Successful new hire documentation check list

- Ensure that your forms are completely filled out
- Clear print when filling out forms will help avoid inaccuracy of your documentation filed and recorded
- Please use the time to read through the documentation to ensure all the information and requirements are submitted
- Ensure that all completed forms are turned in at the same time
- If you have any specific questions about the new hire packet documents provided or feel you are missing a document in error, please do not hesitate to reach out to the Regional office by email: office@kcdisciples.org /or/ contact 1-833-432-1414.

Important and helpful information
Christian Church of Greater Kansas City
Check/Payment Request

To: OGMP-Treasury Services
From: Signature:
Date: Reg. Min. Signature:

Payee:
Address:
City: State/Province: Zip/Postal Code

Date Needed: Check Amount: $

Charge to Account (if known): #
Account to be charged for this expense
Purpose:

☐ Mail check with attachments
☐ Mail check by itself
☐ Return check to requester to be hand delivered
☐ Direct deposit – bank info on file
☐ Direct deposit – new bank info attached

For OGMP-Treasury Services’ Use Only:
Transaction #: Date Entered: 
Entered by: Check #: 
ACH Initiated by: Date: ACH Released by: 

NOTE

If we pay an independent contractor at least $600 over the course of a year, we must obtain a Form W-9 that provides the vendor’s name, address, tax identification number and any required withholding for federal taxes. Independent contractors should also provide you with an invoice (or copy of the contract your group made with this individual) which you will send along with this request. Scanned or photographed copies are acceptable.

When in doubt, do not delay. Call 913.432.1414 or send an email to Gwen Brown:
finance@kcdisciples.org and copy ofice@kcdisciples.org and billing@kcdisciples.org.

https://files.constantcontact.com/ea43e848501/c4032960-ac5e-478e-9444-3e33da2f7fb3.png 1/1
**Personnel Action Form**

Name: ___________________________ Date: ________________

E-mail: ___________________________ Gender: M [ ] F [ ]

Job Title: ___________________________ Organization: ___________________________

<table>
<thead>
<tr>
<th>Type of Change</th>
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<tbody>
<tr>
<td>New Hire</td>
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<tr>
<td>Resignation</td>
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<tr>
<td>Rehire</td>
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<td>Termination</td>
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<td>Leave of Absence</td>
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<td>Return from Leave</td>
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<td>Job change</td>
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<tr>
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<td>Total Compensation</td>
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<td>Total Compensation</td>
<td></td>
</tr>
<tr>
<td>Hourly rate</td>
<td></td>
</tr>
</tbody>
</table>

Comments/Reason for change: __________________________________________________________

☐ Form I-9  ☐ Form W-4  ☐ Form State tax withholding  ☐ Direct deposit authorization form

Supervisor: ___________________________ Date: ________________

Employee: ___________________________ Date: ________________

Input by Treasury Services: ___________________________ Date: ________________
**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-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

---

**Request for Taxpayer Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.
   - Individual/sole proprietor or single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) 
   - Other (see instructions) 

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

5. Address (number, street, and apt. or suite no.) See instructions.

6. City, state, and ZIP code

7. List account number(s) here (optional)

---

**Part I  Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally a social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

**Social security number**

```
- - - -
```

**Or**

**Employer identification number**

```
- - - -
```

---

**Part II  Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**

**Signature of U.S. person**

**Date**

---

Cat. No. 10231X
Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

**Specific Instructions**

**Line 1**

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA), enter your first name, the last name as shown on your social security card, and your new last name. **Note:** ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

<table>
<thead>
<tr>
<th>IF the entity/person on line 1 is</th>
<th>THEN check the box for...</th>
</tr>
</thead>
<tbody>
<tr>
<td>a(n) ...</td>
<td>Corporation</td>
</tr>
<tr>
<td>Corporation</td>
<td>Corporation</td>
</tr>
<tr>
<td>Individual</td>
<td>Individual/sole proprietor or single-member LLC</td>
</tr>
<tr>
<td>Sole proprietor or single-member LLC owned by an individual and disregarded for U.S. federal tax purposes.</td>
<td>Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)</td>
</tr>
<tr>
<td>LLC treated as a partnership for U.S. federal tax purposes, LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.</td>
<td>Partnership</td>
</tr>
<tr>
<td>Partnership partnership</td>
<td>Partnership</td>
</tr>
<tr>
<td>Trust/estate</td>
<td>Trust/estate</td>
</tr>
</tbody>
</table>

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4847
1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

