Financial & Payroll Services for the Nonprofit Sector

**ARIS SOLUTIONS**
PO BOX 4409
W.R.JCT., VT 05001
Phone 866.970.3301
Fax 802.295.9812
veteranpayroll@arissolutions.org

# Enrollment Forms for:

## Veteran Directed Program Employees -

### Colorado

**ALL FORMS MUST BE SIGNED/DATED AND RETURNED TO ARIS SOLUTIONS**

- ❑ Employee Confirmation of Receipt
- ❑ Employee Confirmation of Receipt- Paid Sick Leave
- ❑ HIPAA Employee Confidentiality Privacy Information Agreement (needs witness signature)
- ❑ Employee Hiring Notice (needs employer signature)
- ❑ Relationship Disclosure Form
- ❑ Authorization to Perform Background Check(s)
- ❑ Form I-9, Employment Eligibility Verification (needs employer signature & documentation on 2nd page)
- ❑ Federal Tax Withholding (Form W-4)
- ❑ CO State W4 Form
- ❑ FLSA Form
- ❑ Direct Deposit Authorization
- ❑ Electronic Timesheet Enrollment Forms
- ❑ Copy of completed packet **must** be given to your VIP Advisor

**Return Packet to:**

**ARIS SOLUTIONS- VETERAN DEPT.**
**PO BOX4409**
**72 SOUTH MAIN STREET, WRJ, VT 05001**
**Phone: 866.970.3301 (toll free)**
**Fax: 802.295.9812**
**Email: veteranpayroll@arissolutions.org**

# New Employee Information

## Welcome to Veteran Directed Care Services!

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 FMS Provider on behalf of the participant and/or employer.

## Overview of Veteran Directed Care Services

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 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.*

Financial & Payroll Services for the Nonprofit Sector

# PROGRAM INTEGRITY and FRAUD PREVENTION

Maintaining and improving program integrity is one of the most important aspects of the Veteran Directed 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 VDC Handbook for more detail on fraud within the Veteran Directed Program).

**Definition**

Fraud is to intentionally misrepresent, cheat or deceive in order to benefit or gain something of value. Medicaid fraud is knowingly falsifying or misrepresenting the truth to obtain unauthorized benefits. Abuse includes any practice inconsistent with acceptable practices that will unnecessarily increase costs.

## *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 tha can lead to substantial penalties, including imprisonment up to then 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 year 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.

# 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,

_____ _____

Signature Date

# Employee Confirmation of Receipt: Paid Leave Accrual

I,_____, understand that being employed in Colorado grants access to **Paid Sick Leave** hours for all employees. Included below is information regarding this State mandated accrual and how it works.

- *For every 30 hours worked, employees accrue 1 hour of paid leave.*
- *No waiting period to use paid leave, once accrued you can use that time.*
    - *You are paid your current hourly rate when using time.*
    - *Claiming hours is for absences during **regularly scheduled work shifts.***
    - *Please refer to the FAQ within these documents for qualifying events to use paid sick leave for.*
- *The maximum amount of paid leave you can accrue and take in a year is 48 hours.*
- *Carryover from one year to the next allows you to take 48 hours from one year to the next year, rules regarding time you can take and use within a year stay the same, that being 48 hours. (Calendar year i.e., January – December)*
- *If you are separated from employment with your employer and rehired within 6 months with the same employer, you shall be entitled to any previously accrued time.*
- *Upon separation of employment, you will not be entitled to be paid for any accrued leave time.*
- *Employers cannot deny time requested or retaliate against an employee for requesting or using paid leave. Employees have the right to file a complaint or bring civil action if either situation occurs.*
- *ARIS Solutions, as the FMS will manage your paid leave accrual and be available if questions arise.*

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 before I will be given a start date for employment.

On my first day of employment, this above accrual will begin.

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

Employee Signature Date

Employer 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**

Printed Name

_____

Signature & Date:

X _____

**Witness**

Printed Name

_____

Signature & Date:

X _____

# Employee Hiring Notice

**Legal Name**

First Middle Last Maiden/other

Mailing Address_____

Street Apt City State ZIP County

Physical Address_____

Street Apt City State ZIP County

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

Employee Social Security Number_____

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:**

Employer phone (____)_____ Email _____

Employer Address _____

**Employee Signature**_____ Date_____

**Employer Signature**_____ Date_____

*****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 grandmother, you are the grandchild)… check grandchild

| | |
|---|---|
| ❑ Spouse (Exempt) | ❑ Grandparent |
| ❑ Parent (Exempt) | ❑ Grandchild |
| ❑ Child under 18 (Exempt) | ❑ Child over 21 |
| ❑ Child under 21 (Exempt- FICA/FUTA, not SUTA) | ❑ Sibling |
| ❑ Domestic Partner | ❑ Other |

***Exempt-** Due to your age and/or 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 age and/or 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.

***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 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 understand that my prospective employer will be made aware of all findings and that any finding on the list of program background check exclusions will eliminate me from consideration as the Veteran's employee.

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

- Criminal Background Check
- OI

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): _____

**Background Check Exclusions**

All Employees are required to undergo and pass a background check in accordance with the Veterans Administration (VA) and state polices as specified by the VDC provided to be designated as a Veteran's representative.

Per VA policy, any representative candidate who has a felony conviction for fraud, abuse and/or exploitation for an individual of any age, the worker may never work for a Veteran enrolled in VDC.

There may be additional disqualifying convictions depending on the state. These will be evaluated based on state policies which are consistent with state policy for hiring personal assistants in Medicaid HCBS waiver program for older adults and adults with disabilities.

If any of the convictions or substantiations listed below on either of the background checks, the ARISFMS will inform the Veteran (through the agency) that the prospective employee cannot be hired by the Veteran to work in this program, or if a waiver or risk mitigation plan will be needed. This is based on the policy listed in the CPWD Veterans Handbook.

Potential issues include:

- Felonies related to manufacture, distribution, prescription or dispensing of a controlled substance
- Felony conviction for abuse, neglect, assault, battery, criminal sexual conduct (1st, 2nd or 3rd degree), fraud or theft against a minor or vulnerable adult
- Felony or misdemeanor patient abuse
- Felony or misdemeanor involving cruelty or torture
- Misdemeanor health care fraud
- Misdemeanor for abuse, neglect, or exploitation of a minor or disabled adult; physical or sexual assault, violence, theft, fraud, threatening or reckless conduct
- Driving under the influence of drugs or alcohol
- Substantiated allegation of abuse, neglect or exploitation.
- Any other conduct that represents evidence of behavior that could endanger the safety or well-being of an individual.

