

<b>DOCUMENT NAME</b>	<b>REQUIRED / OPTIONAL</b>
Application Process and Training Requirements	Information
Enrollment Information	Required
Relationship Attestation	Required
Background Waiver	Required
Payroll Authorization	Required
Wisely Cardholder Agreement	Information
Orientation Form	Required
Authorization and Release to Obtain Information	Required
Acknowledgement of Training Requirements	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. The following pages must be completed.

## **APPLICATION PROCESS**

1. Complete and submit Application Packet.
2. Submit a copy of your:
  - a. Driver License. Address must match the address on your employment application.
  - b. Social Security Card. Name must match the name on your Driver's License and employment application.
3. Complete the Employment Agreement, with signatures from the Employee and Employer/Legal Representative. If you do not know the Employee's rate of pay, we will complete this during a later step of the enrollment process. It must be completed to receive a start date.
4. Contact the Supports Coordinator to complete the Individual Plan of Service (IPOS) Training and complete the log and Back-up Plan. A completed copy will be sent to PAS.
5. CLS/Detroit Wayne will then inform PAS of an authorized Date of Hire. This is your start date to begin providing services.
6. Timesheets and Electronic Visit Verification
  - a. As the Employee, you will receive an email from *CareWhen@assuricare*.  
The email will include your:
    - i. Username
    - ii. Password
    - iii. Link to the *CareWhen Attendance Tracking System*
  - b. Training will be provided.
7. Payroll forms are sent to the Employer's address and are also available on our website: [www.PASSelfDirection.com](http://www.PASSelfDirection.com)
  - a. Employer Pay Authorization (EPA): This should be reviewed and signed by you and your Employer every pay period to confirm the time is approved.
  - b. Attendance Incident Report (AIR): This should only be used when you had an error that prevented you from using CareWhen.

## TRAINING REQUIREMENTS

Following your start date, you are required to complete additional training as listed below.

You must submit proof of training completion to PAS. Once the grace period deadline has passed, you will be inactivated in the CareWhen system, unable to enter time worked, until you have submitted your proof of training.

Failure to comply with training requirements may result in loss of eligibility to work in the program.

Training	Timeline	Grace Period*	Access to Training
Universal Precautions / Blood Borne Pathogens / Infection Control	Every two (2) years	60 days	<a href="http://www.dwctraining.com/">http://www.dwctraining.com/</a>
First Aid	Every two (2) years	60 days	<a href="http://www.myclstraining.com/">http://www.myclstraining.com/</a>
Emergency Procedures / Preparedness	Every two (2) years	60 days	<a href="http://www.dwctraining.com/">http://www.dwctraining.com/</a>
Annual IPOS Training	Annually, and as needed	Must be completed before working with individual	Support Coordinator
Recipient Rights New Hire Two Hour Virtual	One time only, within 30 days of hire	30 days	Contact PAS to schedule
Annual Recipient Rights	Annually	30 days	<a href="http://www.dwctraining.com/">http://www.dwctraining.com/</a>

\*from Date of Hire



**PARTICIPANT INFORMATION:** (Please include information as it appears on Social Security Card)

Participant Full Name: \_\_\_\_\_

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

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

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

Physical Address (if different): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**DIRECT CARE WORKER INFORMATION**

Direct Care Worker: \_\_\_\_\_

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

Physical Address (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone (Optional): \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ 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 annually 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 paperwork and IPOS training.

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.

*(continued on next page)*



Personal  
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CLS/WAYNE  
DIRECT CARE WORKER  
ENROLLMENT INFORMATION

**REQUIREMENT STATEMENTS** *(continued)*

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

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

**SECTION 1**

Direct Care Worker Full Name: \_\_\_\_\_

Participant Full Name: \_\_\_\_\_

**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 Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Both the Direct Care Worker (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.