<table>
<thead>
<tr>
<th>For this type of account:</th>
<th>Give name and SSN of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual</td>
<td>The individual</td>
</tr>
<tr>
<td>2. Two or more individuals (joint account) other than an account maintained by an FFI</td>
<td>The actual owner of the account or, if combined funds, the first individual on the account 1</td>
</tr>
<tr>
<td>3. Two or more U.S. persons (joint account maintained by an FFI)</td>
<td>Each holder of the account 1</td>
</tr>
<tr>
<td>4. Custodial account of a minor (Uniform Gift to Minors Act)</td>
<td>The minor 2</td>
</tr>
<tr>
<td>5. a. The usual revocable savings trust (grantor is also trustee)</td>
<td>The grantor-trustee 1</td>
</tr>
<tr>
<td>b. So-called trust account that is not a legal or valid trust under state law</td>
<td>The actual owner 1</td>
</tr>
<tr>
<td>6. Sole proprietorship or disregarded entity owned by an individual</td>
<td>The owner 3</td>
</tr>
<tr>
<td>7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(3)(ii)(A))</td>
<td>The grantor 4</td>
</tr>
</tbody>
</table>

For this type of account:

<table>
<thead>
<tr>
<th>Give name and EIN of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Disregarded entity not owned by an individual</td>
</tr>
<tr>
<td>9. A valid trust, estate, or pension trust</td>
</tr>
<tr>
<td>10. Corporation or LLC electing corporate status on Form 8832 or Form 2553</td>
</tr>
<tr>
<td>11. Association, club, religious, charitable, educational, or other tax-exempt organization</td>
</tr>
<tr>
<td>12. Partnership or multi-member LLC</td>
</tr>
<tr>
<td>13. A broker or registered nominee</td>
</tr>
</tbody>
</table>

1. List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

2. Circle the minor's name and furnish the minor's SSN.

3. You must show your individual name and you may also enter your business or DBA name on the "business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

4. List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships, earlier.

Note: The grantor also must provide a Form W-9 to trustee of trust.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:
- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4430 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.
Christian Church (Disciples of Christ) of Greater K. C. Disclosure and Release Form

In order for you to enter the Ordination & Standing process of the Christian Church (Disciples of Christ), this form must be completed and returned along with a check in the amount of $12.00, made payable to: CCGKC for an initial background check to the Christian Church (DOC) of Greater KC, 9401 Johnson Drive-Merriam Kansas 66203. This completed form and the background check will be included in the packet of your file for ordained ministry.

Name: ____________________________________________

Address: ____________________________________________

Phone Number: (____)___________________________

Email Address: ____________________________________________

Have you ever been the subject of an official disciplinary review for ministerial misconduct conducted by a Regional Commission on Ministry or the General Commission on Ministry in the Christian Church (Disciples of Christ) that resulted in any of the following?

Censure ___ Yes ___ No
Suspension of Standing ___ Yes ___ No
Termination of Standing ___ Yes ___ No
Voluntary Release of Standing ___ Yes ___ No

Are any official disciplinary reviews within the Christian Church (Disciples of Christ) pending against you at this time?

___ Yes ___ No

Have you ever been the subject of official disciplinary proceedings by another denomination, professional association, credentialing body or guild that resulted in disciplinary action?

___ Yes ___ N

Have you ever relinquished your ministerial Standing for any reason? If so, on the back of this page, please explain and provide date(s) Standing was relinquished and date(s) Standing was restored.

Yes ___ No ___
Have you ever resigned from employment, been asked to resign by official action, had your ministerial or secular employment terminated, whether paid or volunteer, or had legal or ecclesiastical action taken against you based in whole or in part on allegations of any of the following?

Sexual harassment  Yes  No
Sexual misconduct  Yes  No
Physical abuse  Yes  No
Child abuse  Yes  No
Financial misconduct  Yes  No
Alcohol/substance abuse  Yes  No
Violation of Ministerial Code of Ethic  Yes  No

If you answered yes to any of the above, please provide details on an attached sheet. Thank you.

By my signature, I certify that the above is true and accurate and in my judgment there are no other facts or circumstances involving me or any background related to my being entrusted with the responsibilities of ministry in the Christian Church (Disciples of Christ). I acknowledge that the information contained in this Disclosure and Release Form is true and complete and that any misrepresentation and/or omission may be grounds for rejection of consideration for a ministry position or for termination of a ministry position or of my standing as a minister in the Christian Church (Disciples of Christ). I authorize those persons who receive my Ordination Forms and this Disclosure and Release Form and/or their agents to make inquiries regarding me and all statements contained in these forms. I also authorize all persons, entities, former employers, courts, law enforcement and other public agencies to respond to inquiries concerning me, to supply verification of the information provided in this form, and to comment and state opinions regarding my background and character. I hereby release all such entities and individuals from all liability and responsibility arising from their doing so. I authorize the persons and/or their agents who receive my Ordination Forms, including this Disclosure and Release Form, to circulate, distribute and otherwise share information collected in connection with these forms with others as they in their sole discretion see fit. Furthermore, I recognize my responsibility to update this personal disclosure form in a timely manner should there be a change in status in any of the issues named above.

