state child caring centers, child placing agencies, and residential centers requesting a central registry clearance on an employee/volunteer or potential employee/volunteer must complete both Sections 1 and 2. Submit the completed DHS-1929 form, along with legal photo ID, to the Out-of-State Central Registry mailbox at [MDHHS-Outofstate-Central-Registry@michigan.gov](mailto:MDHHS-Outofstate-Central-Registry@michigan.gov) or by fax. See the attached list for Out-of-State location and contact information.

**NOTE:** Out-of-State Child Placing Agencies requesting investigation case record history **do not complete this form**. Agencies outside of Michigan who are investigating a report of known or suspected child abuse or neglect, may request records by \*emailing a request on letterhead to

**Out-of-State Adoption and Foster Home Screening:** The Division of Child Welfare Licensing (DCWL) will conduct central registry clearances for out-of-state agencies for the following purposes:

1. Licensing foster homes.
2. Adoption screening.

All requests must come from the child placing agency working with the foster or adoptive applicant. The request must be in writing on the requester's letterhead stating the reason for the request (example: foster home licensing, adoptive placement, etc.) and must include all the following and submit by \*email to: MDHHS-DCWL-OSCR@michigan.gov

1. Name and title of individual requesting the information.
2. Contact information (phone, fax numbers, email address, etc.)
3. Name(s) of the individual(s) requested to be cleared.
4. The individual being cleared must complete the DHS-1929, Central Registry Clearance Request form that provides authorization for MDHHS to complete the requested clearance. All submissions must include the applicant's legal photo ID.
5. The DHS-1929 form must accompany the agency's request.

#### **Michigan Court/Law Enforcement/Department of Corrections/Prosecuting Attorney**

Any Michigan court, law enforcement agency, Department of Corrections or prosecuting attorney requesting a central registry clearance must complete both Sections 1 and 2. Submit the completed DHS-1929 form, along with legal photo ID, to the MDHHS office in the county where the agency is located. See the attached list for MDHHS county office locations and contact numbers.

#### **INDIVIDUAL SELF-REQUEST**

**Michigan Residents:** Michigan residents who are requesting a central registry clearance on themselves must complete Section 1 and check the "Individual Self-Request" box in Section 2. Submit the completed DHS-1929 form, along with legal photo ID, to your local MDHHS office. Results will be sent to your listed address. If you need to retrieve your results in person at your local MDHHS office, you must provide your legal photo ID to receive the results. See the attached list for MDHHS county office locations and contact numbers.

**Out-of-State Residents:** Individuals who are not residents of Michigan who are requesting a central registry clearance on themselves must complete Section 1 and check the "Individual Self-Request" box in Section 2. Submit the completed DHS-1929 form, along with legal photo ID, to the Out-of-State Central Registry mailbox at MDHHS-Outofstate-Central-Registry@michigan.gov or by fax. See the attached list for Out-of-State location and contact information.

#### **Other Agencies/Organizations Not Listed**

If your agency is not listed within the instructions, visit the Michigan Central Registry website for instructions to obtain the information needed by your agency to request or obtain a central registry clearance. [www.michigan.gov/mdhhs/adult-child-serv/abuse-neglect](http://www.michigan.gov/mdhhs/adult-child-serv/abuse-neglect)

\*MDHHS strives to protect client confidentiality. If using email to communicate with MDHHS, please encrypt the email to protect the client's information. If encryption is not available, please mail or fax the request.