## SD EMPLOYEE BACKGROUND WAIVER

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

DWIHN Member: \_\_\_\_\_ Member ID: \_\_\_\_\_

Legal Representative (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

CRSP: \_\_\_\_\_ Support Coordinator: \_\_\_\_\_

Fiscal Management Service: \_\_\_\_\_  
Personal Accounting Services

DIRECT CARE WORKER: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

### BACKGROUND CHECK WAIVER

By reviewing and signing below, I (person receiving Behavioral Health Services and/or their legal representative) will assume all risks of this decision and agree to hold DWIHN and the affiliates harmless from any and all liabilities, claims, costs, expenses related to any loss, damage or injury that may arise out of employing \_\_\_\_\_ as a Direct Care Worker.

1. I understand that I have the right to choose and hire staff of my choice to assist me.
2. I am aware that a detailed Criminal Background Check is required of all prospective workers before hire and then annually thereafter. An example would be ICHAT (Internet Criminal History Access Tool-free to Non-Profits- State of Michigan only) [www.michigan.gov/ichat](http://www.michigan.gov/ichat).
3. I have been informed that my potential Direct Care Worker has activities listed that are not on the Federal exclusion list (<https://oig.hhs.gov/exclusions/background.asp>) which allows them to be employed as long as a waiver is signed.
4. I have considered the information in choosing to hire \_\_\_\_\_ as my Direct Care Worker.

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Member or Legal Representative

Date

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Employee/Direct Hire/Staff person

Date

**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**

PASOnboarding@PASSelfDirection.com

**Fax**

734.290.9702

**SECTION 1: PARTICIPANT**

Participant Full Name: \_\_\_\_\_

**SECTION 2: DIRECT CARE WORKER / VENDOR INFORMATION**

Direct Care Worker Full Name: \_\_\_\_\_

Vendor Full Name: \_\_\_\_\_

Last Four (4) Digits of Direct Care Worker SSN OR Vendor EIN: \_\_\_\_\_ Effective Date: \_\_\_\_\_

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

**CHECK ONE BOX ONLY:**

New DD Set-Up

New Paycard Set-Up

**SECTION 3: FINANCIAL INSTITUTION INFORMATION**

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

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

**FOR CHECKING ACCOUNT:** Tape a voided check here  
(No starter check or deposit slip)

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

*(continued on next page)*

**IF THERE IS A SECOND FINANCIAL INSTITUTION:**

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

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

**FOR CHECKING ACCOUNT:** Tape a voided check here  
(No starter check or deposit slip)

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

**SECTION 4: 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.

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

Paycard Number:  
For office use only.

## DIRECT CARE WORKER 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](http://tinyurl.com/wiselyeng)

You do not have to accept this payroll card.  
Ask your employer about other ways to receive your wages.

Monthly fee	Per purchase	ATM withdrawal	Cash reload
<b>\$0</b>	<b>\$0</b>	<b>\$0</b> in-network <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](http://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](http://tinyurl.com/wiselyspn)

No es necesario que acepte esta tarjeta de nómina.  
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 <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](http://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 Full Name: \_\_\_\_\_

Participant Full Name: \_\_\_\_\_

## **REVIEW**

1. Employment Application.
2. Direct Care Worker 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 cannot 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**.
9. For payroll questions regarding a missed payment, please call: **734.729.3100**.
10. Employee Start Date: \_\_\_\_\_  
*Determined by completion of requirements and agency approval/active authorizations.*
11. Pay Period Schedule.
12. Billing Forms: Provided on initial hire; also located on website at: [www.PASSelfDirection.com](http://www.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 24 hours of the attendance incident. Failure to provide documentation timely may result in payment delay.
  - c. PVN - Progress Note: Restrictions Apply
13. 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, our office, or by phone. If you have additional questions about EVV, contact our dedicated EVV team at: **734.729.3100**.
  - a. *Assuricare CareWhen* is a free mobile app.
  - b. Step-by-Step instructions will be provided to you.
14. PAS Contact List.
15. Overview of Program Rules and Requirements.
16. Reporting of Incident(s): Medicaid Fraud / Accident / Hospital / Protective Services / Recipient Rights.
17. False Claim Act (FCA).



**Personal  
Accounting  
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## DIRECT CARE WORKER ORIENTATION

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

Participant/Employer 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.

