

Employee Welcome Packet

Welcome to the Consumer Choices Option (CCO) program. Veridian Fiscal Solutions (VFS) is a Financial Management Organization that coordinates some of the payroll and tax responsibilities for the CCO member and the employees they choose to hire. The documents included in this packet contain information about the program and the enrollment forms. These enrollment forms must be completed and approved for you to be paid through the CCO program.

Our Communication Promise

We are committed to responding to your questions within 48 hours. Our business hours are Monday through Friday, 8am-5pm with the exception of holidays.

- ✓ **Phone:** (866) 226-4692
- ✓ **Email:** ccoowa@veridiancu.org.

Our Contact Information

All enrollment forms and paper time sheets can be sent by email to Veridian Fiscal Solutions at ccoowa@veridiancu.org. If email is not an option for you, please submit your documents in one of the following ways:









- ✓ **Fax** – (319) 236-6785
- ✓ **Mailing address** – Veridian Fiscal Solutions
P.O. Box 4502
Waterloo, IA 50704

Required Forms

Please make sure you submit the following completed forms.

When completing the forms please remember the following to avoid processing delays.

- ✓ We cannot accept an electronic signature
- ✓ Do not start providing services without approval
- ✓ Make sure all highlighted areas are complete
- ✓ Only use black ink or type on the form
- ✓ Do not use pencil or gel pen

	DHS Background Check
	Authorization and Disclosure
	Statement of Relationship
	Employment Agreement
	Direct Deposit Authorization
	Form Federal W-4
	Form IA W-4
	Form I9

Employee Payment Information

Electronic Visit Verification (EVV)

(Required for Homemaker and CDAC-Personal Care Services)

The way you submit your hours depends on the services you will be providing.

If you are providing S5125 Personal Care, S5130 Homemaker and T1019 CDAC-Personal Care services **you are required** by the program to use their Electronic Visit Verification System to submit your time. This system is provided by Carebridge and your hours are then sent to VFS from Carebridge. To learn more about the EVV system and to register please visit

<https://www.veridianfiscalsolutions.org/evv.aspx>

Submitting Time for Non-EVV services

(CANNOT be used for Homemaker and CDAC-Personal Care Services)

All payment requests can be submitted immediately following each pay period but no later than the 5th and 20th of each month. Please submit all payment requests within 30 days of the date service was provided.

Online Web Entry

All non EVV services can be submitted using VFS's online web entry system. This system will allow you to enter hours and the member to approve hours anywhere an internet connection is available. Please note that you must add your own hours. The member cannot add hours on your behalf.

In order to begin using the VFS's online web entry system the member and yourself will register here [veridianfiscalsolutions.org/cco](https://www.veridianfiscalsolutions.org/cco). It is important to note that the member must register first.

When registering please make sure the email address for the person approving hours is different than your email address. You will then be able to register using your employee number. An Employee number is a generated 4 or 5 digit number that you can find on any check stub or direct deposit stub. The member can also find the employee number in the email notifying him/her that the background check was approved or by logging into his/her online account, clicking on "My Account", selecting "Employee" and looking under the "Emp #" column. A tutorial is available on the website under

https://www.veridianfiscalsolutions.org/cco/forms/cco_tutorial.pdf

If there is any missing, incomplete or incorrectly completed paperwork in your employee application, you will be unable to register for an online account until the required paperwork is received by VFS. Please allow 48 hours from the time the required paperwork was submitted to VFS for the information to be updated. Once everything is updated, you will be able to register online.

If service codes are not showing in the code drop-down menu, you may not have been added to your member's current monthly budget. To confirm if you have been added to the monthly budget or not, you should reach out to your member. If the member has submitted a budget to VFS and it lists you as able to provide services, it can take a payroll or two before your codes will show. During this time, it is recommended that paper timesheets be used to ensure hours are submitted within the 30-days-of-service payment timeline.