| <b>County</b>  | <b>Address</b>                                           | <b>Phone</b> | <b>Fax/*Email</b> |
|----------------|----------------------------------------------------------|--------------|-------------------|
| Alcona         | 410 E. Main St. Harrisville MI 48740                     | 989-724-9000 | 989-362-6629      |
| Alger          | 413 Maple St., Munsing, MI 49862                         | 906-628-7002 | 906-387-4710      |
| Allegan        | 3255 122nd., Ste. 300 Allegan, MI 49010                  | 269-673-7700 | 269-673-7795      |
| Alpena         | 600 Walnut St., Alpena MI 49707                          | 989-354-7200 | 989-354-7242      |
| Antrim         | 203 E. Cayuga St., PO Box 316, Bellaire, MI 49615        | 231-533-8664 | 231-533-8740      |
| Arenac         | 3709 Deep River Rd., Standish, MI 48658                  | 989-846-5500 | 989-846-4365      |
| Baraga         | 108 Main St., PO Box 10, Baraga, MI 49908                | 906-275-5050 | 906-353-8415      |
| Barry          | 430 Barfield Dr., Hastings, MI 49058                     | 269-948-3200 | 269-948-4101      |
| Bay            | 1399 W. Center Rd., Essexville, MI 48732                 | 989-895-2100 | 989-895-2494      |
| Benzie         | 448 Court Plaza Govt. Ctr., PO Box 114, Beulah, MI 49617 | 231-882-1330 | 231-882-9078      |
| Berrien        | 401 Eighth St., PO Box 1407, Benton Harbor, MI 49023     | 269-934-2000 | 269-934-2115      |
| Branch         | 388 Keith Wilhelm Dr., Coldwater, MI 49036               | 517-279-4200 | 517-278-5346      |
| Calhoun        | 190 E. Michigan Ave., PO Box 490, Battle Creek, MI 49016 | 269-966-1284 | 269-966-2837      |
| Cass           | 325 M-62, Cassopolis, MI 49031                           | 269-445-0200 | 269-445-0298      |
| Charlevoix     | 2229 Summit Park Dr., Petoskey, MI 49770                 | 231-348-1600 | 231-347-6211      |
| Cheboygan      | 827 S. Huron St., Cheboygan, MI 49721                    | 231-627-8500 | 231-627-8546      |
| Chippewa       | 463 East 3 Mile Rd., Sault Ste. Marie, MI 49783          | 906-635-4100 | 906-635-4173      |
| Clare          | 725 Richard Dr., Harrison, MI 48625                      | 989-539-4260 | 989-539-4200      |
| Clinton        | 105 W. Tolles Rd., St. Johns, MI 48879                   | 989-224-5500 | 989-224-3896      |
| Crawford       | 230 Huron Grayling, MI 49738                             | 989-348-7691 | 989-348-2838      |
| Delta          | 305 Ludington St., Escanaba, MI 49829                    | 906-786-5394 | 906-786-5350      |
| Dickinson      | 1401 Carpenter Ave. Ste. A, Iron Mountain, MI 49801      | 906-779-4100 | 906-774-2775      |
| Eaton          | 1050 Independence Blvd., Charlotte, MI 48813             | 517-543-0860 | 517-543-2125      |
| Emmet          | 2229 Summit Park Dr., Petoskey, MI 49770                 | 231-348-1600 | 231-347-6211      |
| Genesee        | 125 E. Union St., PO Box 1628, Flint, MI 48501           | 810-760-2550 | 810-760-2745      |
| Gladwin        | 675 E. Cedar Ave., Gladwin, MI 48624                     | 989-426-3300 | 989-426-3353      |
| Gogebic        | 301 E. Lead St., Bessemer, MI 49911                      | 906-663-6200 | 906-663-6230      |
| Grand Traverse | 701 S. Elmwood Ste.19, Traverse City, MI 49684           | 231-941-3900 | 231-941-0037      |
| Gratiot        | 201 Commerce Dr., Ithaca, MI 48847                       | 989-875-5181 | 989-875-2811      |
| Hillsdale      | 40 Care Dr., Hillsdale, MI 49242                         | 517-439-2200 | 517-439-0015      |
| Houghton       | 47420 State Hwy. M-26 Ste. 62, Houghton, MI 49931        | 906-482-0500 | 906-487-7726      |
| Huron          | 1911 Sand Beach Rd., Bad Axe, MI 48413                   | 989-269-9201 | 989-269-9875      |
| Ingham         | 5303 S. Cedar St., Lansing, MI 48911                     | 517-887-9400 | 517-887-9500      |
| Ionia          | 920 E. Lincoln, Ionia, MI 48846                          | 616-527-5200 | 616-527-1849      |
| Iosco          | 2145 E. Huron Rd., East Tawas, MI 48730                  | 989-362-0300 | 989-362-6629      |
| Iron           | 337 Brady Ave., PO Box 250, Caspian, MI 49915            | 906-265-9958 | 906-265-6390      |
| Isabella       | 1919 Parkland Dr., Mt. Pleasant, MI 48858                | 989-772-8400 | 989-772-8460      |
| Jackson        | 301 E. Louis Glick Hwy., Jackson, MI 49201               | 517-780-7400 | 517-780-7160      |
| Kalamazoo      | 427 E. Alcott St., Kalamazoo, MI 49001                   | 269-337-4900 | 269-337-5179      |
| Kalkaska       | 503 North Birch St., Kalkaska, MI 49646                  | 231-258-1200 | 231-258-4482      |
| Kent           | 121 MLK Jr. St. SE, Ste. 200, Grand Rapids, MI 49507     | 616-248-1000 | 616-248-1035      |

