IA- CPWD

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 -

IOWA

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

- ❑ Employee Confirmation of Receipt
- ❑ 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)
- ❑ State Tax Withholding
- ❑ FLSA Form
- ❑ Direct Deposit Authorization
- ❑ Electronic Timesheet Enrollment Forms
- ❑ Worker Timesheet Due Date & Payroll Schedule
- ❑ Worker Timesheet (blank)
- ❑ 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.

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

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 _____

ARIS SOLUTIONS

ARIS SOLUTIONS

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.*****

ARIS SOLUTIONS

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

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;

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
- ○ OIG

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): _____

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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C 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: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(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: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the 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 For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. 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. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with “RE” notation or refugee stamp issued to a refugee.	**OR**	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		Today's Date (mm/dd/yyyy)
JANE DOE	Employee must date & sign!	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)			**Additional Information**		
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

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 Employer must date & sign!	1/1/2025

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.

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.

CAUTION ***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

IOWA
Department of Revenue

2026 IA W-4

Employee Withholding Allowance Certificate

revenue.iowa.gov

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

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

Filing Status: ☐ Other (Including Single) ☐ Head of Household ☐ Married filing jointly ☐ Qualifying Surviving Spouse

If so, does your spouse also have earned income? ☐ Yes ☐ No

Print your full name: _____ Social Security Number: _____

Home address: _____

City: _____ State: _____ ZIP: _____

Exemption from withholding

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

Note: Entering "EXEMPT" above will result in no Iowa Income Tax being withheld.

Nonresidents may not claim this exemption.

Check this box if you are claiming an exemption from Iowa income tax as a military spouse based on the Military Spouses Residency Relief Act of 2009 or the Veterans Benefits and Transition Act of 2018 and the Veterans Auto and Education Improvement Act of 2022. ..... ☐

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

If you are not exempt, complete the following:

1. Personal allowances. See instructions ..... 1.$ _____
2. Allowances for dependents. You may claim $40 for each dependent you claim on your Iowa income tax return ..... 2.$ _____
3. Allowances for itemized deductions. See instructions ..... 3.$ _____
4. Allowances for adjustments to income. Estimate allowable adjustments to income for payments such as an IRA, Keogh, or SEP; penalty on early withdrawal of savings; and student loan interest. Multiply this amount by 3.8% (.038), round to the nearest dollar ... 4.$ _____
5. Allowances for child and dependent care credit. See instructions ..... 5.$ _____
6. Personal exemption credit allowed for federal purposes. See instructions ..... 6.$ _____
7. **Total allowances.** Add lines 1 through 6 ..... 7.$ _____
8. Additional amount, if any, you want deducted each pay period ..... 8.$ _____

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

Employee signature: _____ Date: _____

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

Employer name: _____

Federal Employer Identification Number (FEIN): _____

Employer address: _____

City: _____ State: _____ ZIP: _____

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

Filing Status: Select the applicable filing status. “Other” includes taxpayers who use the single filing status, Married filing separately, or married taxpayers wanting to withhold as a taxpayer with a filing status of Single. “Married filing jointly” includes taxpayers who are married filing jointly and qualified surviving spouses.

For taxpayers who select “Married filing jointly” and also select “Yes” for their spouse having earned income, the withholding calculation will be completed as if you are using filing status single. This means the deduction for taxpayers using the filing status single will be used in the calculation. If your spouse selects both of those selections on their IA W-4, their withholding will be calculated in the same way. If you do not wish to have the withholding calculation done using the single deduction, you should select “Married filing jointly” and also select “No” for your spouse having earned income.

Exemption from withholding

Nonresidents may not claim this exemption.

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

(1) for 2025 you had a right to a refund of all Iowa income tax withheld because you had no tax liability, and, (2) for 2026 you expect a refund of all Iowa income tax withheld because you expect to have no Iowa tax liability.

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

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

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

To determine your total income for “b” and “c”, you must add back the federal standard deduction or itemized deductions from your federal return, the personal exemption allowed for federal purposes (zero for tax year 2026), and the qualified business income deduction allowed for federal purposes to your Iowa net income.