Paper Time Sheets

If you are not able to use the VFS's online web entry system, you can submit a paper time sheet via email, fax or by mail for non-EVV services. Time sheets should be reviewed by your member/employer or DBA on the completion of the last day worked and signed and dated by you and your employer. To obtain a blank time sheet visit our website at

<https://www.veridianfiscalsolutions.org/cco/forms.aspx>

Vendor Non-Payroll Reimbursements

A non-payroll reimbursement form is used when you need to be repaid for goods and services, non-mileage transportation, or memberships and admissions. These reimbursements must be included in the CCO member's service plan and listed on the budget. All requests must include a detailed invoice or receipt. Non-payroll reimbursements cannot be submitted online. To obtain a non-payroll reimbursement visit our website at

<https://www.veridianfiscalsolutions.org/cco/forms.aspx>

Mileage

All payment request for mileage must be submitted on the mileage reimbursement form for employees. You do not need a receipt for a mileage reimbursement. All other transportation payments should be submitted on the Non-Payroll Reimbursement form and require a receipt. Mileage cannot be submitted online. To obtain a blank Mileage form visit our website at

<https://www.veridianfiscalsolutions.org/cco/forms.aspx>

Payments

All payments (Payroll and Non-Payroll) follow a payment schedule and will be issued on the 15th and the last day of each month. Payment dates are subject to change if they fall on a weekend or holiday. All payment requests can be submitted immediately following each pay period but no later than the 5th and 20th of each month. Payment requests must be submitted within 30 days of the date service was provided.

Employees have the choice to be paid through direct deposit or by a paper check. We highly encourage direct deposit so funds are available to you on the payment date. If you prefer a paper check it will be mailed on the payment date. VFS will not be liable for delays caused by the US Postal Service.

2024 Payment schedule

All time worked and vendor invoices must be submitted no later than the 5th and the 20th of each month. This is to be processed with the 15th and end of the month payroll, respectively. Paper checks will be mailed on the pay date. Direct deposits will be posted to the recipient's account on the pay date. If the 15th or last date of the month falls on a weekend or a federal holiday, payroll will be issued on the prior business day. Veridian is not responsible for U.S. Postal Service delays.

Be sure to submit all payment requests within 30 days from the last day of service. After 30 days, Veridian may no longer have access to the funding for payment.

Overtime:

Under the Fair Labor Standards Act, if an employee works more than 40 hours in the work week (Sunday through Saturday), hours in excess of 40 are considered overtime. Overtime hours are required to be paid at the rate of time and a half the employee's normal rate of pay.

For more information on overtime, please visit the Forms and Resources page on our website.

<https://www.veridianfiscalsolutions.org/cco/forms.aspx>

Time Period	Due to Veridian	Payment Date
January 1-15	01/20/2024	01/31/2024
January 16-31	02/05/2024	02/15/2024
February 1-15	02/20/2024	02/29/2024
February 16-28	03/05/2024	03/15/2024
March 1-15	03/20/2024	03/29/2024
March 16-31	04/05/2024	04/15/2024
April 1-15	04/20/2024	04/30/2024
April 16-30	05/05/2024	05/15/2024
May 1-15	05/20/2024	05/31/2024
May 16-31	06/05/2024	06/14/2024
June 1-15	06/20/2024	06/28/2024
June 16-30	07/05/2024	07/15/2024
July 1-15	07/20/2024	07/31/2024
July 16-31	08/05/2024	08/15/2024
August 1-15	08/20/2024	08/30/2024
August 16-31	09/05/2024	09/13/2024
September 1-15	09/20/2024	09/30/2024
September 16-30	10/05/2024	10/15/2024
October 1-15	10/20/2024	10/31/2024
October 16-31	11/05/2024	11/15/2024
November 1-15	11/20/2024	11/29/2024
November 16-30	12/05/2024	12/13/2024
December 1-15	12/20/2024	12/31/2024
December 16-31	01/05/2025	01/15/2025





Member First Name _____

Member Last Name _____

Iowa Department of Human Services

Request and Acknowledgement to Conduct Registry and Record Check

I understand and acknowledge that the Iowa Department of Human Services (hereinafter "Department") is required by statute to conduct Child Abuse Registry, Dependent Adult Abuse Registry, Sexual Offender Registry checks and/or DCI/FBI Criminal History Record checks for specific categories of persons who have direct contact with the Department's clients, provide Department approved services for the Department's clients or have access to IRS Federal Tax Information and hereby request the Department conduct such a Registry and/or Record check regarding me.

Nothing within this form shall be construed as a guarantee to have direct contact with the Department's clients or provide Department approved services for the Department's clients.

Sexual Offender Registry

I hereby request and give permission to the Department to conduct a Sexual Offender Registry check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the Department's clients or provide Department approved services for the Department's clients.

Signature	Date
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Child Abuse Registry

I hereby request and give permission to the Department to conduct a Child Abuse Registry check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the Department's clients or provide Department approved services for the Department's clients.

Signature	Date
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Dependent Adult Abuse Registry

I hereby request and give permission to the Department to conduct a Dependent Adult Abuse Registry check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the Department's clients or provide Department approved services for the Department's clients.

