



ARIS SOLUTIONS

PO BOX 4409

W.R.JCT., VT 05001

Phone 866.970.3301

Fax 802.295.9812

veteranpayroll@arissolutions.org

Financial & Payroll Services for the Nonprofit Sector

Enrollment Forms for: VDC Program Employees

BELOW FORMS MUST BE SIGNED/DATED AND RETURNED TO ARIS SOLUTIONS

- Employee Confirmation of Receipt
- HIPAA Employee Confidentiality Privacy Information Agreement
- Employee Hiring Notice
- Relationship Disclosure Form
- Authorization to Perform Background Check(s)
- Federal Tax Withholding (Form W-4)
- State Tax Withholding- (Form - W4 if applicable per state guidelines)
- Direct Deposit Authorization (Optional)
- Form I-9, Employment Eligibility Verification
- FLSA - Live-In Exemption Form (if applicable)
- Electronic Timesheet Submission: (2 different options)
 - Timesheet Submission Portal information, Or
 - Electronic Timesheets Application and applicable information.

If you have questions please contact *the Veterans Department at 866.970.3301*

Return Packet to:

ARIS SOLUTIONS- VETERAN DEPT.

PO BOX 4409

72 SOUTH MAIN STREET, WRJ, VT 05001

Phone: 866.970.3301 (toll free)

Fax: 802.295.9812

Email: veteranpayroll@arissolutions.org



Welcome to Veteran Directed Care!

A participant and/or employer has selected you as a potential employee. As an employee you will provide home and community based personal care services to the participant and/or employer. The participant and/or employer will direct the work you do, including hiring, firing, scheduling, training, supervising and managing your employment.

ARIS Solutions (ARIS), will serve as the Financial Management Service Provider on behalf of the participant and/or employer.

Overview of (Veteran Directed Care)

In this employment model, participants and/or employers select, hire, train, schedule, supervise and manage their own employees. The participant may elect to have a representative as their employer, this is a trusted friend or family member, who will help them manage their services. The employee is always an employee of either the participant or his/her representative employer.

ARIS is contracted to help with the administrative employer responsibilities.

ARIS Solutions(ARIS), is the Financial Management Service "FMS" Provider.

ARIS assists the participant/employer by:

- Assisting with initial employer/employee paperwork
- Performing background checks on potential employees
- Receiving timesheets from the employer
- Paying only those hours that are authorized in the participant's budget
- Paying employees, including withholding taxes and processing any other deductions
- Issuing Forms W-2 at year-end

Getting Started

Before you can serve as an employee, you must be approved to provide services. To be approved, you must do the following:

- Correctly complete and return ALL of new employee application forms. See the Checklist on page one.
- Pass a criminal background check
- Be authorized to work in the United States
- Be issued a start date from ARIS, or the participant and/or employer.

You are an employee when ALL paperwork has been processed and a you have been notified of a **start date**.



Contact Information

You can remove this page from the packet and post it somewhere prominent so you always have the information you need to contact the Veterans Program team.

ARIS Solutions-Veteran Program staff are available for support Monday through Friday from 8:00 am to 4:00pm (EST) and can be reached at **866.970.3301** (toll free), our veteran dedicated email address: veteranpayroll@arissolutions.org or our Website at www.arissolutions.org

ARIS Solutions is not open on state or federal holidays.



PROGRAM INTEGRITY and FRAUD PREVENTION

Maintaining and improving program integrity is one of the most important aspects of the Veteran Directed Care Program. Program integrity including fraud prevention is critical to sustaining this program model. Participants, authorized representatives, and providers are vital to preventing fraud and maintaining program integrity.

Fraud and abuse with funds from the Veteran's Administration can cost billions of dollars each year, diverting funds that could otherwise be used for additional services or to assist more people that need care. As a participant, authorized representative, care provider or recipient of funds, you must comply with all State and Federal laws and prevent misuse or fraud of any funds within this programs. Honesty and integrity are expected of all who participate in the Veteran Directed Program. (Please refer to the New "Employer/Participant" Handbook for more detail on fraud within the Veteran Directed Care Program)

Definition

Fraud is defined as **recklessly or purposefully** making false statements or representations to obtain some benefit or payment that you would not be entitled to without those statements or facts. These acts may be committed either for the person's own benefit or for the benefit of someone else. In other words, fraud includes the obtaining of something of value through misrepresentation or concealment of facts.