Additional factors considered in determining suitability may include, but not limited to:

- Relevance of the crime to the position sought;
- The nature of the work and/or activity to be performed;
- Time elapsed since the conviction;
- The number of offenses;
- Whether the individual has pending charges;

CO- CPWD

# Employment Eligibility Verification

**Department of Homeland Security**

U.S. Citizenship and Immigration Services

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

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

## Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

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

| Address (Street Number and Name) | Apt. Number (if any) | City or Town | State | ZIP Code |
|---|---|---|---|---|
| | | | | |

| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | Employee's Email Address | Employee's Telephone Number |
|---|---|---|---|
| | | | |

**I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.**

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

| USCIS A-Number | OR | Form I-94 Admission Number | OR | Foreign Passport Number and Country of Issuance |
|---|---|---|---|---|
| | | | | |

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

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

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

| | List A | OR | List B | AND | List C |
|---|---|---|---|---|---|
| **Document Title 1** | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| **Document Title 2 (if any)** | | | | | |
| 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) | | | | | |

**Additional Information**

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

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

First Day of Employment (mm/dd/yyyy):

| Last Name, First Name and Title of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) |
|---|---|---|
| | | |

| 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<br>Documents that Establish Both Identity and Employment Authorization | OR | LIST B<br>Documents that Establish Identity | AND | LIST C<br>Documents that Establish Employment Authorization |
|---|---|---|---|---|
| **1.** U.S. Passport or U.S. Passport Card | | **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 | | **1.** A Social Security Account Number card, unless the card includes one of the following restrictions:<br>**(1)** NOT VALID FOR EMPLOYMENT<br>**(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION<br>**(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| **2.** Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | **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 | | **2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| **3.** Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | | **3.** School ID card with a photograph | | **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.** Employment Authorization Document that contains a photograph (Form I-766) | | **4.** Voter's registration card | | **4.** Native American tribal document |
| **5.** For an individual temporarily authorized to work for a specific employer because of his or her status or parole:<br>**a.** Foreign passport; and<br>**b.** Form I-94 or Form I-94A that has the following:<br>**(1)** The same name as the passport; and<br>**(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. | | **5.** U.S. Military card or draft record | | **5.** U.S. Citizen ID Card (Form I-197) |
| | | **6.** Military dependent's ID card | | **6.** Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | **7.** U.S. Coast Guard Merchant Mariner Card | | **7.** Employment authorization document issued by the Department of Homeland Security<br>For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**.<br>The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document. |
| | | **8.** Native American tribal document | | |
| | | **9.** Driver's license issued by a Canadian government authority | | |
| | | **For persons under age 18 who are unable to present a document listed above:** | | |
| | | **10.** School record or report card | | |
| | | **11.** Clinic, doctor, or hospital record | | |
| | | **12.** Day-care or nursery school record | | |
| **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 | | | | |

## Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

| | | | |
|---|---|---|---|
| • Receipt for a replacement of a lost, stolen, or damaged List A document.<br>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.<br>• Form I-94 with "RE" notation or refugee stamp issued to a refugee. | **OR** | Receipt for a replacement of a lost, stolen, or damaged List B document. | Receipt for a replacement of a lost, stolen, or damaged List C document. |

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

This is just a guide to help you complete the Federal Form I-9

# Employment Eligibility Verification

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

Must be an unexpired version!

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

~~START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for~~ **failing to comply with the requirements for completing this form. See below and the Instructions.**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

## Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

| Last Name (Family Name) | First Name (Given Name) | Middle Initial (if any) | Other Last Names Used (if any) |
|---|---|---|---|
| DOE | JANE | | |

| Address (Street Number and Name) | Apt. Number (if any) | City or Town | State | ZIP Code |
|---|---|---|---|---|
| 123 ANYWHERE TOWN | | NOWHERE | VT | 05123 |

| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | Employee's Email Address | Employee's Telephone Number |
|---|---|---|---|
| 01/01/1990 | 123-45-6789 | JANE.DOE@GMAIL.COM | 802-555-1234 |

**I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.**

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- [X] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See Instructions.)
- [ ] 3. A lawful permanent resident (Enter USCIS or A-Number.)
- [ ] 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

| USCIS A-Number | OR | Form I-94 Admission Number | OR | Foreign Passport Number and Country of Issuance |
|---|---|---|---|---|
| | | | | |

Signature of Employee: JANE DOE

Employee must date & sign!

Today's Date (mm/dd/yyyy): 1/1/2025

**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 | | | LICENSE | | SOCIAL SECURITY CARD |
| Issuing Authority | | | US GOV'T/ DMV+STATE | | SOCIAL SECURITY ADMINISTRATION |
| Document Number (if any) | | | 123456789 | | 123-45-6789 |
| Expiration Date (if any) | | | 1/1/2026 | | N/A |
| **Document Title 2 (if any)** | | | | | |
| 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) | | | | | |

**Additional Information**

**Employee information must be entered by employer in List A OR List B and List C**

**It is the employer's responsibility to review and enter documentation in section 2 of Form I-9**

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

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

First Day of Employment (mm/dd/yyyy):

| Last Name, First Name and Title of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) |
|---|---|---|
| JOHN DOE | JOHN DOE | 1/1/2025 |

Employer must date & sign!

| Employer's Business or Organization Name | Employer's Business or Organization Address, City or Town, State, ZIP Code |
|---|---|
| JOHN DOE | 1234 BACKWARDS ST, NOWHERE TOWN, VT 05123 |

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

CO- CPWD

Form **W-4**

Department of the Treasury
Internal Revenue Service

# Employee's Withholding Certificate

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
**Give Form W-4 to your employer.**
**Your withholding is subject to review by the IRS.**

OMB No. 1545-0074

2026

## 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) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **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.)

**Caution:** To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

**TIP:** Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

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

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

**(c)** If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

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

## 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):

**(a)** Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

**(b)** Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

## Step 4: 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.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

**(c) Extra withholding.** Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

## 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 unless otherwise noted.

## Future Developments

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

## Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at *www.irs.gov/W4App* if you:

1. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

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

# Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

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

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




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

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

**Step 4.**

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

***Step 4(b).*** Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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

## Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

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

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

**1** **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $

**2** **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

**a** Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $

**b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b . . . . . **2b** $

**c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $

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

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

## Step 4(b)—Deductions Worksheet *(Keep for your records.)*

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

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

- **a** **Qualified tips.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified tips up to $25,000 . . . . . **1a** $
- **b** **Qualified overtime compensation.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to $12,500 ($25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . . . **1b** $
- **c** **Qualified passenger vehicle loan interest.** If your total income is less than $100,000 ($200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to $10,000 **1c** $

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

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

- **a** Enter $6,000 if you are age 65 or older before the end of the year . . . . . **3a** $
- **b** Enter $6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . **3b** $

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

**5** Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . **5** $

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

- **a** **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . **6a** $
- **b** **State and local taxes.** If your total income is less than $505,000 ($252,500 if married filing separately), enter state and local taxes paid up to $40,400 ($20,200 if married filing separately) . **6b** $
- **c** **Home mortgage interest.** If your home acquisition debt is less than $750,000 ($375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . **6c** $
- **d** **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . **6d** $
- **e** **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . **6e** $

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

**8** **Limitation on itemized deductions.**

- **a** Enter your total income . . . . . **8a** $
- **b** Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** $

**9** Enter:
- $768,700 if you're married filing jointly or a qualifying surviving spouse
- $640,600 if you're single or head of household
- $384,350 if you're married filing separately

. . . . . **9** $

**10** If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . **10** $

**11** **Standard deduction.**

Enter:
- $32,200 if you're married filing jointly or a qualifying surviving spouse
- $24,150 if you're head of household
- $16,100 if you're single or married filing separately