| <b>County</b> | <b>Address</b>                                               | <b>Phone</b> | <b>Fax/*Email</b> |
|---------------|--------------------------------------------------------------|--------------|-------------------|
| Keweenaw      | 3616 Highway US-41, PO Box 351, Mohawk, MI 49950             | 906-337-3302 | 906-337-1131      |
| Lake          | 5653 S. M-37, Baldwin, MI 49304                              | 231-745-8159 | 231-745-2930      |
| Lapeer        | 1505 Suncrest Dr., Lapeer, MI 48446                          | 810-667-0800 | 810-667-0795      |
| Leelanau      | 701 S. Elmwood Ste. 19, Traverse City, MI 49684              | 231-941-3900 | 231-941-0037      |
| Lenawee       | 1040 S. Winter St. Ste. 3013, Adrian, MI 49221               | 517-264-6300 | 517-264-6357      |
| Livingston    | 2300 E. Grand River Ste. 1, Howell, MI 48843                 | 517-548-0200 | 517-548-0298      |
| Luce          | 500 W. McMillan, Newberry, MI 49868                          | 906-293-5144 | 906-293-3857      |
| Mackinac      | 199 Ferry Lane, Saint Ignace, MI 49781                       | 906-643-9550 | 906-643-7467      |
| Macomb        | 44777 North Gratiot, Ste B, Clinton Township, MI 48036       | 586-412-6150 | 586-469-5555      |
|               | *Email: MDHHS-Macomb-CRC-Requests@michigan.gov               |              |                   |
| Manistee      | 1672 US 31 South, Manistee, MI 49660                         | 231-723-8375 | 231-398-2106      |
| Marquette     | Courthouse Annex, 234 W. Baraga Ave.,<br>Marquette, MI 49855 | 906-228-9691 | 906-228-3393      |
| Mason         | 915 Diana St., Ludington, MI 49431                           | 231-845-7391 | 231-843-1430      |
| Mecosta       | 800 Water Tower Rd., Big Rapids, MI 49307                    | 231-796-4300 | 231-796-0799      |
| Menominee     | 2612 10th St., Menominee, MI 49858                           | 906-863-9965 | 906-863-7426      |
| Midland       | 1509 Washington, Ste. A, Midland, MI 48641                   | 989-835-7040 | 989-835-7597      |
| Missaukee     | 10641 W. Watergate Rd., Cadillac, MI 49601                   | 231-779-4500 | 231-779-4507      |
| Monroe        | 903 S. Telegraph, Ste. A, Monroe, MI 48161                   | 734-243-7200 | 734-243-1660      |
| Montcalm      | 609 N. State, PO Box 278, Stanton, MI 48888                  | 989-831-8400 | 989-831-8496      |
| Montmorency   | 13210 M-33, Atlanta, MI 49709                                | 989-785-4218 | 989-785-2302      |
| Muskegon      | 2700 Baker St., PO Box 4290, Muskegon Heights, MI            | 231-733-3700 | 231-733-3872      |
| Newaygo       | 1018 Newell, PO Box 640, White Cloud, MI 49349               | 231-689-5500 | 231-689-5586      |
| Oakland       | 51111 Woodward Ave., Pontiac, MI 48342                       | 248-975-5400 | 248-975-5550      |
| Oceana        | 4081 W. Polk Rd., Hart, MI 49420                             | 231-873-7251 | 231-873-3803      |
| Ogemaw        | 444 E. Houghton Ave., West Branch, MI 48661                  | 989-345-5135 | 989-345-4688      |
| Ontonagon     | 408 Cooper St., Ste. B, Ontonagon, MI 49953                  | 906-813-7006 | 906-884-6323      |
| Osceola       | 800 Water Tower Rd., Big Rapids, MI 49307                    | 231-796-4300 | 231-796-0799      |
| Oscoda        | 200 W. Fifth St., Mio, MI 48647                              | 989-826-4000 | 989-826-3961      |
| Otsego        | 931 S. Otsego Ave., Gaylord, MI 49735                        | 989-732-1702 | 989-732-8715      |
| Ottawa        | 12185 James St. Ste. 200, Holland, MI 49424                  | 616-394-7200 | 616-395-5526      |
| Presque Isle  | 164 N. Fourth St., Rogers City, MI 49779                     | 989-734-2108 | 989-734-2767      |
| Roscommon     | 715 S. Loxley Rd., Houghton Lake, MI 48629                   | 989-366-2300 | 989-366-2304      |
| Saginaw       | 411 E. Genesee, PO Box 5070, Saginaw, MI 48605               | 989-758-1100 | 989-758-1485      |
| St. Clair     | 220 Fort St., Port Huron, MI 48060                           | 810-966-2000 | 810-966-2025      |
| St. Joseph    | 692 E. Main St., Centreville, MI 49032                       | 269-467-1200 | 269-467-1229      |
| Sanilac       | 515 S. Sandusky Rd., Sandusky, MI 48471                      | 810-648-4420 | 810-648-4432      |
| Schoolcraft   | 300 Walnut St., Manistique, MI 49854                         | 906-341-2114 | 906-341-2110      |
| Shiawassee    | 1720 E. Main St. Ste. 1, Owosso, MI 48867                    | 989-725-3200 | 989-725-3308      |
| Tuscola       | 1365 Cleaver Rd., Caro, MI 48723                             | 989-673-9100 | 989-673-9209      |
| Van Buren     | 57150 CR 681, Hartford, MI 49057                             | 269-621-2800 | 269-621-2927      |
| Washtenaw     | 22 Center St., Ypsilanti, MI 48198                           | 734-481-2000 | 734-481-8386      |

| County                            | Address                                                  | Phone        | Fax/*Email   |
|-----------------------------------|----------------------------------------------------------|--------------|--------------|
|                                   | *Email: MDHHS-Section8-CRRequestsWashtenaw@michigan.gov  |              |              |
| Wayne North                       | 8625 Greenfield, Detroit MI 48228                        | 313-852-1700 | 313-852-1891 |
| Wayne South                       | 1801 E. Canfield Detroit, MI 48207                       | 313-578-5500 |              |
|                                   | *Email: MDHHS-Central-Registry-Requests@michigan.gov     |              |              |
| Wayne West                        | 27540 Michigan Ave., Inkster, MI 48141                   | 313-931-6385 | 313-931-6439 |
| Wayne-Districts                   | www.michigan.gov/mdhhs/inside-mdhhs/county-offices/wayne |              |              |
| Wexford                           | 10641 W. Watergate Rd., Cadillac, MI 49601               | 231-779-4500 | 231-779-4507 |
|                                   |                                                          |              |              |
| Out-of-State Adoption/Foster Care | *Email: MDHHS-DCWL-OSCR@michigan.gov                     |              |              |
| Out-of-State Requests             | PO Box 30037, 13th Floor, Lansing, MI 48909-7537         | 517-899-7446 | 517-763-0280 |
|                                   | *Email: MDHHS-Outofstate-Central-Registry@michigan.gov   |              |              |