Signature ____________________________________________

Date ____________________________
Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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

Exemption from withholding. You may claim exemption from withholding for 2019 if both of the following apply:

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Employee's Withholding Allowance Certificate

> Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

<table>
<thead>
<tr>
<th>Form W-4</th>
<th>Employee's Withholding Allowance Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Your first name and middle initial</td>
</tr>
<tr>
<td>2</td>
<td>Last name</td>
</tr>
<tr>
<td>3</td>
<td>Your social security number</td>
</tr>
<tr>
<td>4</td>
<td>Home address (number and street or rural route)</td>
</tr>
<tr>
<td>5</td>
<td>City or town, state, and ZIP code</td>
</tr>
<tr>
<td>6</td>
<td>Total number of allowances you're claiming (from the applicable worksheet on the following pages)</td>
</tr>
<tr>
<td>7</td>
<td>Additional amount, if any, you want withheld from each paycheck</td>
</tr>
<tr>
<td>8</td>
<td>If you meet both conditions, write &quot;Exempt&quot; here</td>
</tr>
<tr>
<td>9</td>
<td>If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.</td>
</tr>
<tr>
<td>10</td>
<td>Employer identification number (EIN)</td>
</tr>
<tr>
<td>11</td>
<td>Employee's signature (This form is not valid unless you sign it)</td>
</tr>
<tr>
<td>12</td>
<td>Date</td>
</tr>
</tbody>
</table>

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

Employee's signature

For Privacy Act and Paperwork Reduction Act Notice, see page 4.
income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

**Deductions, Adjustments, and Additional Income Worksheet**
Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

**Two-Earners/Multiple Jobs Worksheet**
Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn $60,000 per year and your spouse earns $20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

**Instructions for Employer**
Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).
### Personal Allowances Worksheet (Keep for your records.)

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Enter &quot;1&quot; for yourself</td>
<td></td>
<td></td>
<td></td>
<td>A</td>
</tr>
<tr>
<td>B</td>
<td>Enter &quot;1&quot; if you will file as married filing jointly</td>
<td></td>
<td></td>
<td></td>
<td>B</td>
</tr>
<tr>
<td>C</td>
<td>Enter &quot;1&quot; if you will file as head of household</td>
<td></td>
<td></td>
<td></td>
<td>C</td>
</tr>
</tbody>
</table>
| D | Enter "1" if:  
• You’re single, or married filing separately, and have only one job; or  
• You’re married filing jointly, have only one job, and your spouse doesn’t work or  
• Your wages from a second job or your spouse’s wages (or the total of both) are $1,500 or less. |   |   |   | D   |
| E | Child tax credit. See Pub. 972, Child Tax Credit, for more information.  
• If your total income will be less than $71,201 ($103,351 if married filing jointly), enter "4" for each eligible child.  
• If your total income will be from $71,201 to $179,050 ($103,351 to $345,851 if married filing jointly), enter "2" for each eligible child.  
• If your total income will be from $179,051 to $200,000 ($345,851 to $400,000 if married filing jointly), enter "1" for each eligible child.  
• If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter "-0-" |   |   |   | E   |
| F | Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.  
• If your total income will be less than $71,201 ($103,351 if married filing jointly), enter "1" for each eligible dependent.  
• If your total income will be from $71,201 to $179,050 ($103,351 to $345,851 if married filing jointly), enter "1" for every two dependent (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).  
• If your total income will be higher than $179,050 ($345,851 if married filing jointly), enter "-0-" |   |   |   | F   |
| G | Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines C and F |   |   |   | G   |
| H | Add lines A through G and enter the total here |   |   |   | H   |

For accuracy, complete all worksheets that apply.

**Deductions, Adjustments, and Additional Income Worksheet**

Note: Use this worksheet only if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of non-wage income not subject to withholding.

1. Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details.  
   \[
   \text{\$24,400 if you're married filing jointly or qualifying widow(er)}
   \]

2. Enter:  
   \[
   \text{\$18,350 if you're head of household} \]

3. Subtract line 2 from line 1. If zero or less, enter "-0-".

4. Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items).