Examples of Fraud and Abuse Include

- Submitting timesheets for services not actually provided
- Approving/authorizing hours that employees didn't actually work
- Recording more time or stating different times than you actually work
- Changing hours on a timesheet after it has been approved
- Not providing the services the participant needs
- Falsifying a worker's compensation claim
- Falsifying or misrepresentation on applications or documentation
- Billing for services while in the hospital or other care facility
- Submitting twice for the same service
- Requiring an employee to "share" their paycheck with the employer

Results

Fraud is a felony conviction that can lead to substantial penalties, including imprisonment up to ten years, or a fine of up to \$1,000 or an amount equal to twice the amount of assistance or benefits wrongfully obtained, or both. If convicted of fraud you may be excluded for a minimum of five years from any employment with a program or facility that receives Medicaid funding.

REPORTING

If you suspect or know of fraud or abuse occurring, it is your duty and responsibility to report this immediately to the Area Agency on Aging and the Veteran's Administration. Or call ARIS Solutions at 866.970.3301 and the proper people will be contacted.



Background Checks Exclusions

Examples of Disqualifying Events as a Result of a Background Check would include:

1. A misdemeanor conviction against any individual that involves:
 - a. Physical or sexual assault;
 - b. Violence or exploitation;
 - c. Child pornography;
 - d. Threatening or reckless conduct;
 - e. Theft;
 - f. Fraud;
 - g. Driving under the influence of drugs or alcohol;
 - h. Any other conduct that represents evidence of behavior that could endanger the safety or well-being of an individual.
2. A conviction of a felony against an individual.
3. Additional factors considered in determining suitability may include, but not limited to:
 - a. Relevance of the crime to the position sought;
 - b. The nature of the work and/or activity to be performed;
 - c. Time elapsed since the conviction;
 - d. Age of the candidate at the time of the offense;
 - e. The number of offenses;
 - f. Whether the individual has pending charges;
 - g. Any relevant evidence of rehabilitation or lack thereof;
 - h. Any other relevant information, including information submitted by the individual or requested by the hiring authority.



Employee Confirmation of Receipt

I, _____, have read the "Program Integrity and Fraud Prevention" and "Background Check Exclusions" documents provided by ARIS Solutions.

I understand and accept my role as an employee in the Veteran Directed Program employment model.

I understand I am responsible for completing required employment paperwork, passing a background check, and submitting my timesheets to my employer, as well as, maintaining program integrity by preventing and reporting fraud.

I understand and acknowledge that as a FMS Provider, ARIS Solutions, **is not** my employer.

Signed,

Employee Signature

Date



HIPAA EMPLOYEE CONFIDENTIALITY PRIVACY INFORMATION AND AGREEMENT

SUMMARY OF HIPAA PRIVACY RULES FOR EMPLOYEES

The Department of Health and Human Services has adopted privacy regulations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). These "Privacy Rules" require most doctors, hospitals and health insurers ("Covered Entities") to develop procedures to limit the use and disclosure of patients' protected health information ("PHI") as well as notify patients of their rights with respect to such information.

In order to comply with the Privacy Rules, each Covered Entity must develop and implement its own privacy policy and procedures for the protection of PHI by April 14, 2003. However, in many ways, these policies will simply reflect the "best practices" for patient privacy and confidentiality with which all health care workers should already be familiar.

Privacy of Patient Information

Although temporary personnel are likely to encounter some variations among privacy policies at different Covered Entities, all the policies should permit them (with a few exceptions) to:

- Disclose PHI to the patient himself (or to a child's parent or guardian).
- PHI may also be disclosed to a person involved in the patient's care, such as an elderly patient's adult child or friend who is acting as interpreter, as long as the patient doesn't object.
- There are few exceptions, such as psychotherapy notes in some states.
- Disclose PHI in accordance with a written patient authorization.
- Use or disclose PHI for purposes of treatment, payment or health care operations.
- **Treatment purposes:** **There are no restrictions on disclosures of PHI for purposes of treating a patient.** Medical staff may freely discuss a patient's treatment among themselves.
- **Other Purposes:** However, disclosures of PHI for purposes of obtaining payment or for administering health care operations should be limited to the "minimum necessary" to accomplish the purpose. For example, although a hospital's billing office may inform a collection agency that "Patient X owes \$Y to Doctor Z", it may not disclose the nature of treatment Patient X received.
- Disclose "general directory information" about the patient.
 - A hospital may provide general information about a patient's status (excluding specific medical information) to telephone callers.
- Disclose PHI as required by law, or regarding potential victims of abuse, neglect or domestic violence, or to avoid a serious threat to health or safety.
 - For example, a hospital may respond to a police inquiry by disclosing that is treated a patient for a gunshot wound, and a doctor or nurse may report an abused child to the proper authorities.