. . . . . **11** $

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

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

**14** If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . **14** $

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

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

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

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

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

## Married Filing Jointly or Qualifying Surviving Spouse

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | $0 - 9,999 | $10,000 - 19,999 | $20,000 - 29,999 | $30,000 - 39,999 | $40,000 - 49,999 | $50,000 - 59,999 | $60,000 - 69,999 | $70,000 - 79,999 | $80,000 - 89,999 | $90,000 - 99,999 | $100,000 - 109,999 | $110,000 - 120,000 |
| $0 - 9,999 | $0 | $0 | $480 | $850 | $850 | $1,020 | $1,020 | $1,020 | $1,020 | $1,020 | $1,020 | $1,020 |
| $10,000 - 19,999 | 0 | 480 | 1,480 | 1,850 | 2,050 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 2,620 |
| $20,000 - 29,999 | 480 | 1,480 | 2,480 | 3,050 | 3,250 | 3,420 | 3,420 | 3,420 | 3,420 | 3,420 | 3,820 | 4,820 |
| $30,000 - 39,999 | 850 | 1,850 | 3,050 | 3,620 | 3,820 | 3,990 | 3,990 | 3,990 | 3,990 | 4,390 | 5,390 | 6,390 |
| $40,000 - 49,999 | 850 | 2,050 | 3,250 | 3,820 | 4,020 | 4,190 | 4,190 | 4,190 | 4,590 | 5,590 | 6,590 | 7,590 |
| $50,000 - 59,999 | 1,020 | 2,220 | 3,420 | 3,990 | 4,190 | 4,360 | 4,360 | 4,760 | 5,760 | 6,760 | 7,760 | 8,760 |
| $60,000 - 69,999 | 1,020 | 2,220 | 3,420 | 3,990 | 4,190 | 4,360 | 4,760 | 5,760 | 6,760 | 7,760 | 8,760 | 9,760 |
| $70,000 - 79,999 | 1,020 | 2,220 | 3,420 | 3,990 | 4,190 | 4,760 | 5,760 | 6,760 | 7,760 | 8,760 | 9,760 | 10,760 |
| $80,000 - 99,999 | 1,020 | 2,220 | 3,420 | 4,240 | 5,440 | 6,610 | 7,610 | 8,610 | 9,610 | 10,610 | 11,610 | 12,610 |
| $100,000 - 149,999 | 1,870 | 4,070 | 6,270 | 7,840 | 9,040 | 10,210 | 11,210 | 12,210 | 13,210 | 14,210 | 15,360 | 16,560 |
| $150,000 - 239,999 | 1,870 | 4,100 | 6,500 | 8,270 | 9,670 | 11,040 | 12,240 | 13,440 | 14,640 | 15,840 | 17,040 | 18,240 |
| $240,000 - 319,999 | 2,040 | 4,440 | 6,840 | 8,610 | 10,010 | 11,380 | 12,580 | 13,780 | 14,980 | 16,180 | 17,380 | 18,580 |
| $320,000 - 364,999 | 2,040 | 4,440 | 6,840 | 8,610 | 10,010 | 11,380 | 12,580 | 13,860 | 15,860 | 17,860 | 19,860 | 21,860 |
| $365,000 - 524,999 | 2,720 | 5,920 | 9,390 | 12,260 | 14,760 | 17,230 | 19,530 | 21,830 | 24,130 | 26,430 | 28,730 | 31,030 |
| $525,000 and over | 3,140 | 6,840 | 10,540 | 13,610 | 16,310 | 18,980 | 21,480 | 23,980 | 26,480 | 28,980 | 31,480 | 33,990 |

## Single or Married Filing Separately

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | $0 - 9,999 | $10,000 - 19,999 | $20,000 - 29,999 | $30,000 - 39,999 | $40,000 - 49,999 | $50,000 - 59,999 | $60,000 - 69,999 | $70,000 - 79,999 | $80,000 - 89,999 | $90,000 - 99,999 | $100,000 - 109,999 | $110,000 - 120,000 |
| $0 - 9,999 | $90 | $850 | $1,020 | $1,020 | $1,020 | $1,070 | $1,870 | $1,870 | $1,870 | $1,870 | $1,870 | $1,970 |
| $10,000 - 19,999 | 850 | 1,780 | 1,980 | 1,980 | 2,030 | 3,030 | 3,830 | 3,830 | 3,830 | 3,830 | 3,930 | 4,130 |
| $20,000 - 29,999 | 1,020 | 1,980 | 2,180 | 2,230 | 3,230 | 4,230 | 5,030 | 5,030 | 5,030 | 5,130 | 5,330 | 5,530 |
| $30,000 - 39,999 | 1,020 | 1,980 | 2,230 | 3,230 | 4,230 | 5,230 | 6,030 | 6,030 | 6,130 | 6,330 | 6,530 | 6,730 |
| $40,000 - 59,999 | 1,020 | 2,880 | 4,080 | 5,080 | 6,080 | 7,080 | 7,950 | 8,150 | 8,350 | 8,550 | 8,750 | 8,950 |
| $60,000 - 79,999 | 1,870 | 3,830 | 5,030 | 6,030 | 7,100 | 8,300 | 9,300 | 9,500 | 9,700 | 9,900 | 10,100 | 10,300 |
| $80,000 - 99,999 | 1,870 | 3,830 | 5,100 | 6,300 | 7,500 | 8,700 | 9,700 | 9,900 | 10,100 | 10,300 | 10,500 | 10,700 |
| $100,000 - 124,999 | 2,030 | 4,190 | 5,590 | 6,790 | 7,990 | 9,190 | 10,190 | 10,390 | 10,590 | 10,940 | 11,940 | 12,940 |
| $125,000 - 149,999 | 2,040 | 4,200 | 5,600 | 6,800 | 8,000 | 9,200 | 10,200 | 10,950 | 11,950 | 12,950 | 13,950 | 14,950 |
| $150,000 - 174,999 | 2,040 | 4,200 | 5,600 | 6,800 | 8,150 | 10,150 | 11,950 | 12,950 | 13,950 | 14,950 | 16,170 | 17,470 |
| $175,000 - 199,999 | 2,040 | 4,200 | 6,150 | 8,150 | 10,150 | 12,150 | 13,950 | 15,020 | 16,320 | 17,620 | 18,920 | 20,220 |
| $200,000 - 249,999 | 2,720 | 5,680 | 7,880 | 10,140 | 12,440 | 14,740 | 16,840 | 18,140 | 19,440 | 20,740 | 22,040 | 23,340 |
| $250,000 - 449,999 | 2,970 | 6,230 | 8,730 | 11,030 | 13,330 | 15,630 | 17,730 | 19,030 | 20,330 | 21,630 | 22,930 | 24,240 |
| $450,000 and over | 3,140 | 6,600 | 9,300 | 11,800 | 14,300 | 16,800 | 19,100 | 20,600 | 22,100 | 23,600 | 25,100 | 26,610 |

## Head of Household

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | $0 - 9,999 | $10,000 - 19,999 | $20,000 - 29,999 | $30,000 - 39,999 | $40,000 - 49,999 | $50,000 - 59,999 | $60,000 - 69,999 | $70,000 - 79,999 | $80,000 - 89,999 | $90,000 - 99,999 | $100,000 - 109,999 | $110,000 - 120,000 |
| $0 - 9,999 | $0 | $280 | $850 | $950 | $1,020 | $1,020 | $1,020 | $1,020 | $1,560 | $1,870 | $1,870 | $1,870 |
| $10,000 - 19,999 | 280 | 1,280 | 1,950 | 2,150 | 2,220 | 2,220 | 2,220 | 2,760 | 3,760 | 4,070 | 4,070 | 4,210 |
| $20,000 - 29,999 | 850 | 1,950 | 2,720 | 2,920 | 2,980 | 2,980 | 3,520 | 4,520 | 5,520 | 5,830 | 5,980 | 6,180 |
| $30,000 - 39,999 | 950 | 2,150 | 2,920 | 3,120 | 3,180 | 3,720 | 4,720 | 5,720 | 6,720 | 7,180 | 7,380 | 7,580 |
| $40,000 - 59,999 | 1,020 | 2,220 | 2,980 | 3,570 | 4,640 | 5,640 | 6,640 | 7,750 | 8,950 | 9,460 | 9,660 | 9,860 |
| $60,000 - 79,999 | 1,020 | 2,610 | 4,370 | 5,570 | 6,640 | 7,750 | 8,950 | 10,150 | 11,350 | 11,860 | 12,060 | 12,260 |
| $80,000 - 99,999 | 1,870 | 4,070 | 5,830 | 7,150 | 8,410 | 9,610 | 10,810 | 12,010 | 13,210 | 13,720 | 13,920 | 14,120 |
| $100,000 - 124,999 | 1,870 | 4,270 | 6,230 | 7,630 | 8,900 | 10,100 | 11,300 | 12,500 | 13,700 | 14,210 | 14,720 | 15,720 |
| $125,000 - 149,999 | 2,040 | 4,440 | 6,400 | 7,800 | 9,070 | 10,270 | 11,470 | 12,670 | 14,580 | 15,890 | 16,890 | 17,890 |
| $150,000 - 174,999 | 2,040 | 4,440 | 6,400 | 7,800 | 9,070 | 10,580 | 12,580 | 14,580 | 16,580 | 17,890 | 18,890 | 20,170 |
| $175,000 - 199,999 | 2,040 | 4,440 | 6,400 | 8,510 | 10,580 | 12,580 | 14,580 | 16,580 | 18,710 | 20,320 | 21,620 | 22,920 |
| $200,000 - 249,999 | 2,720 | 5,920 | 8,680 | 10,900 | 13,270 | 15,570 | 17,870 | 20,170 | 22,470 | 24,080 | 25,380 | 26,680 |
| $250,000 - 449,999 | 2,970 | 6,470 | 9,540 | 12,040 | 14,410 | 16,710 | 19,010 | 21,310 | 23,610 | 25,220 | 26,520 | 27,820 |
| $450,000 and over | 3,140 | 6,840 | 10,110 | 12,810 | 15,380 | 17,880 | 20,380 | 22,880 | 25,380 | 27,190 | 28,690 | 30,190 |