5. Add lines 3 and 4 and enter the total.

6. Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest).

7. Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses.

8. Divide the amount on line 7 by $4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction.

9. Enter the number from the Personal Allowances Worksheet, line H, above.

10. Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earner/Multiple Jobs Worksheet, also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.
Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet only if the instructions under line H from the Personal Allowances Worksheet direct you here.

1. Enter the number from the Personal Allowances Worksheet, line H, page 3 (or, if you used the Deductions, Adjustments, and Additional Income Worksheet on page 3, the number from line 10 of that worksheet).

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you're married filing jointly and wages from the highest paying job are $75,000 or less and the combined wages for you and your spouse are $107,000 or less, don't enter more than "3".

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (If zero, enter "0") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.

Note: If line 1 is less than line 2, enter "0" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4. Enter the number from line 2 of this worksheet.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.

9. Divide line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

---

### Table 1

<table>
<thead>
<tr>
<th>If wages from LOWEST paying job are</th>
<th>Enter on line 2 above</th>
<th>If wages from LOWEST paying job are</th>
<th>Enter on line 2 above</th>
<th>If wages from HIGHEST paying job are</th>
<th>Enter on line 7 above</th>
<th>If wages from HIGHEST paying job are</th>
<th>Enter on line 7 above</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
<td>$0 - $7,000</td>
<td>0</td>
<td>$0 - $24,900</td>
<td>$420</td>
<td>$0 - $7,200</td>
<td>$420</td>
</tr>
<tr>
<td>5,001 - 9,000</td>
<td>1</td>
<td>7,001 - 13,000</td>
<td>1</td>
<td>24,501 - 84,450</td>
<td>500</td>
<td>7,201 - 36,975</td>
<td>500</td>
</tr>
<tr>
<td>9,001 - 14,000</td>
<td>2</td>
<td>13,001 - 27,500</td>
<td>2</td>
<td>84,451 - 173,300</td>
<td>910</td>
<td>36,976 - 91,700</td>
<td>910</td>
</tr>
<tr>
<td>14,001 - 30,000</td>
<td>3</td>
<td>27,501 - 32,000</td>
<td>3</td>
<td>173,301 - 326,950</td>
<td>1,000</td>
<td>91,700 - 158,225</td>
<td>1,000</td>
</tr>
<tr>
<td>30,001 - 40,000</td>
<td>4</td>
<td>32,001 - 40,000</td>
<td>4</td>
<td>326,950 - 413,700</td>
<td>1,330</td>
<td>158,225 - 201,860</td>
<td>1,330</td>
</tr>
<tr>
<td>40,001 - 50,000</td>
<td>5</td>
<td>40,001 - 50,000</td>
<td>5</td>
<td>413,700 - 517,850</td>
<td>1,450</td>
<td>201,860 - 507,800</td>
<td>1,450</td>
</tr>
<tr>
<td>50,001 - 60,000</td>
<td>6</td>
<td>60,001 - 75,000</td>
<td>6</td>
<td>617,850 and over</td>
<td>1,540</td>
<td>507,801 and over</td>
<td>1,540</td>
</tr>
<tr>
<td>60,001 - 70,000</td>
<td>7</td>
<td>75,001 - 95,000</td>
<td>7</td>
<td>617,850 and over</td>
<td>1,540</td>
<td>507,801 and over</td>
<td>1,540</td>
</tr>
<tr>
<td>70,001 - 75,000</td>
<td>8</td>
<td>85,001 - 95,000</td>
<td>8</td>
<td>617,850 and over</td>
<td>1,540</td>
<td>507,801 and over</td>
<td>1,540</td>
</tr>
<tr>
<td>75,001 - 85,000</td>
<td>9</td>
<td>95,001 - 100,000</td>
<td>9</td>
<td>617,850 and over</td>
<td>1,540</td>
<td>507,801 and over</td>
<td>1,540</td>
</tr>
<tr>
<td>85,001 - 95,000</td>
<td>10</td>
<td>100,001 - 110,000</td>
<td>10</td>
<td>617,850 and over</td>
<td>1,540</td>
<td>507,801 and over</td>
<td>1,540</td>
</tr>
<tr>
<td>95,001 - 125,000</td>
<td>11</td>
<td>110,001 - 115,000</td>
<td>11</td>
<td>617,850 and over</td>
<td>1,540</td>
<td>507,801 and over</td>
<td>1,540</td>
</tr>
<tr>
<td>125,001 - 155,000</td>
<td>12</td>
<td>115,001 - 125,000</td>
<td>12</td>
<td>617,850 and over</td>
<td>1,540</td>
<td>507,801 and over</td>
<td>1,540</td>
</tr>
<tr>
<td>155,001 - 165,000</td>
<td>13</td>
<td>125,001 - 135,000</td>
<td>13</td>
<td>617,850 and over</td>
<td>1,540</td>
<td>507,801 and over</td>
<td>1,540</td>
</tr>
<tr>
<td>165,001 - 175,000</td>
<td>14</td>
<td>135,001 - 145,000</td>
<td>14</td>
<td>617,850 and over</td>
<td>1,540</td>
<td>507,801 and over</td>
<td>1,540</td>
</tr>
<tr>
<td>175,001 - 180,000</td>
<td>15</td>
<td>145,001 - 160,000</td>
<td>15</td>
<td>617,850 and over</td>
<td>1,540</td>
<td>507,801 and over</td>
<td>1,540</td>
</tr>
<tr>
<td>180,001 - 195,000</td>
<td>16</td>
<td>160,001 - 180,000</td>
<td>16</td>
<td>617,850 and over</td>
<td>1,540</td>
<td>507,801 and over</td>
<td>1,540</td>
</tr>
<tr>
<td>195,001 - 205,000</td>
<td>17</td>
<td>180,001 and over</td>
<td>17</td>
<td>617,850 and over</td>
<td>1,540</td>
<td>507,801 and over</td>
<td>1,540</td>
</tr>
<tr>
<td>205,001 and over</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