If you are asked to make any disclosures which violate these guidelines, or which do not seem to you like professional "best practices", you should contact ARIS Solutions/VDC Program.

(However, you should be aware that reasonably unavoidable disclosures which are "incidental" to permitted uses of PHI do not violate the Privacy Rules. For example, a hospital does not violate the Privacy Rules if a visitor improperly removes a covered or inward-facing patient chart from its holder and reads it, and a pharmacist may discreetly discuss a prescription with a customer at the pharmacy counter, even though other customers might overhear).



Assigned Employee Confidentiality and Privacy Agreement

Date: _____

As a condition of my assignment by **ARIS Solutions/ VDC Program** with any **Veteran/Client**, I hereby acknowledge and agree as follows:

I will not use, disclose, or in any way reveal or disseminate to unauthorized parties any information I gain through contact with materials or documents that are made available through my assignment with the **Veteran/Client** or that I learn about during such assignment.

I will not disclose or in any way reveal or disseminate any information pertaining to the **Veteran/Client** or its operating methods and procedures that comes to my attention as a result of this assignment.

Under no circumstances shall I remove copies or documents from the premises of the **Veteran/Client**.

I have read the attached "Summary of HIPAA Privacy Rules" and understand it. During my assignment with AN EMPLOYER, I will abide by the principles described in this attached summary as well as any privacy policy provided to me by the **Veteran/Client**. In particular, I will not use, disclose or in any way reveal or disseminate any protected health information that I learn in connection with any assignment, except in accordance with such principles and privacy policy.

I understand that I shall be responsible for any direct or consequential damages resulting from any violation of this Agreement. This obligation of this Agreement shall remain in effect even after my employment by the **Veteran/Client** has ended.

Assigned Employee

Witness

Printed Name

Printed Name

Signature & Date:

Signature & Date:

X

X



Employee Hiring Notice

Employee Information

Legal Name _____

First

Middle

Last

Maiden/other

Mailing Address _____

Street

Apt

City

State

ZIP

Physical Address _____

Street

Apt

City

State

ZIP

Phone Number (_____) _____ **Alt. Number** (_____) _____

Employee Social Security Number _____

Gender _____

Employee Date of Birth: _____

Email Address _____

I, _____ (employee), confirm that I am 18 years of age or older, and that I am not the legal guardian of the individual I am providing supports for.

Employer Name: _____

Veteran Name: _____

Employee Signature _____ **Date** _____

AGENCY: _____

CASE MANAGER / OPTIONS COUNSELOR: _____

*****PLEASE NOTIFY ARIS SOLUTIONS IN WRITING IMMEDIATELY IF AN EMPLOYEE HAS A CHANGE IN ADDRESS OR A NAME CHANGE. NAME CHANGES MUST BE ACCOMPANIED BY A COPY OF A SOCIAL SECURITY CARD, DRIVERS LICENSE, MARRIAGE OR DIVORCE CERTIFICATIONS OR COURT DOCUMENTS DOCUMENTING THE NEW NAME.*****



Relationship Disclosure Form

Employee Name

Employer Name

Are you related to the employer?

_____ **Yes** _____ **No** (if no- you can skip to sign and date)

If yes how are you related to the employer? **Please check only one-** for example if the employer is your mother, you are the child)... check child

| | |
|---|--|
| <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child (Date of Birth): | <input type="checkbox"/> employee under 18 |
|---|--|

Exempt- Due to your relationship with the employer and current legislation, you are exempt from payroll taxes for Social Security and Medicare (FICA), and Unemployment insurance (FUTA and SUTA) which means you are not earning Social Security work credits and you will not receive unemployment benefits if your employment is terminated. (for more info please see IRS Publication 15- Family Employees at www.irs.gov)

SUTA exempt- Due to your relationship with the employer and current legislation, you are exempt from unemployment insurance payroll taxes (SUTA). If your employment is terminated, you will not receive unemployment benefits.

The following relationships are exempt from: ***Social Security, Medicare, and FUTA***.