# 2026 Colorado Employee Withholding Certificate

## This Certificate Is Optional for Employees

If you do not complete this certificate, then your employer will calculate your Colorado withholding based on your IRS Form W-4. That calculation is designed to withhold the required Colorado income tax due on your wages throughout the year, and it will generally result in a refund when you file your Colorado income tax return.

## Reasons to Complete This Certificate

Complete this certificate if you want to adjust your Colorado withholding for the following reasons:

1. You expect to claim Colorado tax credits or federal deductions other than the standard deduction;
2. You (and your spouse, if filing jointly) earn most of your income from one job; or
3. You expect significant income from other sources.

For most taxpayers, completing this certificate will likely increase your take-home pay, reduce your Colorado withholding, and reduce your refund when you file your Colorado income tax return. Consider the amounts you enter carefully. If too little is withheld, then you will owe tax when you file your return, and you may owe a penalty.

## When to Complete a New Certificate

You may adjust your withholding at any time. Consider completing a new certificate for the following reasons:

1. You last completed a certificate three or more years ago;
2. Your wages or other income changes significantly;
3. Your number of jobs changes;
4. Your expected filing status (single, married filing jointly, etc.) changes;
5. Your expected federal deductions change significantly; or
6. Your expected Colorado tax credits change significantly.

**Carefully consider how your qualifications and the requirements, amount, and availability of each credit and deduction may change each year.** For example, the new Family Affordability portion of the Child Tax Credit may change based on the age of your children, your adjusted gross income, and the state revenue forecast. For more information, go to *Tax.Colorado.gov/Income-Tax-Credits*, or go to *IRS.gov* and search for deductions for individuals. Some federal deductions must be added back for Colorado taxes.

## If You Complete This Certificate

1. Give it to your employer; then they must calculate your Colorado withholding based on the amounts you entered.
2. If you (and your spouse, if filing jointly) have multiple jobs, complete a separate certificate for each job.

In order to prevent evasion of Colorado income tax, the Department may review and adjust your withholding.

# 2026 Colorado Employee Withholding Certificate

## 1. Personal Information

Last Name | First Name | Middle Initial

Mailing Address | SSN or ITIN

City | State | ZIP Code

## 2. Annual Withholding Allowance

To reduce your Colorado withholding, either:

**a.** Enter the amount from Table 1 for your federal standard deduction and number of jobs; **or**

**b.** Enter the result from Worksheet 1, if you expect to claim additional federal deductions or Colorado tax credits, or if you (and your spouse, if filing jointly) have multiple jobs but earn most of your income from one job.

If you want a greater amount withheld, you may enter a smaller amount than either calculation, including zero, and/or you may complete Line 3..... **$**

**If this line 2 is blank, your employer will use an amount based on your IRS Form W-4.**

## 3. Additional Withholding Per Pay Period

Enter any additional tax you want withheld from each paycheck. If you expect to receive other income that will not have withholding, you may complete Worksheet 2 and include the result here **$**

## 4. Signature

I declare that the amounts on this certificate have not been presented to willfully evade Colorado income tax or obstruct its collection.

Employee Signature | Date (MM/DD/YY)

## Table 1: Standard Allowance

Go down the first column to your expected filing status from IRS Form W-4 Step 1(c). Then go across that row to the column with the number of jobs that you (and your spouse, if filing jointly) currently have.

| Filing Status from IRS Form W-4 Step 1(c) | Allowance for 1 Job | Allowance for 2 Jobs | Allowance for 3 Jobs | Allowance for 4 or More Jobs |
|---|---|---|---|---|
| Single or Married Filing Separately | $14,000 | $7,000 | $4,500 | $3,500 |
| Head of Household | $22,000 | $11,000 | $7,500 | $5,500 |
| Married Filing Jointly or Qualifying Surviving Spouse | $30,000 | $15,000 | $10,000 | $7,500 |

# Worksheet 1: Withholding Allowance

**This worksheet is optional.** Complete this worksheet only if you want to adjust your Colorado withholding for the following reasons:

- You expect to claim additional federal deductions or Colorado tax credits, including the Family Affordability portion of the Child Tax Credit, the Earned Income Tax Credit (EITC), or the new care worker credit; or
- You (and your spouse, if filing jointly) have multiple jobs but earn most of your income from one job.

You (and your spouse, if filing jointly) only need to complete this worksheet once regardless of your number of jobs. However, you will need to give a separate Colorado Employee Withholding Certificate to each of your employers. **Do not give this worksheet to your employers.**

For an electronic version of this worksheet, see the DR 0004 Withholding Calculator at *Tax.Colorado.gov/DR0004*. For more information, go to *Tax.Colorado.gov/Income-Tax-Credits*, or go to *IRS.gov* and search for deductions for individuals..

**1.** Enter the amount of income you (and your spouse, if filing jointly) expect to receive this year from all sources..... **$** _____

**2.** Enter your Standard Allowance, based on your expected filing status from IRS Form W-4 Step 1(c):

**a.** $14,000 if single or married filing separately;

**b.** $22,000 if head of household; or

**c.** $30,000 if married filing jointly or qualifying surviving spouse..... **$** _____

**3a.** Enter your estimated federal deductions that exceed the standard deduction from IRS Form W-4 Step 4(b)..... **$** _____

**3b.** Enter your estimate of qualified overtime compensation from line 1b of IRS form W-4, Step 4(b) Deductions Worksheet..... **$** _____

**3c.** Enter any state income tax included on line 6b of IRS Form W-4, Step 4(b) Deductions Worksheet..... **$** _____

**3d.** Add lines 3b and 3c..... **$** _____

**3e.** Net additional federal deductions, subtract line 3d from line 3a. If zero or less, enter zero..... **$** _____

**4.** Enter your Child Tax Credit Allowance from Table 2, if you want to reduce your withholding for the Colorado child tax credit..... **$** _____

**5.** Enter the amount of any other Colorado income tax credits that you expect to claim and for which you want to reduce your withholding. **$** _____

**6.** Add Lines 2, 3e, 4, and 5. This is your Total Withholding Allowance..... **$** _____

**7.** Enter the number of jobs that you (and your spouse, if filing jointly) currently have..... _____

**8.** Divide Line 6 by Line 7. This is your Annual Withholding Allowance for each job divided evenly..... **$** _____

**a.** If you (and your spouse, if filing jointly) have multiple jobs but earn most of your income from one job, you may want to divide Line 6 unevenly between your jobs. For example, if you earn 75% of your income from one job, you could use 75% of Line 6 for that job and the remaining 25% of Line 6 for your other job(s). If you choose to divide Line 6 unevenly, you will need to complete a separate Colorado Employee Withholding Certificate for each job.

