

Vermont Department of Taxes

Employee's Withholding Allowance Certificate - Form W-4VT

All Vermont employees should complete this form.

To be filed with your employer.

Form with fields for Last Name, First Name, Initial, Social Security Number, and Filing Status (Single, Married/Civil Union Filing Jointly, Married/Civil Union Filing Separately, Married, but withhold at higher single rate).

Vermont Allowances Worksheet

- 1. Enter "1" for yourself if no one can claim you as a dependent..... 1. _____
2. Enter "1" if you are filing jointly and your spouse does not work..... 2. _____
3. Enter the number of dependents you plan to claim on your tax return. If you file jointly, then only one of you should claim the dependents on your W-4VT 3. _____
4. Enter "1" if you plan to file as "head of household"..... 4. _____
5. Total number of Vermont allowances. (Add Lines 1 through 4 and enter total here.) 5. _____
6. Enter an additional amount, if any, you want withheld from each check. 6. _____

Exempt: If you had a right to a refund of all your Vermont income tax withheld last year because you had no tax liability and you also expect to have no liability this year, write "Exempt" here.....

General Information

Form W-4VT is designed so that you can have as much "take-home pay" as possible without an income tax liability due to Vermont when you file your tax return. Each withholding allowance you claim on Line 5 above will reduce the amount of income you are taxed on and therefore the amount of Vermont income tax withheld each paycheck.

Here are some things to remember as you complete this form:

- Generally, dependents are children under 19 (or up to 24 if they are a full-time student) and any relatives who live with you and you support financially.
• If you and your spouse both claim your dependents on your respective W-4VTs, not enough income tax will be withheld, and you might end up with taxes due when you file. Only one spouse should claim the dependents.
• If you entered an additional amount to be withheld on the federal W-4, consider entering 30% of that amount on Line 6.
• If you have more than one employer, consider claiming zero allowances with the employer(s) where you earn less income.

Signature

I certify that I am entitled to the number of withholding allowances claimed on this certificate.
Employee's Signature Date

This form may be photocopied as needed.



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>		<p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</p> <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) _____						
		<p>If you check Item Number 4., enter one of these:</p>						
		USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)				

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

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

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<p>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.</p>					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 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 <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 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.



ARIS Solutions -- Agency of Human Services
Self and Surrogate-Managed Programs

Consent for Release of Information: Request for Vermont Criminal Record Check

Remember: You must use your full legal name

1. Employee: Last First Middle

2. Maiden or Alias Name(s):

3. Social Security Number: / /

4. Place of Birth: City or Town State

5. Date of Birth: Month Day Year

6. Telephone Number:

RELEASE

I, hereby acknowledge and agree to a check of any criminal convictions which may be maintained by the Vermont Criminal Information Center. I understand that the results of that check will be made available to ARIS Solutions for use in reviewing my suitability as an employee to consumers. The results of this check will also be provided to the employer listed on my Employee Hiring Notice to make determination about employment and may be provide to State of Vermont/Agency of Human Services personnel. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT, 05671.

Signature of Employee: Date

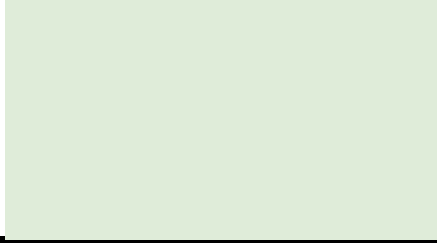




Requests for Vermont Department of Motor Vehicles records must be submitted on this form. The form must be completed in ink.

All applicable sections of this form (front and back) must be completed to obtain the requested information. Do not mail cash! Make check or money order payable (in U.S. funds only) to:

Vermont Department of Motor Vehicles.