**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<br><div></div> |                                                                                                                               | Employee's Email Address |                            |                                | Employee's Telephone Number                     |
| <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> |                                            | 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. An alien 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)                                                                                                                                                                                                                                                                                                               | <b>Additional Information</b>                                                                                    |    |                                                    |     |                                       |
| Issuing Authority                                                                                                                                                                                                                                                                                                                       |                                                                                                                  |    |                                                    |     |                                       |
| Document Number (if any)                                                                                                                                                                                                                                                                                                                |                                                                                                                  |    |                                                    |     |                                       |
| Expiration Date (if any)                                                                                                                                                                                                                                                                                                                |                                                                                                                  |    |                                                    |     |                                       |
| Document Title 3 (if any)                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |    |                                                    |     |                                       |
| Issuing Authority                                                                                                                                                                                                                                                                                                                       |                                                                                                                  |    |                                                    |     |                                       |
| Document Number (if any)                                                                                                                                                                                                                                                                                                                |                                                                                                                  |    |                                                    |     |                                       |
| Expiration Date (if any)                                                                                                                                                                                                                                                                                                                |                                                                                                                  |    |                                                    |     |                                       |
| <b>Certification:</b> 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                                                                                                                                                                                                                                                                                                |                                                                                                                  |    | Today's Date (mm/dd/yyyy)                          |     |                                       |
| Employer's Business or Organization Address, City or Town, State, ZIP Code                                                                                                                                                                                                                                                              |                                                                                                                  |    |                                                    |     |                                       |

**For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

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

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

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

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

\*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                         |



**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

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

**USCIS**  
**Form I-9**  
**Supplement B**  
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 replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

|                                                                                                                                                                                                                                                                                          |                                                    |                                                |                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Date of Rehire ( <i>if applicable</i> )                                                                                                                                                                                                                                                  | New Name ( <i>if applicable</i> )                  |                                                |                                                                                                                  |
| Date ( <i>mm/dd/yyyy</i> )                                                                                                                                                                                                                                                               | Last Name ( <i>Family Name</i> )                   | First Name ( <i>Given Name</i> )               | Middle Initial                                                                                                   |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.                                               |                                                    |                                                |                                                                                                                  |
| Document Title                                                                                                                                                                                                                                                                           | Document Number (if any)                           | Expiration Date (if any) ( <i>mm/dd/yyyy</i> ) |                                                                                                                  |
| <b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b> |                                                    |                                                |                                                                                                                  |
| Name of Employer or Authorized Representative                                                                                                                                                                                                                                            | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> )             |                                                                                                                  |
| Additional Information (Initial and date each notation.)                                                                                                                                                                                                                                 |                                                    |                                                | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

|                                                                                                                                                                                                                                                                                          |                                                    |                                                |                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Date of Rehire ( <i>if applicable</i> )                                                                                                                                                                                                                                                  | New Name ( <i>if applicable</i> )                  |                                                |                                                                                                                  |
| Date ( <i>mm/dd/yyyy</i> )                                                                                                                                                                                                                                                               | Last Name ( <i>Family Name</i> )                   | First Name ( <i>Given Name</i> )               | Middle Initial                                                                                                   |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.                                               |                                                    |                                                |                                                                                                                  |
| Document Title                                                                                                                                                                                                                                                                           | Document Number (if any)                           | Expiration Date (if any) ( <i>mm/dd/yyyy</i> ) |                                                                                                                  |
| <b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b> |                                                    |                                                |                                                                                                                  |
| Name of Employer or Authorized Representative                                                                                                                                                                                                                                            | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> )             |                                                                                                                  |
| Additional Information (Initial and date each notation.)                                                                                                                                                                                                                                 |                                                    |                                                | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

|                                                                                                                                                                                                                                                                                          |                                                    |                                                |                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Date of Rehire ( <i>if applicable</i> )                                                                                                                                                                                                                                                  | New Name ( <i>if applicable</i> )                  |                                                |                                                                                                                  |
| Date ( <i>mm/dd/yyyy</i> )                                                                                                                                                                                                                                                               | Last Name ( <i>Family Name</i> )                   | First Name ( <i>Given Name</i> )               | Middle Initial                                                                                                   |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.                                               |                                                    |                                                |                                                                                                                  |
| Document Title                                                                                                                                                                                                                                                                           | Document Number (if any)                           | Expiration Date (if any) ( <i>mm/dd/yyyy</i> ) |                                                                                                                  |
| <b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b> |                                                    |                                                |                                                                                                                  |
| Name of Employer or Authorized Representative                                                                                                                                                                                                                                            | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> )             |                                                                                                                  |
| Additional Information (Initial and date each notation.)                                                                                                                                                                                                                                 |                                                    |                                                | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

**Employee's Withholding Certificate**

OMB No. 1545-0074

**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.****2026****Step 1:**  
**Enter**  
**Personal**  
**Information**

|                                                                                                                                                                                                                                                                                                                                                               |           |                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a) First name and middle initial                                                                                                                                                                                                                                                                                                                             | Last name | (b) Social security number                                                                                                                                                                                 |
| Address                                                                                                                                                                                                                                                                                                                                                       |           | <b>Does your name match the name on your social security card?</b> 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 <b>Married filing separately</b><br><input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying surviving spouse</b><br><input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) |           |                                                                                                                                                                                                            |
| <b>Caution:</b> To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.                                                                                                                            |           |                                                                                                                                                                                                            |

**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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(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</b><br><b>Dependent</b><br><b>and Other</b><br><b>Credits</b> | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):                                                                                                                                                                             |             |    |  |
|                                                                                          | (a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .                                                                                                                                                                                          | <b>3(a)</b> | \$ |  |
|                                                                                          | (b) Multiply the number of other dependents by \$500 . . . . .                                                                                                                                                                                                            | <b>3(b)</b> | \$ |  |
|                                                                                          | Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .                                                                                                                                                               | <b>3</b>    | \$ |  |
| <b>Step 4:</b><br><b>Other</b><br><b>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> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . . | <b>4(b)</b> | \$ |  |
|                                                                                          | (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .                                                                                                                                                                 | <b>4(c)</b> | \$ |  |

|                         |                                                                                                                                                                                                                                                                             |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exempt from withholding | I claim exemption from withholding for 2026, and I certify that I meet <b>both</b> of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . . . <input type="checkbox"/> |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                 |                             |                          |                                      |
|---------------------------------|-----------------------------|--------------------------|--------------------------------------|
| <b>Employers</b><br><b>Only</b> | Employer's name and address | First date of employment | Employer identification number (EIN) |
|                                 |                             |                          |                                      |

## 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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 and you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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 16, 2027.