Direct Care Worker Full Name: \_\_\_\_\_

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

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



DIRECT CARE WORKER CLS DW ACKNOWLEDGEMENT OF TRAINING REQUIREMENTS

TRAINING REQUIREMENTS

Once your Date of Hire is approved, you will have 30 or 60 days to complete the required training, as indicated in the table below, and submit proof of completion to PAS. If the training is not completed with a passing score within this 30 or 60 day window, or if proof is not submitted by the end of the grace period, you will be temporarily inactivated in the CareWhen system, unable to enter time worked, and removed from the schedule until the required training is completed and passed.

To begin, contact PAS at 734.729.3100 to register for the required virtual training. You must be registered before your Date of Hire can be approved. An email address is required for registration.

Failure to comply with training requirements may result in loss of eligibility to work in the program.

Table with 4 columns: Training, Timeline, Grace Period\*, Access to Training. Rows include Universal Precautions, First Aid, Emergency Procedures, Annual IPOS Training, Recipient Rights New Hire, and Annual Recipient Rights.

\*from Date of Hire

ADDITIONAL REQUIREMENTS

Michigan Driver's License. Address must match address on Employment Application.

DIRECT CARE WORKER (EMPLOYEE) ACKNOWLEDGEMENT

By signing below,

I acknowledge that I have received and understand the training requirements.

I acknowledge that my Employer has the right to add additional training requirements.

I acknowledge that after the training is complete, it is my responsibility to return proof of such to (PAS) Personal Accounting Services to prevent any lapse in services or payments.

Submit all copies via Fax: 734.290.9702 or Email PASOnboarding@passelfdirection.com

Direct Care Worker Full Name: \_\_\_\_\_

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



Participant / Employer Full Name: \_\_\_\_\_

Direct Care Worker / Employee Full Name: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

**PARTICIPANT / EMPLOYER STATEMENTS**

By submitting this form,

I certify that my Direct Care Worker/Employee has completed the trainings listed below. Attached with this form are training verification documents proving that the identified training was successfully completed.

I understand that my Direct Care Worker/Employee will be reimbursed the total amount of their agreed upon hourly rate of pay times the number of identified training hours completed.

Training hours were allocated by CLS Wayne and are a set amount.

I understand that my Direct Care Worker/Employee will be paid for the pre-employment training:

With their first paycheck (for new Participants/Employers).

In an off-cycle payment (for existing Participants/Employers).

I understand that payment will be delayed if proof of training completion is not provided with this form.

I understand that the pre-employment training payment is a one-time payment.

Hourly Rate of Pay: \$ \_\_\_\_\_

Training Hours: 7.75 hours total \_\_\_\_\_

Training	Number of Allocated Hours
First Aid	3.5 hours
Recipient Rights	40 minutes
Recipient Rights Virtual	2 hours
Infection Prevention and Control Practices	35 minutes
Emergency Preparedness	45 minutes
IPOS Training	15 minutes

**DIRECT CARE WORKER / EMPLOYEE STATEMENTS**

By signing this document requesting payment for pre-employment training,

I certify that I have completed the trainings listed above. I have attached proof of training completion to this form.

I understand that failure to provide proof of training completion will delay my training payment.

I understand that the training payment is considered taxable income.

Participant Full Name: \_\_\_\_\_

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

Direct Care Worker Full Name: \_\_\_\_\_

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

# DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

(Revised 5-23)

<p><b>COPY PHOTO ID HERE</b></p> <p><b>OR</b></p> <p><b>ATTACH A SEPARATE PAGE</b></p>
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## SECTION 1 – INFORMATION ON PERSON BEING CLEARED

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Name, (First, Middle, Last)

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

Social Security Number

Date of Birth

Address

Phone Number

Email

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

Signature Required for Individual Being Cleared

Date

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## SECTION 2 – REQUESTER INFORMATION

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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

734.290.9702

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 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 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 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., 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