You aren't required to provide the information requested on a form that's 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 6102.

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.
Form MO W-4
Missouri Department of Revenue
Employee's Withholding Allowance Certificate

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

Full Name
Social Security Number
Filing Status
Single ☐ Married ☐ Head of Household ☐
Home Address (Number and Street or Rural Route)
City or Town
State ZIP Code

1. Allowance For Yourself: Enter 1 for yourself if your filing status is single, married, or head of household.

2. Allowance For Your Spouse: Does your spouse work? ☐ Yes ☐ No If yes, enter 0. If no, enter 1 for your spouse.

3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form MO W-4.

4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim.

5. Total Number of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here.

6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here.

7. Exempt Status: If you had a right to a refund of all of your Missouri income tax withheld last year because you had no tax liability and this year you expect a refund of all Missouri income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See Information below.

8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Residency Relief Act and have no Missouri tax liability, write "Exempt" on Line 6. See Information below.

9. If income earned as a member of any active duty component of the Armed Forces of the United States is eligible for the military income deduction write "Exempt" on Line 8.

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Signature
Employee's Signature (Form is not valid unless you sign it)
Date (MM/DD/YYYY)

Employee's Name
Employer's Name
City
Employer's Address
State
City Services for Pay Fst Perf by Employees (MM/DD/YYYY)
Federal Employer I.D. Number
ZIP Code
Missouri Tax Identification Number

Notice To Employer: Within 20 days of hiring a new employee, send a copy of Form MO W-4 to the Missouri Department of Revenue, P.O. Box 3340, Jefferson City, MO 65105-3340 or fax to (573) 526-8079.

Employee Information - You Do Not Pay Missouri Income Tax on all of the Income You Earn!
Visit http://www.dor.mo.gov/tax/calculators/withhold to try our online withholding calculator.

Form MO W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Missouri when you file your return. Deductions reduce the amount of your taxable income. If your income is less than your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Missouri adjusted gross income will not be taxed by the state of Missouri when you file your individual Income tax return.

<table>
<thead>
<tr>
<th>Single</th>
<th>Married Filing Combined</th>
<th>Head of Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>$12,000 - standard deduction + up to $5,000 for federal tax</td>
<td>$24,000 - standard deduction + up to $10,000 for federal tax</td>
<td>$16,000 - standard deduction + up to $5,000 for federal tax</td>
</tr>
</tbody>
</table>

Items to Remember:

- If your filing status is married filing combined and your spouse works, do not claim an exemption on Form MO W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form MO W-4. If both spouses claim the dependents on an allowance on Form MO W-4, it may cause you to owe additional Missouri income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form MO W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Missouri may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card.

Employee Mobile

Paycor introduces Employee Mobile, designed specifically for employees of our clients who are currently using Online Check Stubs. This easy-to-use app allows employees to view their pay information securely from their mobile devices. Simply sign in using your current Paycor.com user name and password or register for an ID at Paycor.com by clicking the sign-in button.