SPOUSE, PARENT, CHILD under 21

The following situation is exempt from: ***SUTA***

EMPLOYEE under 18

The following relationships are exempt from: ***SUTA***

SPOUSE, PARENT, CHILD (under 18)

Note: *It is the employee's responsibility to notify ARIS Solutions if this relationship or living arrangement should change.*

I acknowledge and understand the tax implications of my relationship with my employer.

Signature of Employee

Date



Employee Authorization to Perform Background Check(s)

I, _____, have reviewed the list of excluded convictions, substantiations, and findings. I understand that ARIS Solutions will conduct background checks for me on behalf of my employer. I further understand that should any excluding conviction, substantiation or finding be identified as a result of these background checks that ARIS Solutions will release a report of these findings to my potential or current employer. All findings will be shared with the Department of Veterans Affairs, as they need to approve these as part of the Veteran program.

I authorize ARIS Solutions to perform the following background check(s) on behalf of my potential or current Employer.

- Missouri Criminal History Information Check

Signed,

Signature of Employee

Date

Printed Last Name: _____ First Name: _____

Date of Birth (MM/DD/YYYY): _____

Employee Social Security Number: _____

Alias or Maiden Name(s): _____

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

| | | | | | |
|--|---|--|------------------------|-------|----------|
| Employee | Full Name | | Social Security Number | | |
| | Home Address (Number and Street or Rural Route) | | City or Town | State | ZIP Code |
| | 1. Filing Status: Check the appropriate filing status below. <input type="checkbox"/> Single or Married Spouse Works or Married Filing Separate <input type="checkbox"/> Married (Spouse does not work) <input type="checkbox"/> Head of Household | | | | |
| | 2. Additional withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected tax by the number of pay periods in a year. Enter the additional amount to be withheld each pay period on line 2..... | | | | 2 |
| 3. Reduced withholding: If you expect to receive a refund (as a result of itemized deductions, modifications or tax credits) on your tax return, you may direct your employer to only withhold the amount indicated on line 3. Your employer will not use the standard calculations for withholding. If you designate an amount that is too low, it could result in you being under withheld. To calculate the amount needed, divide the amount of your expected tax by the number of pay periods in a year. Enter the amount to be withheld instead of the standard calculation. If no amount is indicated on line 3, the standard calculations will be used..... | | | | 3 | |
| 4. Exempt Status: Select the appropriate reason you are claiming an exemption from withholding below and indicate EXEMPT on line 4. | | | | 4 | |
| <input type="checkbox"/> I am exempt because I had a right to a refund of all Missouri income tax withheld last year and expect to have no tax liability this year. A new MO W-4 must be completed annually if you wish to continue the exemption. | | | | | |
| <input type="checkbox"/> I am exempt because I meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability. | | | | | |
| <input type="checkbox"/> I am exempt because my income is earned as a member of any active duty component of the Armed Forces of the United States and I am eligible for the military income deduction. | | | | | |

| | | |
|------------------|--|----------------------------------|
| Signature | Under penalties of perjury, I certify that the information provided on this form is true and accurate. | |
| | Employee's Signature (Form is not valid unless you sign it) | Date (MM/DD/YYYY) ___/___/___ |

| | | | | |
|-----------------|---|--|------------------------------------|----------|
| Employer | Employer's Name | | Employer's Address | |
| | City | | State | ZIP Code |
| | Date Services for Pay First Performed by Employee (MM/DD/YYYY) ___/___/___ | | Federal Employer I.D. Number | |
| | | | Missouri Tax Identification Number | |

Notice To Employer:

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

Please visit <http://dss.mo.gov/child-support/employers/new-hire-reporting.htm> for additional information regarding new hire reporting.

Notice to Employee:

Return completed form to your Employer. Consider completing a new Form MO W-4 each year and when your personal or financial situation changes. Visit our online withholding calculator <https://mytax.mo.gov/rptportal/home/withholding-calculator>.

Items to Remember:

- Employees must complete a new form if their filing status changes or to adjust the amount of withholding.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card. For additional assistance in regard to Military, visit the department's website <https://dor.mo.gov/military/>.
- Additional information can be found at <https://dor.mo.gov/business/withhold/>.