Taxpayers 65 years of age or older: Only one spouse must be 65 or older to qualify for the exemption. Any federal standard deduction or itemized deductions from the federal return, personal exemption allowed for federal purposes ($6,000 for tax year 2026), or qualified business income deduction allowed for federal purposes, must be added to your Iowa net income for purposes of determining your total income. You are exempt if:

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

Military personnel in active duty status, as defined in Title 10 of the U.S. Code, are exempt from withholding. Under the Military Spouses Residency Relief Act of 2009, the Veterans Benefits and Transition Act of 2018, and the Veterans Auto and Education Improvement Act of 2022, you may be exempt from Iowa income tax on your wages if: (1) your spouse is a member of the uniformed services present in Iowa in compliance with military orders; (2) you are present in Iowa solely to be with your spouse; and (3) you maintain your domicile or residence in another state; or (4) you have elected to use the residence or domicile of: a) the spouse of the servicemember, b) the servicemember, or c) the permanent duty station of the servicemember in another state for income tax purposes. If you claim this exemption, check the appropriate box, enter the state other than Iowa you are claiming as your state of domicile or residence, and include a copy of your spousal military identification card to the IA W-4 provided to your employer.

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

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

Line 3. Allowances for itemized deductions:

(a) Enter total amount of estimated federal itemized deductions ..... (a) $ _____

(b) Enter amount of your federal standard deduction using the following information ..... (b) $ _____
If single or married filing separate returns, enter $16,100
If unmarried head of household, enter $24,150
If married filing a joint return or qualifying surviving spouse, enter $32,200

(c) Subtract line (b) from line (a) and enter the difference or zero, whichever is greater.....(c) $ _____

(d) Multiply the amount on line (c) by 3.8% (.038), round to the nearest whole dollar and enter on line 3.

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

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

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

Line 6. Personal exemption credit allowed for federal purposes: For tax years beginning on or after January 1, 2025 taxpayers age 65 or older may be eligible for a personal exemption of up to $6,000. Multiply the amount of the estimated allowable federal personal exemption by 3.8% (.038), then round this amount to the nearest whole dollar. Report this amount on line 6.

Line 8. Additional amount of withholding deducted: You may need to have additional tax withheld if you have more than one employer or are a nonresident alien. If any of these situations apply to you see the detailed instructions below. You may also need to have additional tax withheld if you have income other than wages. Income other than wages would include: interest and dividends, capital gains, rent, gambling winnings, etc. If you are not having enough tax withheld, you may request your employer to withhold more by filling in an additional amount on line 8. Estimate the amount you will be under-withheld, and divide that amount by the number of pay periods per year. If you reside in a school district that imposes school district surtax, consider reducing the amount of allowances shown on lines 1-6, or have additional tax withheld on line 8.

To be completed by the employer within 15 days of hire.

New Hire Reporting

An employer doing business in Iowa is required to report newly hired employees, rehires, and contractors to the Centralized Employee Registry. Use one of the following methods to report.

Online Reporting- Online reporting saves time and money and is the preferred method of reporting. Enter employee information or upload data at iowachildsupport.gov.

Fax and Mail Reporting- To report new hires and rehires, submit the following form or an equivalent form. To report contractors by fax or mail, use the Contractor Reporting form found at iowachildsupport.gov.

Magnetic Media- Record layout instructions and media types are available at iowachildsupport.gov.

Employer Information

1. Federal Employer Identification Number (FEIN): .....
2. Employer name: _____
3. Address: _____

   City: _____ State: _____ ZIP: _____
4. Employer contact and phone number: _____
5. Income provider name and address where income withholding and garnishment orders should be sent, if different from above.

   Name: _____

   Address: _____

   City: _____ State: _____ ZIP: _____

Employee Information

6. Is dependent health care coverage available? ..... Yes ☐ No ☐
7. Approximate date this employee qualifies for coverage (MM/DD/YYYY):.....
8. Employee start date (MM/DD/YYYY):.....
9. Employee date of birth (MM/DD/YYYY):.....
10. Employee Social Security Number: .....
11. Last name: _____ First name: _____ Middle initial: _____
12. Address: _____

    City: _____ State: _____ ZIP: _____

Mailing and contact information:

Fax to: 800-759-5881 or 515-281-3749 (local)

Phone: 877-274-2580

Mail to: Centralized Employee Registry
PO Box 10322
Des Moines, IA 50306-0322

Employer Reporting Requirements

Federal and state law (42 U.S. Code § 653a and Iowa Code chapter 252G) requires an employer doing business in Iowa who hires or rehires an employee or contractor to report the hire within 15 days of the start date. All items on this form must be completed.

Use one of the listed methods to report your new hires. Include your FEIN. Fax this form (page 44-019d) to 800-759-5881 or mail it to Centralized Employee Registry, PO Box 10322, Des Moines, IA 50306-0322. If you have questions about employer reporting requirements, call the Employers Partnering in Child Support (EPICS) Unit at 877-274-2580.