Signature	Date
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Criminal History Record

I hereby request and give permission to the Department to conduct a DCI and FBI Criminal History Record check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the Department's clients, provide Department approved services for the Department's clients or have access to IRS Federal Tax Information.

Signature	Date
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Information Required for Registry and Record Check (Please type or print legibly.)

Last Name	First Name	Middle Name	Maiden Name (if applicable)
Alias (if applicable)	Alias (if applicable)	Alias (if applicable)	Alias (if applicable)
Date of Birth	Gender	Social Security Number	Reason for Check Select Reason From List
Address			City
State	ZIP	<input checked="" type="checkbox"/> This is an initial check. <input type="checkbox"/> This is a renewal or recheck.	

<i>For DHS Employees, Volunteers or Contractors only</i>	
Position	
Central Office	Service Area
CSRU/TCM	Institution

<i>For Child Care Center Employees or Volunteers only</i>
Requestor Name
Mailing Address

Background check information disclosure form

An employee or individual vendor of a Consumer Choices Option (CCO) member must pass a background check before he/she can begin work. Veridian Fiscal Solutions will submit the required forms to complete this check. This information is requested on behalf of the CCO member so Veridian can pay an employee or individual vendor with Medicaid funds. Once Veridian receives the required forms, they will be submitted to run the check. The background check can be run at any time after the forms have been signed.

Information will be taken from the following:

- ✓ The Single Contact Repository which includes:
 - Iowa's Criminal History and Sex Offender Registry (Department of Public Safety, Division of Criminal Investigation)
 - Central Abuse Registry for Child and Dependent Adult Abuse (Department of Human Services)

- ✓ Medicaid Exclusion Checks which may include:
 - Social Security Number verifications, exclusion from federal contracts/subcontracts and non-financial assistance and benefits, exclusion of individuals or entities from participation in Medicare, Medicaid, or Federal Health Care Programs, and other state or federal government exclusion lists as required by regulation.

Veridian may share the information in these reports with the CCO member, his/her Independent Support Broker (ISB), his/her Managed Care Organization and other designated entities.

Veridian may ask the employee or individual vendor to provide additional information if there are findings and will ask for a response by a deadline. If Veridian does not receive the additional information by the date requested, the application to work with the CCO member will be denied.

If there is a finding in the report that would prevent the employee or individual vendor from working with the CCO member, Veridian will send the employee or individual vendor a copy of the report and contact information for the reporting agency. An employee or individual vendor should not start working with the CCO member until he/she has been informed by the CCO member or ISB that he/she has passed the background check.

Background check information disclosure form

Member name: _____

Medicaid number: _____

I have read and understand the Background Check Information Disclosure Form. By signing below, I authorize Veridian Fiscal Solutions and its contractors to obtain the background check information and share the findings with my CCO member, Independent Support Broker, Managed Care Organization and designated entities. I understand that it is my responsibility to notify my CCO member immediately if I am convicted of a crime or become excluded from payment in a Medicaid program. I understand that information contained in the background check may be covered under the Fair Credit Reporting Act (FCRA). I understand that I may request additional information about the nature and scope of any background check report and a summary of my rights under FCRA at any time.

Please Type or Print Clearly

Employee/Vendor First Name: _____

Employee/Vendor Middle Name: _____

Employee/Vendor Last Name: _____

Business Name or Other Aliases (Maiden name, nick name etc.) _____

Street Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ Social Security Number _____

Yes No If this background screening requires additional information from you may we email you?

Email Address: _____

Employee/Vendor Signature: _____

Date: _____

Statement of Relationship

Employees and members may be exempt from paying certain state and federal taxes based on the relationship of the two people. Please answer the following questions to ensure taxes are calculated properly.

Employee name: _____ Employee date of birth: _____

Member name: _____

Choose all of the following that describe your status or relationship to the **member** (must check at least one box).

- Parent working for child. If this is checked, select all the responses that apply:
 - I also provide care for my grandchild/step-grandchild living in my child's home.
 - My grandchild/step-grandchild is under 18 or has a physical or mental condition that requires personal care.
 - My child is widowed, divorced or living with a spouse who has a mental or physical condition and cannot care for the minor dependent.
- Child working for parent (includes adopted children)
- If under 18, this is your primary occupation (**do not** check if you are a student)
- Spouse
- Non-resident alien temporarily in the United States (F-1, J-1, M-1, Q-1 visa) admitted to the United States for the purpose of providing domestic services
- None of the above apply

I attest that the information above is accurate and true by writing my signature below. This information will impact my tax liabilities and it is my responsibility to notify Veridian Fiscal Solutions of any and all changes by submitting a revised Statement of Relationship form.