**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 of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

**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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

**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 when you file your tax return.

**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](http://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 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
  
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
  
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
  
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

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

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

|           |                                                                                                                                                                                                                                                                                                                |                    |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>1</b>  | Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.                                                                                                                                                                                                                     |                    |
| <b>a</b>  | <b>Qualified tips.</b> If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 . . . . .                                                                                                                                    | <b>1a</b> \$ _____ |
| <b>b</b>  | <b>Qualified overtime compensation.</b> If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . . . | <b>1b</b> \$ _____ |
| <b>c</b>  | <b>Qualified passenger vehicle loan interest.</b> If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 . . . . .                                                                              | <b>1c</b> \$ _____ |
| <b>2</b>  | Add lines 1a, 1b, and 1c. Enter the result here . . . . .                                                                                                                                                                                                                                                      | <b>2</b> \$ _____  |
| <b>3</b>  | <b>Seniors age 65 or older.</b> If your total income is less than \$75,000 (\$150,000 if married filing jointly):                                                                                                                                                                                              |                    |
| <b>a</b>  | Enter \$6,000 if you are age 65 or older before the end of the year . . . . .                                                                                                                                                                                                                                  | <b>3a</b> \$ _____ |
| <b>b</b>  | Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . .                                                                                                                                                                     | <b>3b</b> \$ _____ |
| <b>4</b>  | Add lines 3a and 3b. Enter the result here . . . . .                                                                                                                                                                                                                                                           | <b>4</b> \$ _____  |
| <b>5</b>  | Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . .                                                                                | <b>5</b> \$ _____  |
| <b>6</b>  | <b>Itemized deductions.</b> Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:                                                                                                                                                            |                    |
| <b>a</b>  | <b>Medical and dental expenses.</b> Enter expenses in excess of 7.5% (0.075) of your total income . . . . .                                                                                                                                                                                                    | <b>6a</b> \$ _____ |
| <b>b</b>  | <b>State and local taxes.</b> If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) . . . . .                                                                                          | <b>6b</b> \$ _____ |
| <b>c</b>  | <b>Home mortgage interest.</b> If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . .                                                                                      | <b>6c</b> \$ _____ |
| <b>d</b>  | <b>Gifts to charities.</b> Enter contributions in excess of 0.5% (0.005) of your total income . . . . .                                                                                                                                                                                                        | <b>6d</b> \$ _____ |
| <b>e</b>  | <b>Other itemized deductions.</b> Enter the amount for other itemized deductions . . . . .                                                                                                                                                                                                                     | <b>6e</b> \$ _____ |
| <b>7</b>  | Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . .                                                                                                                                                                                                                                              | <b>7</b> \$ _____  |
| <b>8</b>  | <b>Limitation on itemized deductions.</b>                                                                                                                                                                                                                                                                      |                    |
| <b>a</b>  | Enter your total income . . . . .                                                                                                                                                                                                                                                                              | <b>8a</b> \$ _____ |
| <b>b</b>  | Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 . . . . .                                                                                                                                                                                          | <b>8b</b> \$ _____ |
| <b>9</b>  | Enter: $\left\{ \begin{array}{l} \bullet \$768,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$640,600 \text{ if you're single or head of household} \\ \bullet \$384,350 \text{ if you're married filing separately} \end{array} \right\}$ . . . . .               | <b>9</b> \$ _____  |
| <b>10</b> | If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . .                                                                                                                                                                  | <b>10</b> \$ _____ |
| <b>11</b> | <b>Standard deduction.</b>                                                                                                                                                                                                                                                                                     |                    |
| Enter:    | $\left\{ \begin{array}{l} \bullet \$32,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$24,150 \text{ if you're head of household} \\ \bullet \$16,100 \text{ if you're single or married filing separately} \end{array} \right\}$ . . . . .                         | <b>11</b> \$ _____ |
| <b>12</b> | <b>Cash gifts to charities.</b> If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) . . . . .                                                                                                                                                       | <b>12</b> \$ _____ |
| <b>13</b> | Add lines 11 and 12. Enter the result here . . . . .                                                                                                                                                                                                                                                           | <b>13</b> \$ _____ |
| <b>14</b> | If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . .                                                                                                                                       | <b>14</b> \$ _____ |
| <b>15</b> | Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . .                                                                                                                                                                                                                        | <b>15</b> \$ _____ |