Key Features
• View paycheck details, including earnings, deductions, taxes, and year-to-date totals
• Access up to three years of pay information
• Use the Employee Directory to contact coworkers via work email or phone number and add to your contacts
• Utilize the same user name and password as your online check stub account

Note: The Employee Directory feature will only be available if your company contacts their Paycor representative and asks them to activate it.

Download the application for iPhone or Android

Follow these steps:

1. In the App Store or the Google Play Store, search for Paycor Employee Mobile.

2. Download and install the app.

3. Once the app is installed, access it by entering your Paycor.com username and password.

Note: Register for a Paycor.com username and password at Paycor.com by clicking the Sign In button. Then clicking on Register for a User Name and Password. You must obtain your Access code for registration from your company’s payroll administrator.

Fig 1: App Icon shown on an iPhone.
Fig 2: App Icon shown on an Android.
Features & Navigation

Four Navigation Items
- Compensation
- Employee Directory
- Settings
- FAQs & Help

Compensation Features
- Past 3 years of history available
- Can view individual checks
- Defaults to most recent check
- Provides year-to-date totals

Employee Directory Features
- Search for employees
- Email and call directly from contact
- Save to Contacts

Navigating within the app
From left to right:
- Home Screen
- Compensation
- Employee Directory
- Settings
- FAQs & Help
- Log Out
W-2s? Check.
1099s? Check.
Checkstubs? Check(s).

Access your personal pay information and more with Paycor.
Complete the steps below to securely register at paycor.com.

Prepare to register.
You'll need the following items to register at www.paycor.com:
1. An email address (Paycor will send an email to this address with steps to complete your registration).
2. A web browser (your standard browsers will work but you can see a full list here: www.paycor.com/system-requirements).
   You may need to add www.paycor.com to your trusted sites.

Start your registration.
Go to www.paycor.com to start your registration process.
1. Click Sign In.
2. Click Register for a User Name and Password.

Your access code is 59336

Tell us who you are.
You'll need to enter a few pieces of personal information so we can verify your identity.
1. Enter your last name, social security number and birthdate.
2. Enter your access code (look to your left).

Create your account.
Next, you'll need to enter your account-specific details; choose a user name and password you'll be able to recall later.
1. Enter a user name, email address and password that you'll use to sign into www.paycor.com.
2. Select and answer a few security questions that can be used if you forget your user name or password.
3. Review everything you've entered before clicking 'Create Account'.

Complete your registration.
Paycor will send a confirmation message to the email address you provided.
1. Within 48 hours, click the secure link in the email and sign in with the user name and password you created above.*
2. You now have ongoing access to www.paycor.com!

*Missed the 48 hour deadline? You'll need to start the registration process again from the top. Contact your payroll or HR department for assistance.
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records ("driving records"), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Praesidium, Inc., P.O. Box 202002, Arlington, TX, 76006, 800-743-8354, or another outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.
ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or any other party to furnish any and all background information requested by Praesidium, Inc., P.O. Box 202002, Arlington, TX, 76005, 800-743-6354, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or electronic or photographic copy of this Authorization shall be as valid as the original.

| State of Washington applicants and employees only: You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law. |
| Massachusetts and New Jersey applicants and employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. |
| New York applicants and employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law. |
| Minnesota applicants and employees only: You have the right, upon written request to Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Agency must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. |
| Oklahoma applicants and employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. |
| California applicants and employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. |

Signature: ___________________________ Date: ___________________________
Print Name: ___________________________ 
First: ___________________ Middle: ___________________ Last: ___________________
Maiden Name (if applicable): ___________________________
Address: ___________________________________________ 
Street: ___________________________________ City: __________ State: __________ Zip: __________
Social Security Number: ___________________________ Date of Birth: __________
*This information will be used for background screening purposes only.
Driver’s License Number: ___________________________ DL State: ___________________________
NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW

The Company intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics, and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to, obtaining a criminal record report, verifying references, work history, your educational achievements, licensure, and certifications, obtaining your driving record and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Praesidium, Inc., P.O. Box 202002, Arlington, TX, 76006, 800-743-6354. The source of any credit report will be Praesidium, Inc., P.O. Box 202002, Arlington, TX, 76006, 800-743-6354. Information regarding Praesidium, Inc.'s privacy practices (including information about whether any consumer personal information will be sent outside the U.S. or its territories) may be found at http://website.praesidiuminc.com/praesidium-privacy-policy/. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and upon reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you which is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request with proper identification for telephone disclosure and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.
NEW YORK ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.
751. Applicability.
752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.
753. Factors to be considered concerning a previous criminal conviction; presumption.
754. Written statement upon denial of license or employment.
755. Enforcement.