<b>County</b>	<b>Address</b>	<b>Phone</b>	<b>Fax/*Email</b>
	*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 ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <input type="text"/>		Employee's Email Address		Employee's Telephone Number	
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
	<input type="checkbox"/> 1. A citizen of the United States					
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) <input type="text"/>					
<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:						
<input type="text"/> USCIS A-Number		OR	<input type="text"/> Form I-94 Admission Number		OR	<input type="text"/> 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	<input type="text"/>		<input type="text"/>		<input type="text"/>
Issuing Authority	<input type="text"/>		<input type="text"/>		<input type="text"/>
Document Number (if any)	<input type="text"/>		<input type="text"/>		<input type="text"/>
Expiration Date (if any)	<input type="text"/>		<input type="text"/>		<input type="text"/>
Document Title 2 (if any)	<p><b>Additional Information</b></p> <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)					
Document Title 3 (if any)	<p><b>Additional Information</b></p> <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)					
<p><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.</p>					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

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

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

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

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

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

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

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



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

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

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

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**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> .
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**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 (Family Name)	First Name (Given Name)	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> )
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)

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 (Family Name)	First Name (Given Name)	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> )
----------------	--------------------------	--

**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.**

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.)

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 (Family Name)	First Name (Given Name)	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> )
----------------	--------------------------	--

**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.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2026**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying surviving spouse</b> <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> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	(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> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>		\$
	(b) <b>Deductions.</b> 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"/>
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<b>Step 5:</b> <b>Sign 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 Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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## 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.

**1** Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

**a Qualified tips.** 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 . . . . . **1a** \$ \_\_\_\_\_

**b Qualified overtime compensation.** 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 . . . . . **1b** \$ \_\_\_\_\_

**c Qualified passenger vehicle loan interest.** 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 . . . . . **1c** \$ \_\_\_\_\_

**2** Add lines 1a, 1b, and 1c. Enter the result here . . . . . **2** \$ \_\_\_\_\_

**3 Seniors age 65 or older.** If your total income is less than \$75,000 (\$150,000 if married filing jointly):

**a** Enter \$6,000 if you are age 65 or older before the end of the year . . . . . **3a** \$ \_\_\_\_\_

**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 . . . . . **3b** \$ \_\_\_\_\_

**4** Add lines 3a and 3b. Enter the result here . . . . . **4** \$ \_\_\_\_\_

**5** 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 . . . . . **5** \$ \_\_\_\_\_

**6 Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

**a Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . . . . . **6a** \$ \_\_\_\_\_

**b State and local taxes.** 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) . . . . . **6b** \$ \_\_\_\_\_

**c Home mortgage interest.** 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) . . . . . **6c** \$ \_\_\_\_\_

**d Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . . **6d** \$ \_\_\_\_\_

**e Other itemized deductions.** Enter the amount for other itemized deductions . . . . . **6e** \$ \_\_\_\_\_

**7** Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . . **7** \$ \_\_\_\_\_

**8 Limitation on itemized deductions.**

**a** Enter your total income . . . . . **8a** \$ \_\_\_\_\_

**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 . . . . . **8b** \$ \_\_\_\_\_

**9** Enter: { • \$768,700 if you’re married filing jointly or a qualifying surviving spouse }  
 { • \$640,600 if you’re single or head of household } . . . . . **9** \$ \_\_\_\_\_  
 { • \$384,350 if you’re married filing separately }

**10** 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 . . . . . **10** \$ \_\_\_\_\_

**11 Standard deduction.**

Enter: { • \$32,200 if you’re married filing jointly or a qualifying surviving spouse }  
 { • \$24,150 if you’re head of household } . . . . . **11** \$ \_\_\_\_\_  
 { • \$16,100 if you’re single or married filing separately }

**12 Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) . . . . . **12** \$ \_\_\_\_\_

**13** Add lines 11 and 12. Enter the result here . . . . . **13** \$ \_\_\_\_\_

**14** 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 . . . . . **14** \$ \_\_\_\_\_

**15** Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . **15** \$ \_\_\_\_\_

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

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

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

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

### Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$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 Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$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 Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$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: Michigan Department of Treasury Tax Technical Section P.O. Box 30477 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.