Mail to: Taxation Division
 P.O. Box 3340
 Jefferson City, MO 65105-3340

Phone: (573) 522-0967
Fax: (573) 526-8079

Form MO W-4 (Revised12-2019)

W-4

Form

Employee's Withholding Certificate

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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) |
|-----------------------------|--------------------------|--------------------------------------|

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 **1** \$ _____

- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 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 **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 **2b** \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____

- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____

- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

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 **1** \$ _____

- 2 Enter:

| | | | | | |
|---|--|---|-----------|----------|----------|
| { | • \$29,200 if you're married filing jointly or a qualifying surviving spouse | } | | 2 | \$ _____ |
| | • \$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-" **3** \$ _____

- 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 **4** \$ _____

- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 |



ARIS Solutions- Veteran Program

Direct Deposit Agreement Form

- Enrollment in Direct Deposit Enroll in PAYCARD
 Change in Direct Deposit *you will receive a card in the mail to activate*

Employee Name:

Employer Name:

Authorization Agreement

I hereby authorize ARIS Solutions- Veteran Program to initiate automatic deposits to my account at the financial institution named below. I also authorize ARIS Solutions- Veteran Program to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold ARIS Solutions- Veteran Program responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until ARIS Solutions- Veteran Program receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Signature

Authorized Signature (Employee): _____ **Date:** _____

Please attach a voided check or bank document and return this form to the Veteran Department.



Employment Eligibility Verification

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

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 | |
| 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) | | Additional Information | | | | |
| Issuing Authority | | | | | | |
| Document Number (if any) | | | | | | |
| Expiration Date (if any) | | | | | | |
| Document Title 3 (if any) | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | | | | |
| Issuing Authority | | | | | | |
| Document Number (if any) | | | | | | |
| Expiration Date (if any) | | | | | | |
| <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> | OR | <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.



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 | | |
| Date of Birth (mm/dd/yyyy) | | U.S. Social Security Number | | Employee's Email Address | | Employee's Telephone Number | | |
| 01/01/1969 | | | | | | 555-555-5555 | | |
| <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) | | | |
| <p><i>Joanne M. Smith</i></p> | | | | | | | | |

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) | | | | | N/A |
| Document Title 2 (if any) | <p>Additional Information</p> | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 3 (if any) | <p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p> | | | | |
| Issuing Authority | | | | | |
| 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.

| | | | | |
|--|--|--|--|---------------------------|
| Last Name, First Name and Title of Employer or Authorized Representative | | Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) |
| | | <i>John A. Smith</i> | | |
| 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.



Fair Labor Standards Act Live-In Exemption Form

| | |
|---------------------------------|--------------------------------------|
| Consumer/Veteran Name: | Last four of SSN: |
| Direct Care Worker Name: | Direct Care Last four of SSN: |

Fair Labor Standards Act Live-In Exemption

The United States Department of Labor (US DOL) and Fair Labor Standards Act (FLSA) requires household employers to pay employees overtime pay for hours worked over 40 hours per work week unless the employee qualifies for an exemption. Complete this form to notify F/EA if employee qualifies for the live-in exemption from overtime pay. You may also use this form to revoke the exemption when the employee no longer qualifies for the exemption. **When there is any change in live-in status, it is the employee's responsibility to notify the F/EA.**

1. Determine if Direct Care Worker (DCW) Qualifies for the Live-In Exemption from Overtime Pay

The live-in exemption:

- Available only in programs where the Participant or their representative is the sole employer under the FLSA;
- Applies only to the employer/DCW pair based on the "Residency Test" (below); and
- Applies to all services provided by the DCW for that Participant.

Residency Test

A live-in DCW is exempt from overtime premium pay if the DCW "...resides on the employer's premises either permanently or for extended periods of time". "Employer's premises" means the household where employed. "Permanently", or "...extended periods of time" means the DCW lives, works, and sleeps in the household where employed for at least five (5) days a week (120 hours) or more.

2. Certify the DCW's Eligibility for the Live-In Exemption from Overtime Pay

Please check one box below to identify whether the DCW qualifies for the live-in exemption.

- Yes, the DCW qualifies for the live-in exemption.
- No, the DCW does NOT qualify for the live-in exemption.