S 750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license or employment sought.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

S 751. Applicability. The provisions of this article shall apply to any application by any person who has previously been convicted of one or more criminal offenses, in this state or in any other jurisdiction, to any public agency or private employer for a license or employment, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct.

S 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, to which the provisions of this article are applicable, shall be denied by reason of the applicant's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the applicant has previously been convicted of one or more criminal offenses, unless:

(1) there is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought; or

(2) the issuance of the license or the granting of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

S 753. Factors to be considered concerning a previous criminal conviction; presumption.
1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:
(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

S 754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

S 755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.
A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau 1700 G Street N.W., Washington, D.C. 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment — or to take another adverse action against you — must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwidss specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

<table>
<thead>
<tr>
<th>TYPE OF BUSINESS:</th>
<th>CONTACT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates</td>
<td>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</td>
</tr>
<tr>
<td>1b. Such affiliates which are not banks, savings associations, or credit unions also should list, in addition to the CFBP</td>
<td>b. Federal Trade Commission Consumer Response Center-FCRA Washington, DC 20580 (877) 382-4357</td>
</tr>
<tr>
<td>2. To the extent not included in item 1 above:</td>
<td>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010 9050</td>
</tr>
<tr>
<td>a. National banks, federal savings associations, and federal branches/agencies of foreign banks</td>
<td>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</td>
</tr>
<tr>
<td>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</td>
<td>c. FDIC Consumer Response Center 1100 Walnut Street Box #11 Kansas City, MO 64106</td>
</tr>
<tr>
<td>c. Nonmember insured banks, insured state branches of foreign banks, and insured state savings associations</td>
<td>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</td>
</tr>
<tr>
<td>d. Federal Credit Unions</td>
<td></td>
</tr>
<tr>
<td>3. Air carriers</td>
<td>aseL General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20580</td>
</tr>
<tr>
<td>4. Creditors subject to Surface Transportation Board</td>
<td>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423</td>
</tr>
<tr>
<td>5. Creditors subject to Packers and Stockyards Act</td>
<td>Nearest Packers and Stockyards Administration area supervisor</td>
</tr>
<tr>
<td>6. Small Business Investment Companies</td>
<td>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW 8th Floor Washington, DC 20416</td>
</tr>
<tr>
<td>7. Brokers and Dealers</td>
<td>Securities and Exchange Commission 100 F Street NE Washington, DC 20549</td>
</tr>
<tr>
<td>8. Federal Land Banks, Federal land bank associations, Federal Intermediate credit banks, and Production credit associations</td>
<td>Farm Credit Administration 1591 Farm Credit Drive McLean, VA 22102-5030</td>
</tr>
<tr>
<td>9. Retailers, Finance Companies, and all other creditors not listed above</td>
<td>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580 (877) 382-4357</td>
</tr>
</tbody>
</table>
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-Discrimination Notice: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1: Employee Information and Attestation

Last Name (Family Name)    First Name (Given Name)    Middle Initial    Other Last Names Used (if any)

Address (Street Number and Name)    Apt. Number    City or Town    State    ZIP Code

Date of Birth (mm/dd/yyyy)    U.S. Social Security Number

Employee's E-mail Address    Employee's Telephone Number

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

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

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (See Instructions)
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number):

☐ 4. An alien authorized to work until expiration date (if applicable, mm/dd/yyyy):

Some aliens may write "N/A" in the expiration date field. (See Instructions)

Aliens authorized to work must provide one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number:

OR

2. Form I-94 Admission Number:

OR

3. Foreign Passport Number:

Country of Issuance:

Signature of Employee    Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

☐ I attest under penalty of perjury that the person(s) and/or organization(s) assisted the employee in completing Section 1 of this form.

☐ The information contained and signed above was correct and complete when presented and/or translated and an employee, in completing Section 1 of this form.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator    Today's Date (mm/dd/yyyy)

Last Name (Family Name)    First Name (Given Name)

Address (Street Number and Name)    City or Town    State    ZIP Code
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

Section 2: Employer or Authorized Representative. Review and Verification

<table>
<thead>
<tr>
<th>List A</th>
<th>List B</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Document Title</td>
<td>Additional Information</td>
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<tr>
<td>Issuing Authority</td>
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<td>Expiration Date (if any) (mm/dd/yyyy)</td>
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<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
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<td></td>
</tr>
<tr>
<td>OR</td>
<td>AND</td>
<td>Employment Authorization</td>
</tr>
</tbody>
</table>