Member signature: _____ Date: _____

Employee signature: _____ Date: _____

Employment Agreement

This Employment Agreement is between the Consumer Choices Option (CCO) member and his or her employee.

Member Name: _____

Medicaid Number: _____

Employee Name: _____

Please list below the services and pay rates agreed upon at the time of hire. These are subject to change based on the CCO members' needs and the budget must reflect all changes. This form does not need to be resubmitted with a change in service or pay rate. Please keep a copy of this form for your records.

Service Type (Respite, SCL, etc)	Pay Rate

If a CCO member transfers between Managed Care Organizations (MCOs) or Iowa Medicaid, all documents Veridian Fiscal Solutions (VFS) has received will be made available to the new entity.

The CCO member and employee understand and acknowledge the following:

- The CCO member is the employer of record and VFS is the Financial Management Service.
- Iowa Medicaid Enterprise (IME), the Managed Care Organization (MCO) and/or Veridian Fiscal Solutions are not the employer and not responsible for the employer's actions.
- The funds used to pay the CCO employee are allocated in the member's budget and approved by the MCO or Iowa Medicaid. Any hours beyond the budgeted amount cannot be processed.
- Both parties agree to effectively communicate with one another.

- You must wait for approval to begin services. Before providing service(s) the employee packet must be completed including all forms and background screenings.
- The employer and employee will develop a mutually agreed upon schedule. Both parties agree to give adequate notice about changes when unforeseen circumstances or emergencies occur. Employees cannot be paid when unforeseen circumstances prevent them from providing services, including hospitalization or incarceration.
- When overtime occurs the employee will be paid an overtime rate based on the rate for the service provided. If the employee is paid different rates per service and the service changes during the overtime hours the rate will adjust to the new service rate. Overtime is paid at a rate of time and a half. Example: if the employee is paid \$10 for service 1 and \$15 for service 2. Overtime will be paid at \$15 for service 1 and \$22.50 for service 2.
- All payments must be submitted and approved in accordance with the payment schedule. Time sheets must be received by VFS within 30 days of the last day of service provided.

The employee understands and acknowledges the following:

- I have the necessary skills and qualifications to perform the services I have been hired to provide and will participate in training as required by my employer.
- I understand the requirements for the following services:
 - Self-directed personal care services: I must be at least 16 years old.
 - Self-directed community support and employment services: I must be at least 18 years old.
 - Transportation requires a valid driver's license.
- My employer and their Independent Support Broker (ISB) will receive my background check results and notification of when I am approved to provide services.
- I am responsible for recording the type of service, date, and number of hours worked to the nearest quarter hour accurately either using the online time entry system, EVV or a paper time sheet. My employer must approve my hours worked.
- The funds used to pay me are Medicaid funding. If I submit false hours, I am committing a punishable criminal act and could be asked to repay the funds.
- All applicable taxes will be withheld from my wages.
- I will keep any information about my employer confidential and will respect their privacy.
- If I am injured during my employment, I will not hold the State of Iowa, Iowa Medicaid, the MCO or VFS responsible for paying for the injury.
- I will notify my CCO member immediately if I am convicted of a crime or become excluded from payment in a Medicaid program.

The CCO member understands and acknowledges the following:

- I will train my employees to provide the service(s) they are hired to perform.

- Employees must enter their time using online time entry, EVV or a paper time sheet. I must electronically approve/verify their time or sign and date their paper time sheet.
- I am responsible for paying any employee wages that exceed the amount in my CCO budget. I will not hold the MCO, IME or Veridian Fiscal Solutions responsible for payment.
- Workers' compensation insurance is required for each member who hires employees. Veridian Fiscal Solutions will submit the necessary paperwork. This policy is written in the CCO member's name and provides certain benefits to employees who receive injury during the course of their employment.
- I will notify the MCO or IME immediately if my employee reports being convicted of a crime or not eligible to receive Medicaid funds. I understand I can no longer continue to pay the employee with Medicaid funding.

The employer and the employee acknowledge that this is an employment at-will situation, and the employee has not been promised employment for a specific time period. By signing below, the employer and employee certify that they have read and understand the information presented in this agreement and agree to be bound to its terms. The employer and employee further acknowledge that either party, with or without cause, may terminate this agreement at any time. If the agreement is terminated by either party, Veridian Fiscal Solutions will be notified immediately.