If the DCW qualifies for the live-in exemption:

- All hours, including overtime (over 40 hours per work week), will be paid at regular rates for all services provided

Direct Care Worker Signature: _____ **Date:** _____

Employer of Record Signature: _____ **Date:** _____

e-Timesheets Registration and Agreement Form

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 if enrolling as employee

You are also agreeing that:

- You understand that ARIS Solutions reports suspected fraud to the 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



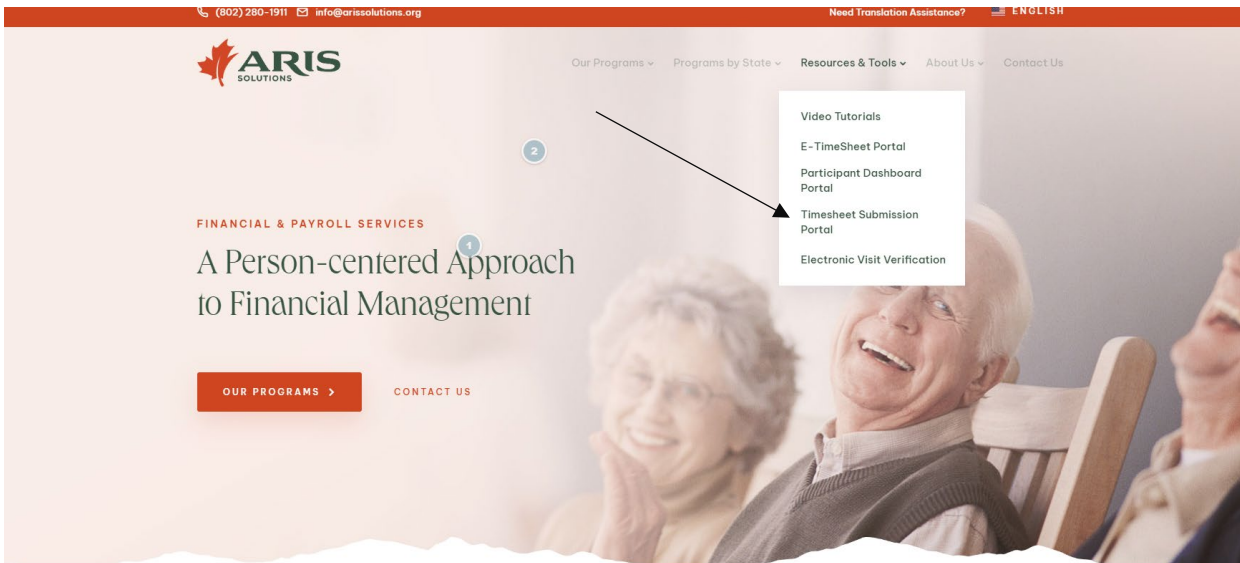
Veteran Directed Care Program

ATTENTION ALL EMPLOYEES, EMPLOYERS, AND AGENCIES

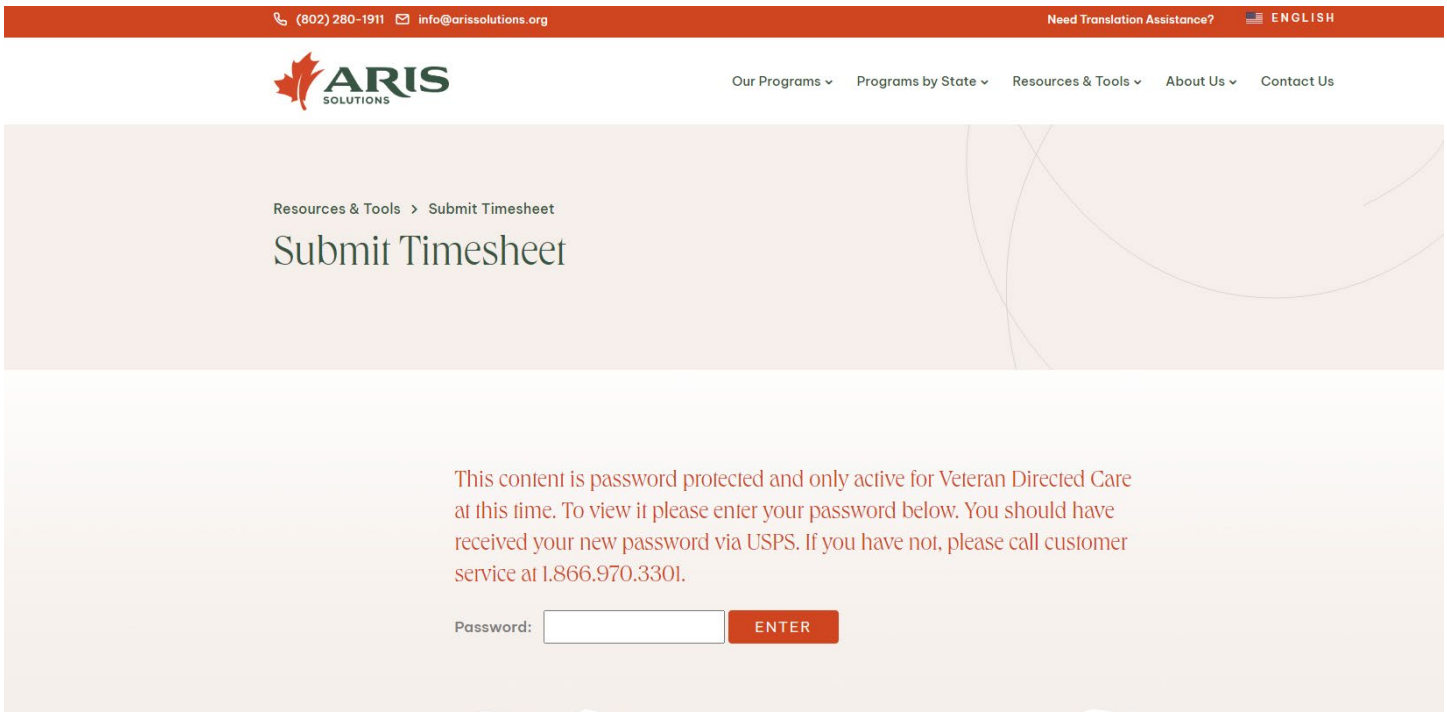
ARIS Solutions' Veteran Directed Care Program utilizes a submission platform on our website as one means for timesheet submission. We felt it may be helpful to provide clarifying information to address some of the questions we have received.