Signature Required on Back of Form

Requester Name: ARIS Solutions		DBA/Company:	
Mailing Address:	Street/Box Number:	PO Box 4409	
	City, State, Zip:	White River Jct., VT 05001	
Mail to (if different than above address):			Telephone Number: 800-798-1658
<input type="checkbox"/> Listings of 1 through 4 current or expired registrations – \$8.00 <input type="checkbox"/> Certified copy of suspension notice – \$8.00 <input type="checkbox"/> Listing of 1 through 4 current or expired operator's license – \$8.00 <input type="checkbox"/> Certified copy of reinstatement notice – \$8.00 <input type="checkbox"/> Certified copy of current or original registration application – \$8.00 <input type="checkbox"/> Certified copy of title – \$6.00 <input type="checkbox"/> Certified copy of expired operator's license application – \$8.00 <input type="checkbox"/> Certified copy of vehicle title search, title info, lien info. – \$22.00 <input type="checkbox"/> Certified copy individual accident report – \$12.00 <input type="checkbox"/> Certified copy of vessel, snowmobile or ATV title search – \$13.00 <input type="checkbox"/> Certified copy police accident report – \$18.00 <input type="checkbox"/> Certified copy of 3 year operating record (Vermont only) – \$14.00 <input type="checkbox"/> Insurance information of accident – \$8.00 <input type="checkbox"/> Certified copy of complete operating record (Vermont only) – \$20.00 <input type="checkbox"/> Statistics and research – \$42.00 per hour <input type="checkbox"/> Certified copy of proof of mailing – \$8.00 <input type="checkbox"/> Periodic inspection sticker record – \$8.00 <input type="checkbox"/> Certified copy of mail receipt – \$8.00 <input type="checkbox"/> Lists of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers and distributors (including gallons sold or delivered) – \$8.00 per page <input type="checkbox"/> Other – Write explanation on reverse side of this form. All other items of information requested will be furnished at a minimum charge of \$8.00.			

I am requesting information concerning:

VIN	Vehicle Make	Vehicle Year	VT License Plate #	Expiration Date		
Name		VT Driver License Number	Date of Birth			
Street/Box Number			Social Security Number			
City		State	Zip Code			
Date(s) you want covered, if applicable (does not apply to driving records)						
Month	Day	Year	Through	Month	Day	Year

AUTHORIZATION OF RELEASE OF INFORMATION

I hereby, with my signature, authorize (print name of person or business you are authorizing):

ARIS SOLUTIONS, INC.

- To perform a one-time search of the VT Department of Motor Vehicles files (pertaining to me) and any resulting reports.
- To perform a one-time authorization to transact business (pertaining to me) with the VT Department of Motor Vehicles.

Signature of individual authorizing release:	Date authorization given:
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Information requested (be specific, if necessary use separate sheet of paper):

The information requested may be disclosed if its use is authorized under the Driver Privacy Protection Act. The information being requested is:

↓	You must initial inside the appropriate box(es)/category(ies) below:
1.	For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person acting on behalf of a government agency in carrying out its functions. Appropriate documents identifying requester are required* .
2.	For use in connection with matters of motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
3.	For use in the formal course of business by a legitimate business or its agents, employees, or contractors: a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and b. If the information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual. Appropriate documents identifying requester are required* .
4.	For use in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of any court. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
5.	For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
6.	For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating, or underwriting. Appropriate documents identifying requester are required* .
7.	For use in providing notice to the owner or lien-holder of a towed or impounded vehicle.
8.	For use by any licensed private investigative agency or licensed security service for any purpose permitted under this section. Appropriate documents identifying requester are required* .
9.	For use by an employer, of its agent or insurer, to obtain or verify information relating to a holder of a commercial driver's license which is required under the Commercial Motor Vehicle Safety Act of 1996 [Title XII of Public Law 99-570].
10.	For use in connection with the operation of private toll transportation facilities.
11.	For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
12.	Unrestricted or specified use with written consent of the person who is the subject of the information. This includes information regarding oneself. ("Release portion" on other side of this form must be completed in full.)

In requesting and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 USC §2723). This is signed and the request made subject to the penalties of 18 USC §2723 and 23 VSA §202.