As the **employer**, I have received clarification on the information that I did not fully understand.

Employer/Member Signature: _____

Date: _____

If the employer is **a minor, has a legal guardian or designated representative** please sign below.

Parent/Guardian/Representative: _____

Date: _____

As the **employee**, I have received clarification on the information that I did not fully understand.

Employee Signature: _____

Date: _____

If the employee is **under the age of 18**, please have a **parent** also sign below:

Employee's Parent Signature: _____

Date: _____

Direct Deposit Authorization

Employee information

Employee name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ Email: _____

CCO member information

CCO member name: _____

Medicaid number: _____

Financial institution information

Financial institution name: _____

Account type: Checking Savings

Please print account and routing numbers clearly and legibly

Account number: _____

Routing number: _____

I hereby authorize Veridian Fiscal Solutions to initiate direct deposit credit entries and, if necessary, to direct the financial institution above to initiate debit entries or adjustments to correct any deposit errors to my checking or savings account at the financial institution. I understand this authorization will override any previous authorization and will remain in effect until the date Veridian Fiscal Solutions has received written or electronic notification from me of its termination in such time and in such manner as to afford Veridian Fiscal Solutions and the financial institution named above a reasonable opportunity to act on it. I understand that I must immediately notify Veridian Fiscal Solutions before I close the account listed above while this authorization is in effect.

Signature: _____ Date: _____

Please attach a voided check or deposit slip. With this, we have all the information we need to make a direct deposit into your account.

A direct deposit stub for each payment will be available online. Simply log into your account and click on "Pay Stubs" under the "My Account" tab. If you need a paper copy of a pay stub, please contact us.

Please return this completed form and attachment to Veridian Fiscal Solutions by:

- 1) Email: ccoowa@veridiancu.org
- 2) Fax: 319-236-6785
- 3) Mail: P.O. Box 4502 Waterloo, IA 50704

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.

2024

Step 1: Enter Personal Information	(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 www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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.

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 for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

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

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

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

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

Step 5: Sign Here

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

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

Date

Employers Only	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.

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.

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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

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 if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

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 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.

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

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



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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



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

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

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

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



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

Each employee must file this Iowa W-4 with their employer. Do not claim more in allowances than necessary or you will not have enough tax withheld. If the amount of allowances you are eligible to claim increases, you may file a new W-4 at any time. If the amount of allowances you are eligible to claim decreases, you must file a new W-4 within 10 days.

Penalties apply for willfully supplying false information or for willful failure to supply information. If you file as exempt from withholding and you incur an income tax liability, you may be subject to a penalty for underpayment of estimated tax.

Marital Status: Other [] Head of Household [] Married filing jointly [] If so, does your spouse also have earned income? Yes [] No []

Print your full name: _____ Social Security Number: _____

Home address: _____

City: _____ State: _____ ZIP: _____

Exemption from withholding

If you do not expect to owe any Iowa income tax and have a right to a full refund of ALL income tax withheld, enter "EXEMPT" here _____ and the year effective here _____.

Nonresidents may not claim this exemption.

Check this box if you are claiming an exemption from Iowa income tax as a military spouse based on the Military Spouses Residency Relief Act of 2009 or the Veterans Benefits and Transition Act of 2018 []

If claiming the military spouse exemption, enter your state of domicile or residence here _____

If you are not exempt, complete the following:

- 1. Personal allowances. See instructions 1.\$ _____
2. Allowances for dependents. You may claim \$40 for each dependent you claim on your Iowa income tax return 2.\$ _____
3. Allowances for itemized deductions. See instructions 3.\$ _____
4. Allowances for adjustments to income. Estimate allowable adjustments to income for payments such as an IRA, Keogh, or SEP; penalty on early withdrawal of savings; and student loan interest, which are reflected on the IA 1040. Divide this amount by 15, round to the nearest whole dollar, and enter on line 4 4.\$ _____
5. Allowances for child and dependent care credit. See instructions 5.\$ _____
6. Total allowances. Add lines 1 through 5 6.\$ _____
7. Additional amount, if any, you want deducted each pay period 7.\$ _____

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

Employee signature: _____ Date: _____

Employers: The employer must maintain records of the W-4s. If the employee is claiming exemption from withholding when wages are expected to exceed \$200 per week, complete the information below and within 90 days send a copy to: Compliance Services, Iowa Department of Revenue, PO Box 10456, Des Moines, Iowa 50306-0456.