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

The employee’s first day of employment (mm/dd/yyyy): ________________ (See Instructions for exemptions)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer’s Business or Organization Name</td>
</tr>
<tr>
<td>Employer’s Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

Section 3: Reverification and Rerecords (To be completed and signed by employer or authorized representative)

A. New Name (if applicable)
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) |

B. Date of Birth (if applicable)

C. If the employee’s previous period of employment authorization has expired, provide the information for the document or record that establishes continuing employment authorization in the space provided below:

| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |

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

| Signature of Employer or Authorized Representative | Today’s Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |

Form I-9 11/14/2016 N Page 2 of 3
# Lists of Acceptable Documents

All documents must be unexpired.

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

## List A
Documents that Establish Both Identity and Employment Authorization

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
4. Employment Authorization Document that contains a photograph (Form I-766)
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:
   a. Foreign passport; and
   b. Form I-94 or Form I-94A that has the following:
      (1) The same name as the passport; and
      (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

## List B
Documents that Establish Identity

1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

## List C
Documents that Establish Employment Authorization

1. A Social Security Account Number card, unless the card includes one of the following restrictions:
   (1) NOT VALID FOR EMPLOYMENT
   (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
   (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Certification of Report of Birth issued by the Department of State (Form DS-1560)
4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. Native American tribal document
6. U.S. Citizen ID Card (Form I-197)
7. Identification Card for Use of Resident Citizen in the United States (Form I-176)
8. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.
K-4

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Use the following instructions to accurately complete your K-4 form, then detach the lower portion and give it to your employer. For assistance, call the Kansas Department of Revenue at 785-368-6222.

Purpose of the K-4 form: A completed withholding allowance certificate will let your employer know how much Kansas income tax should be withheld from your pay on income you earn from Kansas sources. Because your tax situation may change, you may want to refinance your withholding each year.

Exemption from Kansas withholding: To qualify for exempt status you must verify with the Kansas Department or Revenue that: 1) last year you had the right to a refund of all Kansas income tax withheld because you had no tax liability; and 2) this year you will receive a full refund of all Kansas income tax withheld because you will have no tax liability.

Basic Instructions: If you are not exempt, complete the Personal Allowance Worksheet that follows. The total on line F should not exceed the total exemptions you claim under "Exemptions and Dependants" on your Kansas income tax return.

NOTE: Your status of "Single" or "Joint" may differ from your status claimed on your federal Form W-4.

Using the information from your Personal Allowance Worksheet, complete the K-4 form below, sign it and provide it to your employer. If your employer does not receive a K-4 form from you, they must withhold Kansas income tax from your wages without exemption at the "Single" allowance rate.

Head of household: Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the cost of keeping up a home for yourself and for your dependent(s).

Nonwage income: If you have a large amount of nonwage Kansas source income, such as interest or dividends, consider making estimated tax payments on Form K-4ES. Without these payments, you may owe additional Kansas tax when you file your state income tax return.

Personal Allowance Worksheet (Keep for your records)

A Allowance Rate: If you are a single filer mark "Single". If you are married and your spouse has income mark "Single". If you are married and your spouse does not work mark "Joint".

B Enter "0" or "1" if you are married or single and no one else can claim you as a dependent (entering "0" may help you avoid having too little tax withheld).

C Enter "0" or "1" if you are married and only have one job, and your spouse does not work (entering "0" may help you avoid having too little tax withheld).

D Enter "2" if you will file head of household on your tax return (see conditions under Head of household above).

E Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on their form K-4.

F Add lines B through E and enter the total here.

Cut here and give the lower portion to your employer. Keep the top portion for your records.

K-4 Kansas Employee’s Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemptions from withholding is subject to review by the Kansas Department of Revenue. Your employer may be required to send a copy of this form to the Kansas Department of Revenue.

Print your first name and middle initial Last Name Social Security Number

Mailing Address

City or Town, State, and ZIP Code

3 Allowance Rate

Mark the allowance rate selected in line A above.

☐ Single ☐ Joint

4 Total number of allowances you are claiming (from line F above)

5 Enter any additional amount you want withheld from each paycheck (this is optional)

6 I claim exemption from withholding. You must meet the conditions explained in the "Exemption from withholding" instructions above. If you meet those conditions, write "Exempt" on this line.

Note: The Kansas Department of Revenue will receive your federal W-2 forms for all years claimed Exempt.

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

SIGN HERE

DATE

7 Employer's name and address

8 EIN (Employer Identification Number)