**b.** If you want a greater amount withheld, you may use a smaller allowance than your calculation.

**Enter the amount you choose on Line 2 of your Colorado Employee Withholding Certificate.**

## Table 2: Child Tax Credit Allowance

Go down the first column to your expected filing status from IRS Form W-4 Step 1(c). Then select the corresponding row in the second column with your expected income from Line 1 of Worksheet 1. **Finally, go across that row to the column with your number of qualifying children who will be age 5 or younger as of December 31 of this year.**

| Filing Status from IRS Form W-4 Step 1(c) | Income from Line 1 of Worksheet 1 | Allowance for 1 Child | Allowance for 2 Children | Allowance for 3 or More Children |
|---|---|---|---|---|
| Single, Married Filing Separately, or Head of Household | $0 - $25,000 | $25,000 | $25,000 | $25,000 |
| | $25,001 - $50,000 | $11,500 | $22,500 | $34,000 |
| | $50,001 - $75,000 | $2,500 | $5,000 | $7,000 |
| | $75,001 or more | $0 | $0 | $0 |
| Married Filing Jointly or Qualifying Surviving Spouse | $0 - $35,000 | $25,000 | $35,000 | $35,000 |
| | $35,001 - $60,000 | $11,500 | $22,500 | $34,000 |
| | $60,001 - $85,000 | $2,500 | $5,000 | $7,000 |
| | $85,001 or more | $0 | $0 | $0 |

# Worksheet 2: Additional Withholding

This worksheet is optional. Complete this worksheet only if you would like to calculate additional wage withholding to cover other types of taxable income that you (and your spouse, if filing jointly) expect to receive this year. This may include interest, dividends, retirement income, rental income, or income from self-employment or as an independent contractor.

Complete a separate copy of this worksheet for each job to which you would like to add withholding. **Do not give this worksheet to your employer.**

Alternatively, you may use form DR 0104EP to submit estimated tax payments for any non-wage income that you receive. If you do not have enough withholding and estimated tax payments, then you will owe tax when you file your return, and you may owe a penalty.

For an electronic version of this worksheet, see the DR 0004 Withholding Calculator at *Tax.Colorado.gov/DR0004*. For more information:

- Go to *IRS.gov* and search for Publication 525 about taxable and nontaxable income; or
- Go to *Tax.Colorado.gov/Individual-Income-Tax-Guidance-Publications* and click on:
  - Colorado Individual Income Tax Guide, Parts 6 and 7, about withholding and estimated tax payments; or
  - Social Security, Pensions, and Annuities in the alphabetical list.

---

**1.** Enter the amount from IRS Form W-4 Step 4(a), which is your estimated non-business income for this year..... **$** _____

**2.** Enter any other non-wage income that you (and your spouse, if filing jointly) expect to receive this year, but is not included in the amount from IRS Form W-4 Step 4(a). This may include income from self-employment or as an independent contractor..... **$** _____

**3.** Add Lines 1 and 2. This is your Total Additional Income..... **$** _____

**4.** Multiply Line 3 by 4.40% (0.044). If zero or less, enter zero. This is your Total Additional Withholding..... **$** _____

**5.** Divide Line 4 by the number of jobs to which you would like to add withholding. This is your Additional Withholding Per Job..... **$** _____

**6.** Divide Line 5 by the number of pay periods during the year for this job (see Table 3 below). This is your Additional Withholding Per Pay Period..... **$** _____

**Enter this amount on Line 3 of your Colorado Employee Withholding Certificate.**

## Table 3: Pay Periods During the Year

Semimonthly means twice a month, usually on the 15th and 30th. Biweekly means every other week, usually on Fridays, regardless of the month.

| Annually | Semiannually | Quarterly | Monthly | Semimonthly | Biweekly | Weekly | Daily |
|---|---|---|---|---|---|---|---|
| 1 | 2 | 4 | 12 | 24 | 26 | 52 | 260 |

# 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:** _____

# ARIS Solutions- Veteran Program

## Direct Deposit Agreement Form

☐ Enrollment in Direct Deposit
☐ Change in Direct Deposit

Employee Name:

○ Enroll in PAYCARD

**you will receive a card in the mail to activate**

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 Veteran Department.

### Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ ☐ Checking | ☐ Savings

### Signature

Authorized Signature (Employee): _____ Date: _____

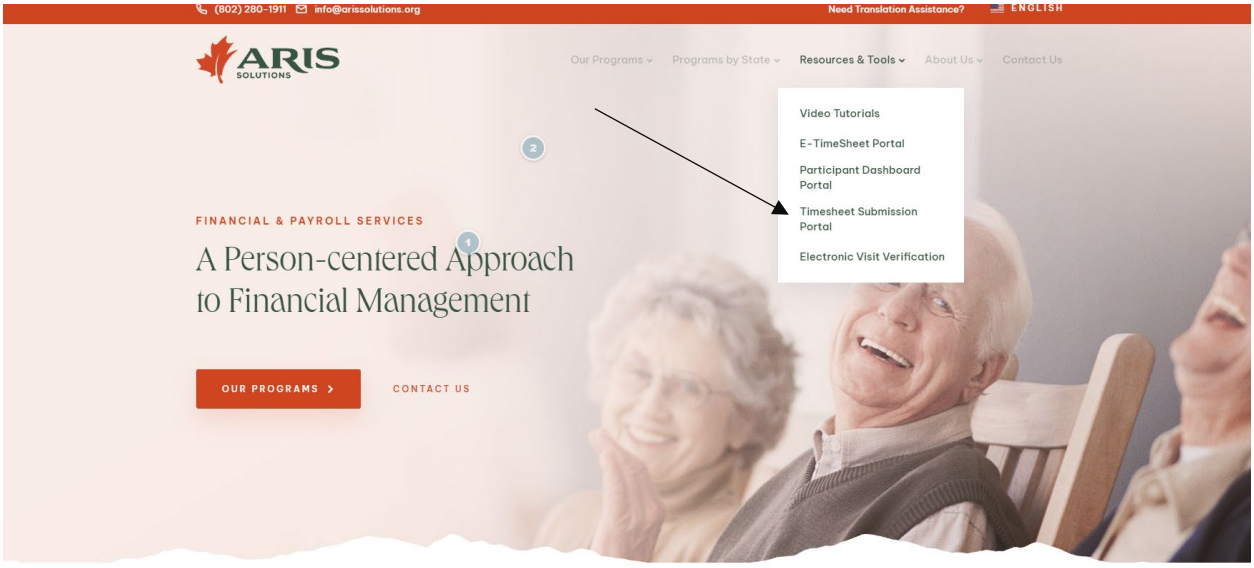
**Veteran Directed Care Program**

# ATTENTION ALL EMPLOYEES, EMPLOYERS, AND AGENCIES

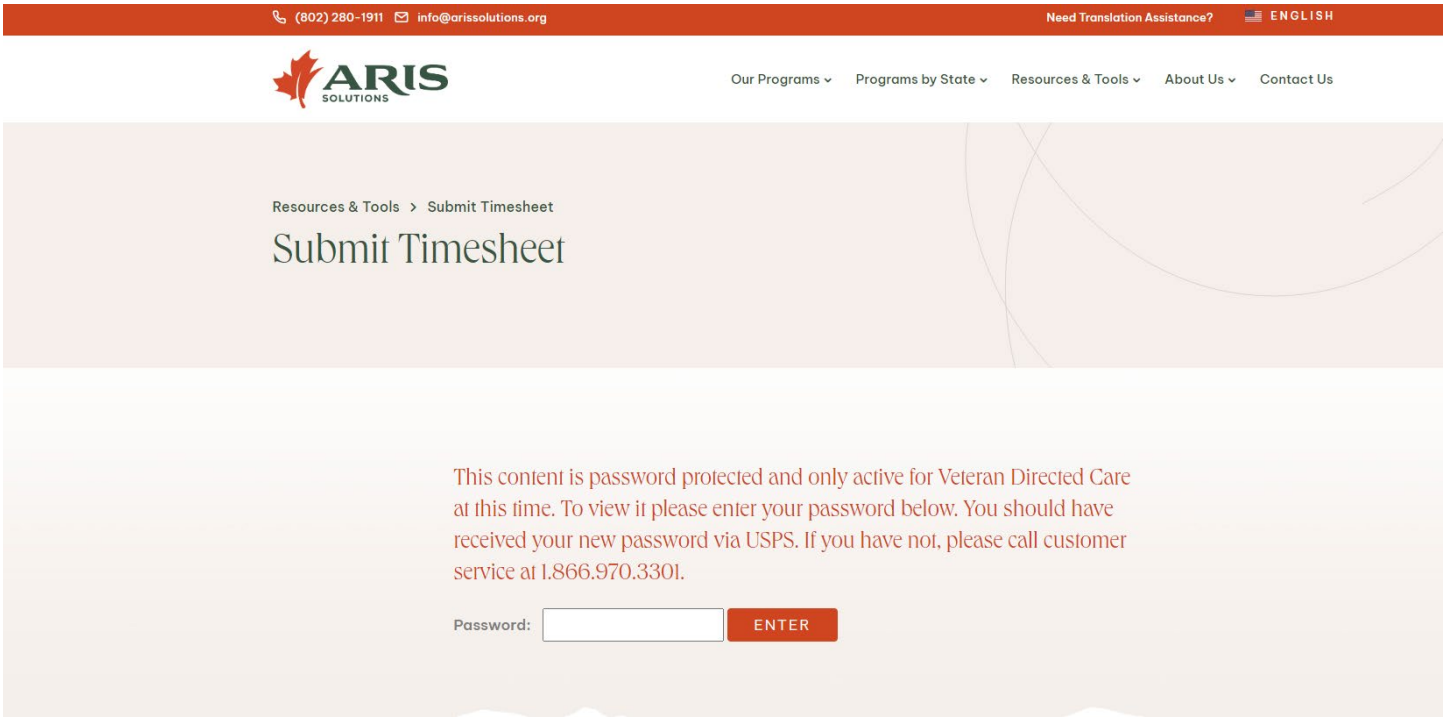
ARIS Solutions' Veteran Directed Care Program utilizes a submission platform on our website as one means for timesheet submission. We felt it may be helpful to provide clarifying information to address some of the questions we have received.

- **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.

# 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 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 fraud.

**Signature** _____
Required

**Print Name** _____
Required

**Date** _____
Required

## About the Electronic Timesheets Module

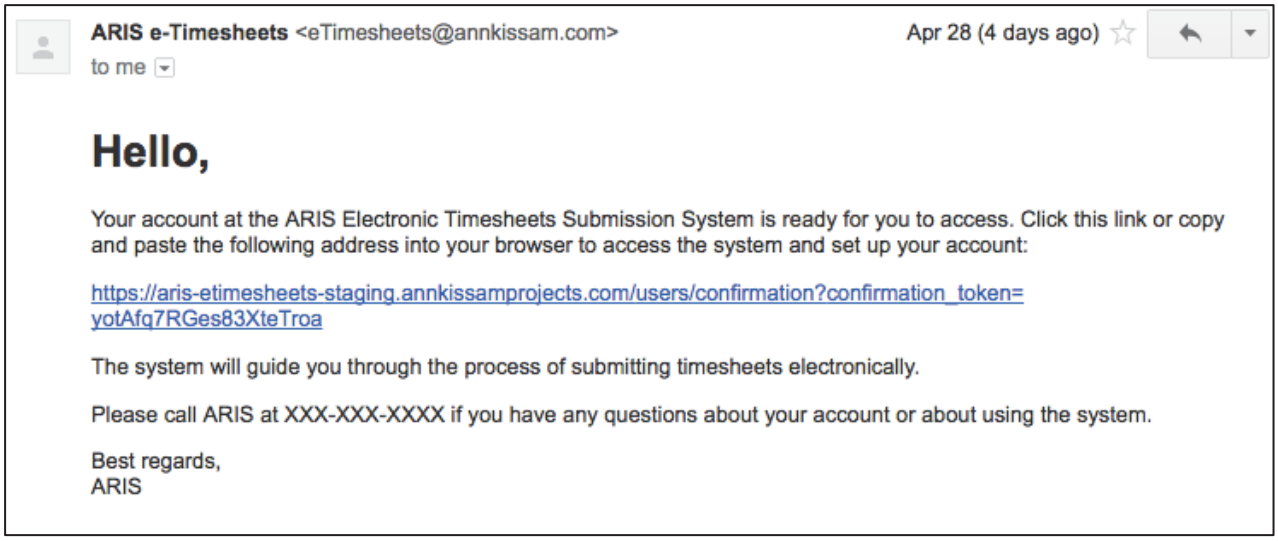
The Electronic Timesheets Module is a web-based interface through which Consumers, Employers, Representatives and Employees can respectively enter and view relevant timesheet information.

## Electronic Timesheets Agreement

In order to use the Electronic Timesheets Submission interface, a Consumer, their Representative or Employer (if applicable) and their Employee must sign an Electronic Timesheets Agreement which states that they both have valid e-mail addresses, and agree to use the electronic timesheets submission interface as a method of submitting time.

## Getting Started

1. An admin will create a user for the Consumer, Employer, Employee and Representative (if applicable).
2. The Consumer, Employer, Employee and Representative (if applicable) will each receive an e-mail alerting them that their account has been set up, and instructions for activating this account. Each user will click a one-time login link that expires after access to set up a password.



**ARIS e-Timesheets** <eTimesheets@annkissam.com> Apr 28 (4 days ago)

to me

**Hello,**

Your account at the ARIS Electronic Timesheets Submission System is ready for you to access. Click this link or copy and paste the following address into your browser to access the system and set up your account:

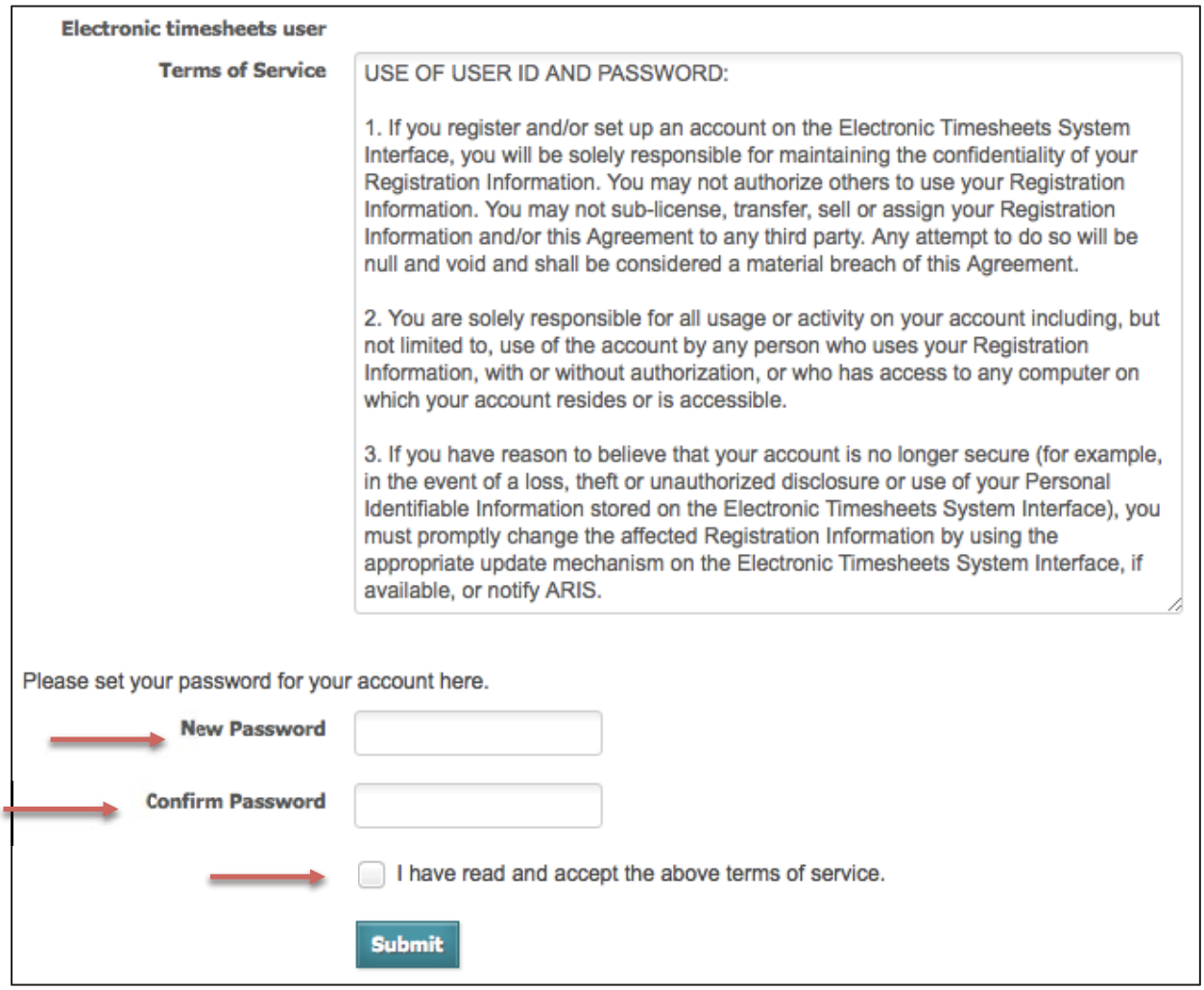
https://aris-etimesheets-staging.annkissamprojects.com/users/confirmation?confirmation_token=yotAfq7RGes83XteTroa

The system will guide you through the process of submitting timesheets electronically.

Please call ARIS at XXX-XXX-XXXX if you have any questions about your account or about using the system.

Best regards,
ARIS

3. Each user will be prompted to accept the Terms of Service, and set up a password for their account.




4. Once each user accepts the Terms of Service and creates a password, he or she may start using the system.

# VIP Program Timesheet

CPWD (Veteran Directed-Home and Community Based Services)

***REQUIRED FIELDS**

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

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

***VETERAN NAME:**_____ **VETERAN 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: (ex. 1/5/2020 - 1/18-2020)** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Day | *Date | *Start Time | AM | PM | *End Time | AM | PM | *Service Code or Notes | # of Hours Worked |
| Week 1 of Pay Period (Should not exceed 40 hours per week without prior approval) | | | | | | | | | |
| Sun | | | | | | | | | |
| Sun | | | | | | | | | |
| Mon | | | | | | | | | |
| Mon | | | | | | | | | |
| Tues | | | | | | | | | |
| Tues | | | | | | | | | |
| Wed | | | | | | | | | |
| Wed | | | | | | | | | |
| Thurs | | | | | | | | | |
| Thurs | | | | | | | | | |
| Fri | | | | | | | | | |
| Fri | | | | | | | | | |
| Sat | | | | | | | | | |
| Sat | | | | | | | | | |
| Week 2 of Pay Period (Should not exceed 40 hours per week without prior approval) | | | | | | | | | |
| Sun | | | | | | | | | |
| Sun | | | | | | | | | |
| Mon | | | | | | | | | |
| Mon | | | | | | | | | |
| Tues | | | | | | | | | |
| Tues | | | | | | | | | |
| Wed | | | | | | | | | |
| Wed | | | | | | | | | |
| Thurs | | | | | | | | | |
| Thurs | | | | | | | | | |
| Fri | | | | | | | | | |
| Fri | | | | | | | | | |
| Sat | | | | | | | | | |
| Sat | | | | | | | | | |
| 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/Veteran 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 **Secure Portal:** https://arissolutions.org/submit-timesheet/




# PAID LEAVE TIME SHEET

| | |
|---|---|
| Employee Name: | |
| Veteran Name: | |
| Employer Name (*if different*): | |

| DATE | SHIFT START TIME | SHIFT END TIME | LEAVE HOURS TO CLAIM |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | **TOTAL HOURS** | |

*The shifts provided are for days an employee was scheduled to work but was not able to. The shifts must in quarter hour increments.*

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.*

***Must be a worker in: Alaska, California, Colorado, Illinois, Maine, Minnesota, Missouri, Nebraska, Vermont to use this form***

**Mail timesheets to:** ARIS Solutions- Veteran Dept. PO Box 4409 White River Jct., VT 05001
**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 this submission. Please review prior to submission.***

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 2026

| Pay Period | Pay Period Start Date | Pay Period End Date | Timesheet Submission Due Date | Payment Date |
|---|---|---|---|---|
| | | | | |
| **1** | **12/28/2025** | **1/10/2026** | **1/12/2026** | **1/16/2026** |
| 2 | 1/11/2026 | 1/24/2026 | 1/26/2026 | 1/30/2026 |
| **3** | **1/25/2026** | **2/7/2026** | **2/9/2026** | **2/13/2026** |
| 4 | 2/8/2026 | 2/21/2026 | 2/23/2026 | 2/27/2026 |
| **5** | **2/22/2026** | **3/7/2026** | **3/9/2026** | **3/13/2026** |
| 6 | 3/8/2026 | 3/21/2026 | 3/23/2026 | 3/27/2026 |
| **7** | **3/22/2026** | **4/4/2026** | **4/6/2026** | **4/10/2026** |
| 8 | 4/5/2026 | 4/18/2026 | 4/20/2026 | 4/24/2026 |
| **9** | **4/19/2026** | **5/2/2026** | **5/4/2026** | **5/8/2026** |
| 10 | 5/3/2026 | 5/16/2026 | 5/18/2026 | 5/22/2026 |
| **11** | **5/17/2026** | **5/30/2026** | **6/1/2026** | **6/5/2026** |
| 12 | 5/31/2026 | 6/13/2026 | 6/15/2026 | 6/18/2026 |
| **13** | **6/14/2026** | **6/27/2026** | **6/29/2026** | **7/2/2026** |
| 14 | 6/28/2026 | 7/11/2026 | 7/13/2026 | 7/17/2026 |
| **15** | **7/12/2026** | **7/25/2026** | **7/27/2026** | **7/31/2026** |
| 16 | 7/26/2026 | 8/8/2026 | 8/10/2026 | 8/14/2026 |
| **17** | **8/9/2026** | **8/22/2026** | **8/24/2026** | **8/28/2026** |
| 18 | 8/23/2026 | 9/5/2026 | 9/7/2026 | 9/11/2026 |
| **19** | **9/6/2026** | **9/19/2026** | **9/21/2026** | **9/25/2026** |
| 20 | 9/20/2026 | 10/3/2026 | 10/5/2026 | 10/9/2026 |
| **21** | **10/4/2026** | **10/17/2026** | **10/19/2026** | **10/23/2026** |
| 22 | 10/18/2026 | 10/31/2026 | 11/2/2026 | 11/6/2026 |
| **23** | **11/1/2026** | **11/14/2026** | **11/16/2026** | **11/20/2026** |
| 24 | 11/15/2026 | 11/28/2026 | 11/30/2026 | 12/4/2026 |
| **25** | **11/29/2026** | **12/12/2026** | **12/14/2026** | **12/18/2026** |
| 26 | 12/13/2026 | 12/26/2026 | 12/28/2026 | 12/31/2026 |
| **27** | **12/27/2026** | **1/9/2027** | **1/11/2027** | **1/15/2027** |
| 28 | 1/10/2027 | 1/23/2027 | 1/25/2027 | 1/29/2027 |