Signature of Requester:		Date:	
Driver License/Corporate Number of Requester:			

Upon receipt of this request by the Vermont Department of Motor Vehicles, it will be reviewed by the appropriate department personnel to determine whether this request conforms to (DPPA) protocol and requirements. Failure to meet these qualifications will result in a denial of your request.

* **Appropriate documents identifying requester are required. You must include copies of your identification and documents verifying you are authorized to obtain this information. Failure to meet these qualifications will result in a denial of your request. If you are unsure what documents are required, call 802.828.2000**

FOR DEPARTMENT USE ONLY – DO NOT WRITE ANYTHING BEYOND THIS POINT
This request is hereby denied as the record(s) is/are exempt from inspection and copying for the following reason: <input type="checkbox"/> They are records which, by law, are designated confidential or by a similar term. <input type="checkbox"/> They are records which, by law, may only be disclosed to specifically designated persons. You have the right to appeal this denial to the Commissioner of Motor Vehicles (appeals must be submitted in writing).
Vermont Department of Motor Vehicles: _____



ARIS Solutions -- Agency of Human Services
Self and Surrogate-Managed Programs

Employee Confirmation Form

Employee Name: _____ **Employer Name:** _____

Employee Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

By signing this form, I understand:

- There are State, Federal and program rules that apply to the care I provide,
- The person who hired me and signs my timesheets is my employer,
- Based on my relationship to my employer, I may be exempt from some taxes,
- Based on my relationship to my employer or the person I plan on caring for, I may **not** be able to provide some kinds of care,
- There is paperwork I must fill out before I can start to work,
- I must pass background checks before I can start to work,
- If I work before I have passed the background checks, I will not be paid,
- It is my employer's responsibility to make sure I am paid,
- I am not employed by ARIS Solutions, the State of Vermont or the agency that provides funding to the person that I provide care to,
- My employer should be the person to send in my timesheet,
- There is a deadline for when my timesheet must arrive to be paid on time,
- Late timesheets will not be paid until the next regularly scheduled payroll for the program I work in,
- If my employer sends in a timesheet that is missing information, it could delay my payment,
- Funding for my payroll comes from Medicaid,
- Signing a timesheet that is not accurate could be considered Medicaid fraud,
- It is never okay to sign blank timesheets,
- Signing timesheets in someone else's name could be considered Medicaid fraud,
- Sometimes to answer my question, ARIS Solutions staff might need to talk to my employer and have my employer talk to me.

Employee Signature: _____ **Date:** _____





**ARIS Solutions -- Agency of Human Services Self and
Surrogate-Managed Programs**

**Employee Electronic Visit
Verification Notification Form**

Employee Name: _____ **Employer Name:** _____

Employee Mailing Address: _____

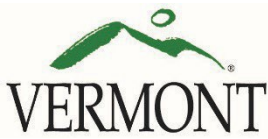
City: _____ **State:** _____ **Zip:** _____

Electronic Visit Verification (EVV): is a telephone and computer-based system that records information about services provided. EVV is federally required, from the 21st Century CURES Act, which directs all states to use an EVV system for specific Medicaid funded services.

By signing this form, I understand:

- EVV is a Federal requirement for caregivers who perform home-based services for individuals enrolled in the following programs:
 - Attendant Services- General Funds (ASP)
 - Attendant Services- PDAC
 - Brain Injury Program (BIP)
 - Children’s Personal Care Services (CPCS)
 - Choices for Care (CFC)
 - Flexible Choices (Flex)
 - Moderate Needs (MNG)
- Exemptions to EVV requirements are:
 - If you live with the individual receiving services
 - If the service is provided solely in the community
- If program requirements and/or participant needs change, my EVV exemption status may change,
- EVV requires the use of resources such as a landline phone, smartphone, and/or computer,
- EVV visits must be recorded at the time services are delivered,
- Shifts on a timesheet must have matching EVV data,
- EVV visits do not replace a timesheet submission,
- EVV does not replace your payroll responsibilities,
- If my employer sends in a timesheet that is missing EVV information, it could delay my payment.