Employer name: _____

Federal Employer Identification Number (FEIN): _____

Employer address: _____

City: _____ State: _____ ZIP: _____

Questions about Iowa taxes: Call Taxpayer Services at 515-281-3114 or 800-367-3388 or email idr@iowa.gov.

IA W-4 Instructions – Employee Withholding Allowance Certificate

Exemption from withholding

Nonresidents may not claim this exemption.

Claim exemption from withholding if you are an Iowa resident and both of the following situations apply:

(1) for 2023 you had a right to a refund of all Iowa income tax withheld because you had no tax liability, and, (2) for 2024 you expect a refund of all Iowa income tax withheld because you expect to have no tax liability.

You must complete a new W-4 within 10 days from the day you anticipate you will incur an Iowa income tax liability for the calendar year (or your fiscal year). If you anticipate you will incur an Iowa income tax liability for the following year, then you must complete a new W-4 on or before December 31 of the current year. If you want to claim an exemption from withholding next year, you must file a new W-4 with your employer on or before February 15.

Taxpayers 64 years of age or younger: See your payroll officer to determine how much you expect to earn in a calendar year. You are exempt if:

- a. your filing status is single, your total income is less than \$5,000, and are claimed as a dependent on another person's Iowa return; or
- b. your filing status is single, your total income is less than \$9,000, and you are not claimed as a dependent on another person's Iowa return; or
- c. your filing status is other than single and your combined total income is \$13,500 or less.

Taxpayers 65 years of age or older: Only one spouse must be 65 or older to qualify for the exemption. Any federal standard or itemized deduction taken on the federal return, personal exemption allowed for federal purposes, or qualified business income deduction allowed for federal purposes, must be added to total income for purposes of determining the low-income exemption. You are exempt if:

- a. you are single and your total income is \$24,000 or less; or
- b. your filing status is other than single and your combined total income is \$32,000 or less.

Military personnel in active duty status, as defined in Title 10 of the U.S. Code, are exempt from withholding. Under the Military Spouses Residency Relief Act of 2009 and the Veterans Benefits and Transition Act of 2018, you may be exempt from Iowa income tax on your wages if: (1) your spouse is a member of the uniformed services present in Iowa in compliance with military orders; (2) you are present in Iowa solely to be with your spouse; and (3) you maintain your domicile or residence in another state; or (4) you have elected to use your servicemember spouse's domicile or residence in another state for income tax purposes. If you claim this exemption, check the appropriate box, enter the state other than Iowa you are claiming as your state of domicile or residence, and attach a copy of your spousal military identification card to the IA W-4 provided to your employer.

Line 1. Personal allowances: You can claim the following personal allowances:

- (a) \$40 allowance for yourself or \$80 allowance if you are unmarried and eligible to claim head of household status. Add \$20 additional allowance if you are 65 or older, and \$20 additional allowance if you are blind.
- (b) If you are married and your spouse either does not work or is not claiming allowances on a separate W-4, you may claim the following allowances for them: \$40 for your spouse, \$20 additional allowance if your spouse is 65 or older, and \$20 additional allowance if your spouse is blind.
- (c) If you are single and hold more than one job, you may not claim the same allowances with more than one employer at the same time. If you are married and both you and your spouse are employed, you may not both claim the same allowances with both of your employers at the same time.
- (d) To have the highest amount of tax withheld claim "\$0" on line 1.

Line 3. Allowances for itemized deductions:

- (a) Enter total amount of estimated federal itemized deductions (a) \$ _____
- (b) Enter amount of your federal standard deduction using the following information (b) \$ _____
If single or married filing separate returns, enter \$14,600
If unmarried head of household, enter \$21,900
If married filing a joint return or qualifying widow(er), enter \$29,200
- (c) Subtract line (b) from line (a) and enter the difference or zero, whichever is greater (c) \$ _____
- (d) Divide the amount on line (c) by 15, round to the nearest whole dollar and enter on line 3.

Note: If you are married and both you and your spouse are employed, you may not both claim the same allowances for itemized deductions. Each spouse should report their proportionate share of the estimated federal itemized deductions on line 3(a) and use the single federal standard deduction amount on line 3(b).

Line 5. Allowances for child and dependent care credit: Persons having child/dependent care expenses qualifying for the federal and Iowa child and dependent care credit may claim additional Iowa withholding allowance amounts based on their total incomes. Taxpayers with a total income of \$90,000 or more cannot claim withholding allowances for the child and dependent care credit. Married persons, regardless of their expected filing status, must calculate their withholding allowance amounts based on their combined total incomes. Total allowances for child and dependent care that you and your spouse may claim cannot exceed the total allowances shown below.