Time sheets, reimbursements, employee paperwork and check requests received by the ARIS Solutions office after the due dates posted above will be processed with the next pay period.

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

Questions?
Veterans Department
1.866.970.3301
https://arissolutions.org/submit-timesheet/

# FREQUENTLY ASKED QUESTIONS

REGARDING COLORADO FAMLI 1/1/2024

## Colorado – Family and Medical Leave Insurance Program (FAMLI)

- **What is this?**
  - FAMLI is specific to the state of Colorado and is a paid family and medical leave insurance program, this ensures all Colorado workers have access to paid leave to take care of themselves or their family during life circumstances that pull them away from work.
  - Employees working within the state of Colorado have been contributing .45% from their pay since January 2023, employers with a total of **ten or more** employees must also contribute an additional .45% of wages.
- **What can employees use this time for?**
  - Qualifying conditions for paid family and medical leave are:
    - Caring for a new child during the first year after the birth, adoption, or foster care placement of that child.
    - Caring for a family member with a serious health condition.
    - Caring for your own serious health condition.
    - Planning for a family member's military deployment.
    - Obtaining safe housing, care, and/or legal assistance in response to domestic violence, stalking, sexual assault, or sexual abuse.
- **When can employees start claiming FAMLI leave?**
  - January 1, 2024 – benefits will be available.
- **What makes you eligible to take FAMLI leave?**
  - Most Colorado employees become eligible to take paid leave after they have earned at least $2,500 in wages within the State of Colorado within the last 4 calendar quarters.
- **How long and how often can an employee take FAMLI leave?**
  - Covered employees are entitled to up to 12 weeks of paid family and medical leave unless it is needed for pregnancy and childbirth complications, and it can then be extended to 16 weeks. FAMLI leave can only be taken once a year across a rolling calendar year. A rolling annual calendar example is: an employee takes leave on February 11th, 2024, for

the full 12 weeks, they would not be eligible for any other FAMLI again until February 11th, 2025.

- **Am I responsible for paying my employees while on FAMLI leave?**
  - No, the program is a social insurance, and the State of Colorado pays your employee a portion of their weekly wages directly through a debit card or direct deposit.
- **How much will the employee receive while on FAMLI leave?**
  - Employees will only be receiving a portion of their paycheck dependent on their average weekly wage and not the full amount, the benefit pay for this leave is capped at $1,100 a week.
- **How does an employee submit a claim for FAMLI?**
  - Employees will need to create an account online at famli.colorado.gov
  - Employees will be asked for documentation to provide to take FAMLI leave, the website or someone from the FAMLI division will be able to assist with those types of questions.

# FREQUENTLY ASKED QUESTIONS

REGARDING PAID SICK LEAVE

## Colorado – Healthy Families and Workplaces Act (HFWA)

- **What is this?**
  - Colorado's sick leave Act, HFWA begins January 1, 2024. This new Act provides paid leave for the following reasons:
    - Mental or physical illness or injury, including diagnosis and treatment
    - Preventive medical care
    - Reasons related to domestic abuse, sexual assault, or harassment
    - Deal with a workplace closure or the closure of a child's school or place of care during a public health emergency
    - Take bereavement or deal with financial or legal needs after the death of a family member
    - Evacuate their residence or care for a family member whose school or place of care was closed in the event of inclement weather; power, heat, or water loss; or another unexpected event.
- **What makes you eligible as an Employer?**
  - The Paid Sick Leave Act applies to all Colorado employers.
- **Does the Act apply to part-time employees, or just full-time employees?**
  - The act doesn't distinguish between part-time, full-time, or seasonal employees. Both full-time and part-time employees are covered by this Act. Employees who work fewer hours may accrue less leave time compared to full-time employees.
- **What can employees use this time for?**
  - Employees can use their paid leave for the above reasons without providing documentation. If an employee is out for 4 or more consecutive days, they can require reasonable documentation upon return.
- **How does an employee earn time?**
  - The accrual rate is one hour of paid leave for every 30 hours worked. With a maximum of 48 hours accrued per year and can only use 48 hours in a year.
- **Does time carry from one year to the next?**

- Employees can carry over up to 48 hours from year to year, but the maximum they can have will remain 48 hours and they cannot earn over that or use over that in a year.

- **When does an employee start earning time?**
  - Current employees as of 1/1/2024, start earning time as of that date. New employees start earning as of their date of hire.
- **When can an employee use leave time?**
  - Employees can use leave time as soon as it has been earned (example: after working 30 hours, you can use the one hour you earned next payroll).
- **Who pays for leave time when used?**
  - Employees who use leave time are paid through the Veterans budget, due to this being an expense of being an employer within the State of Colorado.
  - Employees will submit a timesheet to ARIS when claiming time, it is not the standard timesheet for hours worked. Allowing it to stand out when processing.
- **Are employees required to sign anything agreeing to hours they will earn?**
  - Yes, current employees will be mailed a confirmation of receipt regarding the paid leave accrual which will be stored with their employee documents at ARIS.
  - New employees will sign this form when completing the employee enrollment forms for ARIS.
- **How would an employee know how many hours they have in leave time?**
  - Earned leave time will be included in the pay stub the employee receives from ARIS.
  - Or they can call ARIS and ask.
- **If an employee leaves employment or is terminated, do they receive pay for earned time?**
  - No, upon leaving employment an employee will not be paid for unused leave time.
- **What if an employee leaves and is rehired?**
  - If the employee is rehired within 6 months of separation by the same employer, any previously earned leave time that was not used is reinstated to the employee.

- **What hourly rate are employees paid when using leave time?**
  - Employees must be paid at their current hourly rate when using leave time.
- **Do Employers need anything posted?**
  - Yes, employers must post the Colorado "PAID LEAVE, WHISTLEBLOWING, & PROTECTIVE EQUIPMENT" poster in a conspicuous place on site. (ARIS will mail this to all Colorado based employers, or they can be printed from https://cdle.colorado.gov/sites/cdle/files)
- **Can employers deny leave?**
    - No, an employer cannot deny leave time.
      - An employer can have a written policy that contains reasonable procedures for the employee to provide notice when the use of leave is a foreseeable circumstance.
      - Employers cannot retaliate against an employee for requesting or using paid leave and the employee has the right to file a complaint or bring civil action against an employer in the event this occurs.
- **Can an employer require an employee to find coverage during leave?**
  - No, employers cannot require employees to find coverage upon taking leave time.