- **The web address to access the new portal is:**
arissolutions.org/submit-timesheet
- **This change is only applicable to those who had been submitting timesheets via email.** Those who send in timesheets via fax, USPS, or via e-timesheets may continue.
- **The portal is for timesheet submissions only.** Please continue to send invoices, packets, and general correspondence through the email address.
- **Submissions may be made by either the employer or the employee.**
- **All timesheet submissions must be entered under the name of the employee.** Entries may not be entered under the name of the employer or veteran.
- **Please send only one timesheet per submission.**
- **Each submission should include a timesheet for only one employee.** Submissions containing multiple employees are not permissible.
- **There will be no email confirmation.** Instead of an email, a unique code will appear on your screen once a timesheet has been successfully submitted.
- **The new timesheet portal requires a pass code, but not a log-in.** If you have been asked for log-in information, then you have likely arrived at our electronic timesheet option. If you are interested in enrolling in e-timesheets, please reach out to veteran payroll customer service for assistance.

If you utilize the **Timesheet Submission Portal**, you can find it under the “Resources and Tools” tab on the home page. Please note it now requires a case sensitive password that we have provided below:



Once you click on “Timesheet Submission Portal” you will be brought to this screen:



Your password will be:

ArisTime?4409

Then, enter your first and last name and upload the timesheet file. You will receive a unique submission number for that timesheet. Record this number. If you are unsure if the file was successfully submitted, we can be reached at 1.866.970.3301.

Time sheets are due on Mondays by 11:59pm Eastern Standard Time
Due dates do not change if they fall on a holiday.