- Iowa total income between \$0 - \$19,999 Allowances: \$200
- Iowa total income between \$20,000 - \$34,999 Allowances: \$160
- Iowa total income between \$35,000 - \$44,999 Allowances: \$120
- Iowa total income between \$45,000 - \$89,999 Allowances: \$40

Line 7. Additional amount of withholding deducted: You may need to have additional tax withheld if you have two or more jobs are married and you both work, or have income other than wages. Income other than wages would include: interest and dividends, capital gains, rent, gambling winnings, etc. If you are not having enough tax withheld, you may request your employer to withhold more by filling in an additional amount on line 7. Estimate the amount you will be under-withheld, and divide that amount by the number of pay periods per year. If you reside in a school district that imposes school district surtax, consider reducing the amount of allowances shown on lines 1-5, or have additional tax withheld on line 7.

I-9 Instructions

For complete instructions on the I-9 form, please visit uscis.gov/sites/default/files/document/forms/i-08/9instr.pdf

TO BE COMPLETED BY THE EMPLOYEE

Section 1: Employee information and attestation

Have your employee complete the highlighted fields.

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)		
Doe	John	A	Test		
Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code	
123 Happy Lane	1	Anywhere	IA	12345	
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number		
01/01/2000	1 2 3 4 5 6 7 8 9	johndoe@internet.com	(319) 555-5555		

- Employee's Last Name, First Name, Middle Initial (if any), and Other Last Names (if applicable).
- Street address, Apt # (if applicable), City, State and Zip Code
- Date of Birth
- Social Security Number
- Email Address
- Phone Number

Your employee will then check one of the following boxes outlined in red below to attest to their citizenship or immigration status.

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.	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
	<input checked="" type="checkbox"/>	1. A citizen of the United States			
	<input type="checkbox"/>	2. A noncitizen national of the United States (See Instructions.)			
	<input type="checkbox"/>	3. A lawful permanent resident (Enter USCIS or A-Number.)			
	<input type="checkbox"/>	4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) _____			
	If you check Item Number 4., enter one of these:				
	USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)	
If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.					

The options to choose from are as follows:

- **A citizen of the United States**
- **A non-citizen national of the United States**
- **A lawful permanent resident (Alien Registration Number/USCIS Number)**
- **A noncitizen (other than Item Numbers 2 and 3 above) authorized to work until (exp. date if any)**

In our example, the employee has indicated they are a citizen of the United States.

If the employee has selected option 4, the employee will also need to complete the following fields:

<input checked="" type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) 09/01/2025				
If you check Item Number 4., enter one of these:				
USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
000001001				

1. If there is an expiration date on your employee's ability to work in the United States, list that information here.
2. Add one of the following numbers:
 - **USCIS A-Number**
 - **Form I-94 Admission Number**
 - **Foreign Passport Number and County of Issuance**

In this example, our employee has provided their USCIS A-Number and is authorized to work in the U.S. until 09/01/2025.

After filling in the above information, your employee will then sign and date the form.

Signature of Employee <i>John Doe</i>	Today's Date (mm/dd/yyyy) 09/01/2023
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.	

Notes

- If your employee used a translator(s) and/or preparer(s) to assist them with the I-9, they will need to complete form Supplement A, Preparer and/or Translator Certification for Section 1. A copy of this form and instruction and how to complete it can be located [\(here\)](#) on our website.

TO BE COMPLETED BY THE EMPLOYER OF RECORD

Section 2: Employer or Authorized Representative Review and Verification

You as the employer will fill out this section of the form. Your role is to verify the documents supplied by your employee and provide the necessary information in section 2. As the employer, you cannot require the employee choose any particular documents. As long as the employee provides either a valid (authentic and unexpired) List A or combination of List B and C documents, these documents must be accepted for the purposes of completing the I-9.

To complete section 2, your employee needs to provide you a document(s) from either

- **List A**
- or*
- **List B and C**

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see instructions.			
	List A	OR	
	List B	AND	List C
Document Title 1			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 2 (if any)	Additional Information		
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 3 (if any)			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			

Page 2 of the I-9 provides a chart of the acceptable documents for each List.

List A

To complete List A, you will add the following information based off List A document provided by your employee:

1. **Document Title 1**
2. **Issuing Authority**
3. **Document Number (if any)**
4. **Expiration Date (if any)**

To the right is an example of List A being completed after verifying a U.S. Passport

List A	
Document Title 1	U.S. Passport
Issuing Authority	Department of State
Document Number (if any)	ABC1123456789
Expiration Date (if any)	10/10/2025

Note, if your employee provides a List A document that required multiple documents be presented, complete the noted fields for each document in the fields provided.