**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<br>Annual Taxable<br>Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                      |                      |                      |                      |                      |                      |                      |                      |                      |                        |                        |
|------------------------------------------------------|-----------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
|                                                      | \$0 -<br>9,999                                | \$10,000 -<br>19,999 | \$20,000 -<br>29,999 | \$30,000 -<br>39,999 | \$40,000 -<br>49,999 | \$50,000 -<br>59,999 | \$60,000 -<br>69,999 | \$70,000 -<br>79,999 | \$80,000 -<br>89,999 | \$90,000 -<br>99,999 | \$100,000 -<br>109,999 | \$110,000 -<br>120,000 |
| \$0 - 9,999                                          | \$0                                           | \$0                  | \$480                | \$850                | \$850                | \$1,020              | \$1,020              | \$1,020              | \$1,020              | \$1,020              | \$1,020                | \$1,020                |
| \$10,000 - 19,999                                    | 0                                             | 480                  | 1,480                | 1,850                | 2,050                | 2,220                | 2,220                | 2,220                | 2,220                | 2,220                | 2,220                  | 2,620                  |
| \$20,000 - 29,999                                    | 480                                           | 1,480                | 2,480                | 3,050                | 3,250                | 3,420                | 3,420                | 3,420                | 3,420                | 3,420                | 3,820                  | 4,820                  |
| \$30,000 - 39,999                                    | 850                                           | 1,850                | 3,050                | 3,620                | 3,820                | 3,990                | 3,990                | 3,990                | 3,990                | 4,390                | 5,390                  | 6,390                  |
| \$40,000 - 49,999                                    | 850                                           | 2,050                | 3,250                | 3,820                | 4,020                | 4,190                | 4,190                | 4,190                | 4,590                | 5,590                | 6,590                  | 7,590                  |
| \$50,000 - 59,999                                    | 1,020                                         | 2,220                | 3,420                | 3,990                | 4,190                | 4,360                | 4,360                | 4,760                | 5,760                | 6,760                | 7,760                  | 8,760                  |
| \$60,000 - 69,999                                    | 1,020                                         | 2,220                | 3,420                | 3,990                | 4,190                | 4,360                | 4,760                | 5,760                | 6,760                | 7,760                | 8,760                  | 9,760                  |
| \$70,000 - 79,999                                    | 1,020                                         | 2,220                | 3,420                | 3,990                | 4,190                | 4,760                | 5,760                | 6,760                | 7,760                | 8,760                | 9,760                  | 10,760                 |
| \$80,000 - 99,999                                    | 1,020                                         | 2,220                | 3,420                | 4,240                | 5,440                | 6,610                | 7,610                | 8,610                | 9,610                | 10,610               | 11,610                 | 12,610                 |
| \$100,000 - 149,999                                  | 1,870                                         | 4,070                | 6,270                | 7,840                | 9,040                | 10,210               | 11,210               | 12,210               | 13,210               | 14,210               | 15,360                 | 16,560                 |
| \$150,000 - 239,999                                  | 1,870                                         | 4,100                | 6,500                | 8,270                | 9,670                | 11,040               | 12,240               | 13,440               | 14,640               | 15,840               | 17,040                 | 18,240                 |
| \$240,000 - 319,999                                  | 2,040                                         | 4,440                | 6,840                | 8,610                | 10,010               | 11,380               | 12,580               | 13,780               | 14,980               | 16,180               | 17,380                 | 18,580                 |
| \$320,000 - 364,999                                  | 2,040                                         | 4,440                | 6,840                | 8,610                | 10,010               | 11,380               | 12,580               | 13,860               | 15,860               | 17,860               | 19,860                 | 21,860                 |
| \$365,000 - 524,999                                  | 2,720                                         | 5,920                | 9,390                | 12,260               | 14,760               | 17,230               | 19,530               | 21,830               | 24,130               | 26,430               | 28,730                 | 31,030                 |
| \$525,000 and over                                   | 3,140                                         | 6,840                | 10,540               | 13,610               | 16,310               | 18,980               | 21,480               | 23,980               | 26,480               | 28,980               | 31,480                 | 33,990                 |

**Single or Married Filing Separately**

| Higher Paying Job<br>Annual Taxable<br>Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                      |                      |                      |                      |                      |                      |                      |                      |                      |                        |                        |
|------------------------------------------------------|-----------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
|                                                      | \$0 -<br>9,999                                | \$10,000 -<br>19,999 | \$20,000 -<br>29,999 | \$30,000 -<br>39,999 | \$40,000 -<br>49,999 | \$50,000 -<br>59,999 | \$60,000 -<br>69,999 | \$70,000 -<br>79,999 | \$80,000 -<br>89,999 | \$90,000 -<br>99,999 | \$100,000 -<br>109,999 | \$110,000 -<br>120,000 |
| \$0 - 9,999                                          | \$90                                          | \$850                | \$1,020              | \$1,020              | \$1,020              | \$1,070              | \$1,870              | \$1,870              | \$1,870              | \$1,870              | \$1,870                | \$1,970                |
| \$10,000 - 19,999                                    | 850                                           | 1,780                | 1,980                | 1,980                | 2,030                | 3,030                | 3,830                | 3,830                | 3,830                | 3,830                | 3,930                  | 4,130                  |
| \$20,000 - 29,999                                    | 1,020                                         | 1,980                | 2,180                | 2,230                | 3,230                | 4,230                | 5,030                | 5,030                | 5,030                | 5,130                | 5,330                  | 5,530                  |
| \$30,000 - 39,999                                    | 1,020                                         | 1,980                | 2,230                | 3,230                | 4,230                | 5,230                | 6,030                | 6,030                | 6,130                | 6,330                | 6,530                  | 6,730                  |
| \$40,000 - 59,999                                    | 1,020                                         | 2,880                | 4,080                | 5,080                | 6,080                | 7,080                | 7,950                | 8,150                | 8,350                | 8,550                | 8,750                  | 8,950                  |
| \$60,000 - 79,999                                    | 1,870                                         | 3,830                | 5,030                | 6,030                | 7,100                | 8,300                | 9,300                | 9,500                | 9,700                | 9,900                | 10,100                 | 10,300                 |
| \$80,000 - 99,999                                    | 1,870                                         | 3,830                | 5,100                | 6,300                | 7,500                | 8,700                | 9,700                | 9,900                | 10,100               | 10,300               | 10,500                 | 10,700                 |
| \$100,000 - 124,999                                  | 2,030                                         | 4,190                | 5,590                | 6,790                | 7,990                | 9,190                | 10,190               | 10,390               | 10,590               | 10,940               | 11,940                 | 12,940                 |
| \$125,000 - 149,999                                  | 2,040                                         | 4,200                | 5,600                | 6,800                | 8,000                | 9,200                | 10,200               | 10,950               | 11,950               | 12,950               | 13,950                 | 14,950                 |
| \$150,000 - 174,999                                  | 2,040                                         | 4,200                | 5,600                | 6,800                | 8,150                | 10,150               | 11,950               | 12,950               | 13,950               | 14,950               | 16,170                 | 17,470                 |
| \$175,000 - 199,999                                  | 2,040                                         | 4,200                | 6,150                | 8,150                | 10,150               | 12,150               | 13,950               | 15,020               | 16,320               | 17,620               | 18,920                 | 20,220                 |
| \$200,000 - 249,999                                  | 2,720                                         | 5,680                | 7,880                | 10,140               | 12,440               | 14,740               | 16,840               | 18,140               | 19,440               | 20,740               | 22,040                 | 23,340                 |
| \$250,000 - 449,999                                  | 2,970                                         | 6,230                | 8,730                | 11,030               | 13,330               | 15,630               | 17,730               | 19,030               | 20,330               | 21,630               | 22,930                 | 24,240                 |
| \$450,000 and over                                   | 3,140                                         | 6,600                | 9,300                | 11,800               | 14,300               | 16,800               | 19,100               | 20,600               | 22,100               | 23,600               | 25,100                 | 26,610                 |