Employee Signature: _____ **Date:** _____



ARIS Solutions -- Agency of Human Services

Self and Surrogate-Managed Programs

Direct Deposit Authorization Form

Please complete the **yellow** highlighted sections below to sign up for Direct Deposit of your paycheck and submit either a voided/cancelled check or a typed and signed letter from the bank/financial institution—on their letterhead—that includes your account information. This information **cannot be handwritten**.

At this time, we **cannot**:

- Deposit funds into more than one account
- Deposit funds into any debit accounts (i.e., H&R Block Emerald Card)
- Deposit funds into an account that is not yours (the employee's)
- Accept deposit tickets/slips or account statements
- Accept starter checks or checks with handwritten information on them
- Accept request to cancel or change accounts over the phone. All change requests/cancellations must be made in writing, for your protection.

It will take at least one full pay period for your Direct Deposit Authorization to go into effect. You will be paid with a paper check until the process is completed.

By enrolling in direct deposit, you agree to allow payments in error to be reversed. ARIS Solutions staff will contact you in advance in the event an error and a funds reversal is necessary.

Name: _____

Employer Name: _____

Telephone Number: _____

Bank Name: _____

Account Type (choose one): Checking Savings

Non-Payroll Recipient: Yes No

Signature: _____ **Date:** _____

You must include a voided/cancelled check OR include a signed letter from your bank that includes your name, account and routing number.





e-Timesheets Registration Form and Agreement

Each Employer and Employee must complete a separate form. If you are filling out this form as an Employee, you (and your Employer) must sign up for e_Timesheets with each Employer that you work for.

Please remember that each Employer and Employee must have individual email addresses (**cannot** share one with any other employer or employee).

Name: _____

Required (Please print clearly)

E-mail Address: _____

Required (Please print clearly)

Phone Number: _____ Last 4 digits of Social Security Number: _____

Required

Registering as: **Employer** _____

Employee _____ **My Employer's** name is: _____

Required

You are also agreeing that:

- You understand that ARIS Solutions reports suspected fraud to the Vermont Office of Attorney General-Medicaid Fraud and Residential Abuse Unit (MFRAU) and will automatically do that, even if the timesheet is sent through e_Timesheets,
- You will not share your User Name or Password with anyone,
- You will notify ARIS Solutions immediately if you change your email address,
- You will notify ARIS Solutions immediately if there is a change in employment status of any employee who uses e_Timesheets,
- You will notify ARIS Solutions immediately if there is a change in the employer of record for anyone who uses e_Timesheets, and
- Submitting hours or services that were not worked may be considered Medicaid fraud.

Signature _____

Required

Print Name _____

Required

Date _____

Required

Financial Management Support Empowering Independent Lives.

Tel: 800.798.1658 • Fax: 802.295.0663 • PO Box 4409 • White River Jct., VT 05001

www.arissolutions.org



State of Vermont Fiscal Employer/Agent
PO Box 4409
White River Jct., VT 05001

Employee Action Notice Form

Use this form to notify ARIS Solutions when an employee has demographic updates or will no longer be working. The notification should be sent to ARIS Solutions as soon as possible to be sure appropriate information is provided related to potential unemployment benefits.

Please Check Appropriately: Demographic Updates
 Involuntary Termination Voluntary Termination

Employer of Record Information		
Employer Name:	Employer Email:	
Address:		
City:	State:	Zip Code:
Phone Number:		

Employee Information		
Employee Name:		
Address:		
City:	State:	Zip Code:
Phone Number:		

Reason for Separation from Employment: Please select appropriately

- Lack of Productivity/Poor Quality of Work
- Attendance Issues
- Employee quit with written notice
- Employee quit with verbal notice
- Other: _____

Last Date of Employment: _____

Printed Name: _____

Signature: _____

Date: _____