List B and C

List B and C require the same fields be completed as List A, only with a List B and C document.

To the right is an example of List B and C being completed after verifying Driver's License and a Social Security Card, respectively.


List B	AND	List C
Driver's License		Social Security Card
Iowa DOT		Social Security Administration
123456789		123-45-6789
10/10/2025		N/A

Helpful Tips

When completing List fields, please keep the following in mind:

- Document information must be recorded under the correct List. Information recorded under the wrong list will result in the I-9 being rejected.
- If an employee provides a document from List A, they do not need to provide anything from List B and C.
- If an employee provides a document from List B, they must also turn in a document List C, and vice versa.

To finalize the I-9, you will then add the information requested in the highlighted fields:

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.		First Day of Employment (mm/dd/yyyy) 09/15/2023
Last Name, First Name and Title of Employer or Authorized Representative Doe, Jane Household Employer	Signature of Employer or Authorized Representative 	Today's Date (mm/dd/yyyy) 09/01/2023
Employer's Business or Organization Name Jane Doe	Employer's Business or Organization Address, City or Town, State, ZIP Code 987 Main Street, Townsville, IA 54321	

- **First Day of Employment**
- **Last Name, First Name, and Title of Employer or Authorized Representative**
- **Employer Signature/Date**
- **Employer's Business or Organization Name- This is the employer's first and last name**
- **Employer's Business or Organization Address- This is the employer's address city, state and zip code**



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047
Expires 07/31/2026

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		Employee's Email Address		Employee's Telephone Number	
<p>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.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

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

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

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority		<p>Veridian Fiscal Solutions must keep a copy of the identification on file. Photocopy the document(s) listed as verification of identity and/or employment authorization and attach to this form. Please verify all highlighted fields have been completed correctly before submitting. If the form is not filled out accurately and completely, we are unable to accept it. Thank you.</p>			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					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)
Household Employer					
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"> 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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (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. 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 	OR	<ol style="list-style-type: none"> 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 <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</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"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	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.

Employee's Name: _____ Social Security Number (SSN): _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone Number: _____

Employer's Name _____

Address _____

City: _____ State: _____ ZIP: _____ Phone Number: _____

Employee

Iowa and Illinois have a reciprocal agreement for individual income tax purposes. A resident of Illinois working for wages or salary in Iowa should complete and file this form with their employer to withhold Illinois income tax. Any wages or salary made by an Illinois resident working in Iowa is taxable only to Illinois and not to Iowa.

Note: If you change your state of residence, you must notify your employer within 10 days. For information visit tax.iowa.gov .

Employer

You are required to have a copy of this form on file for each employee who is a resident of Illinois receiving wages or salary paid in Iowa and who claims exemption from withholding of Iowa income tax under the reciprocal agreement between Iowa and Illinois.

Declaration: I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this document and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee Signature: _____ Date: (MM/DD/YYYY): _____



FACTS WHAT DOES VERIDIAN FISCAL SOLUTIONS DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> - Social Security number and employment information - Checking and savings account information and transaction history - Account balances and income
How?	All financial companies need to share members' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their members' personal information; the reason Veridian Fiscal Solutions chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Veridian Fiscal Solutions share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	YES	NO
For our marketing purposes— to offer our products and services to you	YES	NO
For joint marketing with other financial companies	NO	We don't share
For our affiliates' everyday business purposes— information about your transactions and experiences	YES	NO
For our affiliates' everyday business purposes— information about your creditworthiness	NO	We don't share
For our affiliates to market to you	NO	We don't share
For nonaffiliates to market to you	NO	We don't share

Questions? Call 1-855-828-0755 or go to veridianfiscalsolutions.org

Who we are	
Who is providing this notice?	Veridian Fiscal Solutions
What we do	
How does Veridian Fiscal Solutions protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Veridian Fiscal Solutions collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> ▪ open an account or give us your contact information ▪ show your government-issued ID or tell us where to send the money ▪ provide account information <p>We also collect your personal information from other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> ▪ sharing for affiliates' everyday business purposes—information about your creditworthiness ▪ affiliates from using your information to market to you ▪ sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ <i>Our affiliates include financial companies with a common corporate identity, such as Veridian Credit Union and Veridian Insurance.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ <i>Veridian Fiscal Solutions does not share with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ▪ <i>Veridian Fiscal Solutions doesn't jointly market.</i>