**Head of Household**

| Higher Paying Job<br>Annual Taxable<br>Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                      |                      |                      |                      |                      |                      |                      |                      |                      |                        |                        |
|------------------------------------------------------|-----------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
|                                                      | \$0 -<br>9,999                                | \$10,000 -<br>19,999 | \$20,000 -<br>29,999 | \$30,000 -<br>39,999 | \$40,000 -<br>49,999 | \$50,000 -<br>59,999 | \$60,000 -<br>69,999 | \$70,000 -<br>79,999 | \$80,000 -<br>89,999 | \$90,000 -<br>99,999 | \$100,000 -<br>109,999 | \$110,000 -<br>120,000 |
| \$0 - 9,999                                          | \$0                                           | \$280                | \$850                | \$950                | \$1,020              | \$1,020              | \$1,020              | \$1,020              | \$1,560              | \$1,870              | \$1,870                | \$1,870                |
| \$10,000 - 19,999                                    | 280                                           | 1,280                | 1,950                | 2,150                | 2,220                | 2,220                | 2,220                | 2,760                | 3,760                | 4,070                | 4,070                  | 4,210                  |
| \$20,000 - 29,999                                    | 850                                           | 1,950                | 2,720                | 2,920                | 2,980                | 2,980                | 3,520                | 4,520                | 5,520                | 5,830                | 5,980                  | 6,180                  |
| \$30,000 - 39,999                                    | 950                                           | 2,150                | 2,920                | 3,120                | 3,180                | 3,720                | 4,720                | 5,720                | 6,720                | 7,180                | 7,380                  | 7,580                  |
| \$40,000 - 59,999                                    | 1,020                                         | 2,220                | 2,980                | 3,570                | 4,640                | 5,640                | 6,640                | 7,750                | 8,950                | 9,460                | 9,660                  | 9,860                  |
| \$60,000 - 79,999                                    | 1,020                                         | 2,610                | 4,370                | 5,570                | 6,640                | 7,750                | 8,950                | 10,150               | 11,350               | 11,860               | 12,060                 | 12,260                 |
| \$80,000 - 99,999                                    | 1,870                                         | 4,070                | 5,830                | 7,150                | 8,410                | 9,610                | 10,810               | 12,010               | 13,210               | 13,720               | 13,920                 | 14,120                 |
| \$100,000 - 124,999                                  | 1,870                                         | 4,270                | 6,230                | 7,630                | 8,900                | 10,100               | 11,300               | 12,500               | 13,700               | 14,210               | 14,720                 | 15,720                 |
| \$125,000 - 149,999                                  | 2,040                                         | 4,440                | 6,400                | 7,800                | 9,070                | 10,270               | 11,470               | 12,670               | 14,580               | 15,890               | 16,890                 | 17,890                 |
| \$150,000 - 174,999                                  | 2,040                                         | 4,440                | 6,400                | 7,800                | 9,070                | 10,580               | 12,580               | 14,580               | 16,580               | 17,890               | 18,890                 | 20,170                 |
| \$175,000 - 199,999                                  | 2,040                                         | 4,440                | 6,400                | 8,510                | 10,580               | 12,580               | 14,580               | 16,580               | 18,710               | 20,320               | 21,620                 | 22,920                 |
| \$200,000 - 249,999                                  | 2,720                                         | 5,920                | 8,680                | 10,900               | 13,270               | 15,570               | 17,870               | 20,170               | 22,470               | 24,080               | 25,380                 | 26,680                 |
| \$250,000 - 449,999                                  | 2,970                                         | 6,470                | 9,540                | 12,040               | 14,410               | 16,710               | 19,010               | 21,310               | 23,610               | 25,220               | 26,520                 | 27,820                 |
| \$450,000 and over                                   | 3,140                                         | 6,840                | 10,110               | 12,810               | 15,380               | 17,880               | 20,380               | 22,880               | 25,380               | 27,190               | 28,690                 | 30,190                 |

# MI-W4

(Rev. 12-20)

## EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. **Read instructions on page 2 before completing this form.**

Issued under P.A. 281 of 1967.

|                                                                                                                                                                                                                                                                                          |  |       |                                                              |  |                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|--------------------------------------------------------------|--|-----------------------------|--|
|                                                                                                                                                                                                                                                                                          |  |       | ▶ 1. Full Social Security Number                             |  | ▶ 2. Date of Birth          |  |
| ▶ 3. Name (First, Middle Initial, Last)                                                                                                                                                                                                                                                  |  |       | 4. Driver's License Number or State ID                       |  |                             |  |
| Home Address (No., Street, P.O. Box or Rural Route)                                                                                                                                                                                                                                      |  |       | ▶ 5. Are you a new employee?                                 |  | (mm/dd/yyyy)                |  |
|                                                                                                                                                                                                                                                                                          |  |       | <input type="checkbox"/> Yes If Yes, enter date of hire..... |  |                             |  |
| City or Town                                                                                                                                                                                                                                                                             |  | State | ZIP Code                                                     |  | <input type="checkbox"/> No |  |
| 6. Enter the number of personal and dependent exemptions (see instructions) .....                                                                                                                                                                                                        |  |       |                                                              |  | ▶ 6.                        |  |
| 7. Additional amount you want deducted from each pay (if employer agrees) .....                                                                                                                                                                                                          |  |       |                                                              |  | 7. \$ .00                   |  |
| 8. I claim exemption from withholding because (see instructions):                                                                                                                                                                                                                        |  |       |                                                              |  |                             |  |
| a. <input type="checkbox"/> A Michigan income tax liability is not expected this year.                                                                                                                                                                                                   |  |       |                                                              |  |                             |  |
| b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____                                                                                                                                                                                                            |  |       |                                                              |  |                             |  |
| c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____                                                                                                                                                                                |  |       |                                                              |  |                             |  |
| <b>EMPLOYEE:</b> If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records. See additional instructions on page 2.                                        |  |       |                                                              |  |                             |  |
| <i>Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number I am allowed to claim. If claiming exemption from withholding, I certify that I do not anticipate a Michigan income tax liability this year.</i> |  |       |                                                              |  |                             |  |
| 9. Employee's Signature                                                                                                                                                                                                                                                                  |  |       |                                                              |  | ▶ Date                      |  |

|                                                                                                                                                                                                                                                                                                  |  |                                              |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|----------------|
| <b>EMPLOYER:</b> Complete the below section.                                                                                                                                                                                                                                                     |  |                                              |                |
| 10. Employer's Name                                                                                                                                                                                                                                                                              |  | ▶ 11. Federal Employer Identification Number |                |
| Address (No., Street, P.O. Box or Rural Route)                                                                                                                                                                                                                                                   |  | City or Town                                 | State ZIP Code |
| Name of Contact Person                                                                                                                                                                                                                                                                           |  | Contact Phone Number                         |                |
| <b>INSTRUCTIONS TO EMPLOYER:</b> Keep a copy of this certificate with your records. All new hires must be reported to the State of Michigan. See <a href="http://www.mi-newhire.com">www.mi-newhire.com</a> for information.                                                                     |  |                                              |                |
| In addition, a copy of this form must be sent to the Michigan Department of Treasury if the employee claims 10 or more exemptions or claims they are exempt from withholding. Send a copy to:<br>Michigan Department of Treasury<br>Tax Technical Section<br>P.O. Box 30477<br>Lansing, MI 48909 |  |                                              |                |

# INSTRUCTIONS TO EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE (Form MI-W4)

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal or dependency exemptions or claimed that you are exempt from withholding.

You **MUST** provide a new MI-W4 to your employer within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent no longer qualifies under the Internal Revenue Code.

**Line 5:** If you check "Yes," enter your date of hire.

**Line 6:** Personal and dependency exemptions. The number of exemptions claimed here may not exceed the number of exemptions you are entitled to claim on a *Michigan Individual Income Tax Return* (Form MI-1040). Dependents include qualifying children and qualifying relatives under the Internal Revenue Code, even if your AGI exceeds the limits to claim federal tax credits for them.

Do not claim the same exemptions more than once or tax will be under-withheld. Specifically, **do not claim:**

- Your personal exemption if someone else will claim you as their dependent.
- Your personal exemption with more than one employer at a time.
- Your spouse's personal exemption if they claim it with their employer.
- Your dependency exemptions if someone else (for example, your spouse) is claiming them with their employer.

**Line 7:** You may designate additional withholding if you expect to owe more than the amount withheld.

**Line 8a:** You may claim exemption from Michigan income tax withholding if all of the following conditions are met:

- i) Your employment is intermittent, temporary, or less than full time;
- ii) Your personal and dependency exemptions exceed your annual taxable compensation;
- iii) You claimed exemption from federal withholding; and
- iv) You did not incur a Michigan income tax liability for the previous year.

**Line 8b:** Reasons wages might be exempt from withholding include:

- You are a nonresident spouse of military personnel stationed in Michigan.
- You are a resident of one of the following reciprocal states while working in Michigan: Illinois, Indiana, Kentucky, Minnesota, Ohio, or Wisconsin.
- You are a member of a Native American tribe that has a tax agreement with the State of Michigan and whose principal place of residence is within the designated agreement area.
- You are an enrolled member of a federally-recognized tribe that does not have a tax agreement with the State of Michigan, you reside within that tribe's Indian Country (as defined in 18 USC 1151), and compensation from this job will be earned within that Indian Country.

**Line 8c:** For questions about Renaissance Zones, contact your local assessor's office.