Time Sheet and Reimbursement Schedule 2024
VDC- AK-DC-KS-MO-MT-NC-PA-VT

| Pay Period | Pay Period Start Date | Pay Period End Date | Timesheet Submission Due Date | Payment Date |
|------------|-----------------------|---------------------|-------------------------------|--------------|
| 1 | 12/24/2023 | 1/6/2024 | 1/8/2024 | 1/12/2024 |
| 2 | 1/7/2024 | 1/20/2024 | 1/22/2024 | 1/26/2024 |
| 3 | 1/21/2024 | 2/3/2024 | 2/5/2024 | 2/9/2024 |
| 4 | 2/4/2024 | 2/17/2024 | 2/19/2024 | 2/23/2024 |
| 5 | 2/18/2024 | 3/2/2024 | 3/4/2024 | 3/8/2024 |
| 6 | 3/3/2024 | 3/16/2024 | 3/18/2024 | 3/22/2024 |
| 7 | 3/17/2024 | 3/30/2024 | 4/1/2024 | 4/5/2024 |
| 8 | 3/31/2024 | 4/13/2024 | 4/15/2024 | 4/19/2024 |
| 9 | 4/14/2024 | 4/27/2024 | 4/29/2024 | 5/3/2024 |
| 10 | 4/28/2024 | 5/11/2024 | 5/13/2024 | 5/17/2024 |
| 11 | 5/12/2024 | 5/25/2024 | 5/27/2024 | 5/31/2024 |
| 12 | 5/26/2024 | 6/8/2024 | 6/10/2024 | 6/14/2024 |
| 13 | 6/9/2024 | 6/22/2024 | 6/24/2024 | 6/28/2024 |
| 14 | 6/23/2024 | 7/6/2024 | 7/8/2024 | 7/12/2024 |
| 15 | 7/7/2024 | 7/20/2024 | 7/22/2024 | 7/26/2024 |
| 16 | 7/21/2024 | 8/3/2024 | 8/5/2024 | 8/9/2024 |
| 17 | 8/4/2024 | 8/17/2024 | 8/19/2024 | 8/23/2024 |
| 18 | 8/18/2024 | 8/31/2024 | 9/2/2024 | 9/6/2024 |
| 19 | 9/1/2024 | 9/14/2024 | 9/16/2024 | 9/20/2024 |
| 20 | 9/15/2024 | 9/28/2024 | 9/30/2024 | 10/4/2024 |
| 21 | 9/29/2024 | 10/12/2024 | 10/14/2024 | 10/18/2024 |
| 22 | 10/13/2024 | 10/26/2024 | 10/28/2024 | 11/1/2024 |
| 23 | 10/27/2024 | 11/9/2024 | 11/11/2024 | 11/15/2024 |
| 24 | 11/10/2024 | 11/23/2024 | 11/25/2024 | 11/29/2024 |
| 25 | 11/24/2024 | 12/7/2024 | 12/9/2024 | 12/13/2024 |
| 26 | 12/8/2024 | 12/21/2024 | 12/23/2024 | 12/27/2024 |
| 27 | 12/22/2024 | 1/4/2025 | 1/6/2025 | 1/10/2025 |
| 28 | 1/5/2025 | 1/18/2025 | 1/20/2025 | 1/24/2025 |
| 29 | 1/19/2025 | 2/1/2025 | 2/3/2025 | 2/7/2025 |

Time sheets, reimbursements, employee paperwork and check requests received by
Send to:

ARIS Solutions
PO Box 4409
White River Junction, VT 05001
FAX: 1.802.295.9812

Questions?
Veterans Department
<https://arissolutions.org/submit-timesheet/>

Veteran Directed Care Program Timesheet: MARC (KS/MO)

VDC - EMPLOYEE

***REQUIRED FIELDS**

Failure to provide the necessary information may result in delays in processing

***EMPLOYEE NAME:** _____ ***LAST FOUR DIGITS OF SS #** _____

***Veteran Name:** _____ **Employer Phone #** _____

Was the Veteran admitted to a hospital or nursing home during any of these dates? Yes _____ No _____

If **YES**, indicate the dates the Veteran was **admitted to and discharged from** the hospital or nursing home _____

NO SERVICES CAN BE PAID WHILE PARTICIPANT IS ADMITTED TO A HOSPITAL/NURSING HOME

| *Please Enter Pay Period Date Range: | | | | | | | | *Service Code: (KC, MO region, use Direct Care or DC) | # of Hours Worked |
|---|-------------|--------|--------|-----------|--------|--------|--|---|-------------------|
| *Date | *Start Time | A M | P M | *End Time | A M | P M | | | |
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| Total Hours Worked for Current Pay Period | | | | | | | | | |

***Start & End times need to be listed in quarter hour increments. Example: 12:00pm, 12:15pm, 12:45pm, etc.**

We (below) certify that the information provided on this form is true, accurate and complete.

***Employee Signature** _____ **Date** _____

***Employer Signature** _____ **Date** _____

Timesheets received by ARIS Solutions after the due dates on the Payroll Schedule will be processed for the next scheduled pay date.

Mail timesheets to: ARIS Solutions- Veteran Dept. PO Box 4409 White River Jct., VT 05001
Phone: 1-866-970-3301 **Fax:** 1-802-295-9812 **Secure Portal:** <https://arissolutions.org/submit-timesheet/>

Please note it is the Veteran/Representative-Employer's responsibility to ensure the accuracy of the service codes used. Be sure to review prior to submission, especially when a Back-up worker is utilized.