Multistate employers have two reporting options: to report newly hired employees in the states in which they are working, or alternatively, to identify one state where all hires will be reported. If you choose to report to one state, your new hire reports must be submitted electronically or by magnetic media, and you must register to identify the state you will report to. To register, visit ocsp.acf.hhs.gov.

Employer Information

1. **Federal Employer Identification Number (FEIN).** Provide the same 9-digit FEIN used on your quarterly wage reports, plus the 3-digit suffix used when filing Iowa withholding tax. For a business with only one location, the default suffix is 000.
2. **Employer name.** Provide doing business as (DBA) name, if applicable, rather than the legal name of the employer.
3. **Employer address.** Include any applicable post office box, unit number, etc.
4. **Employer contact and phone number (optional).** Include any applicable phone and extension.
5. **Income provider name and address** for income withholding orders or garnishment, if different from the employer address above. This may be the legal name of the business or other entity that handles withholding and garnishment. This information is needed for income withholding and garnishment purposes.

Employee Information

6. **Is dependent health care coverage available?** This question does not relate to insurability of employee's dependents. Mark yes if the employer or union offers coverage.
7. **Approximate date this employee qualifies for coverage.** Example: Is dependent insurance coverage offered upon hire or after six months of employment? This question does not relate to insurability of employee's dependents. Enter in month, day, and year format.
8. **Employee start date.** Indicate the first day for which the employee is owed compensation. For a rehire, list the return date. Enter in month, day, and year format. (Required by 42 U.S. Code § 653a)
9. **Employee date of birth.** Enter in month, day, and year format.
10. **Employee Social Security Number (SSN).** SSN is required for all individuals, including minors.
11. **Employee name.** Provide the employee's full name including middle initial.
12. **Employee address.** Provide the employee's current home address.

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.

ARIS SOLUTIONS

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

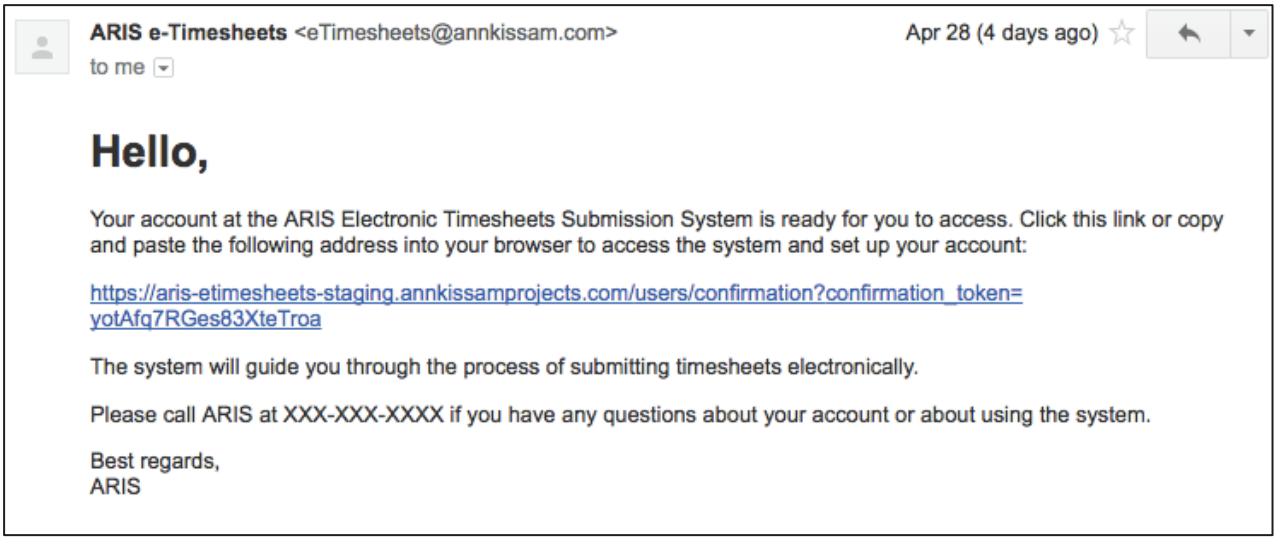
The Electronic Timesheets Module is a web-based interface through which Consumers, Employers, Representatives and Employees can respectively enter and view relevant timesheet information.

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:

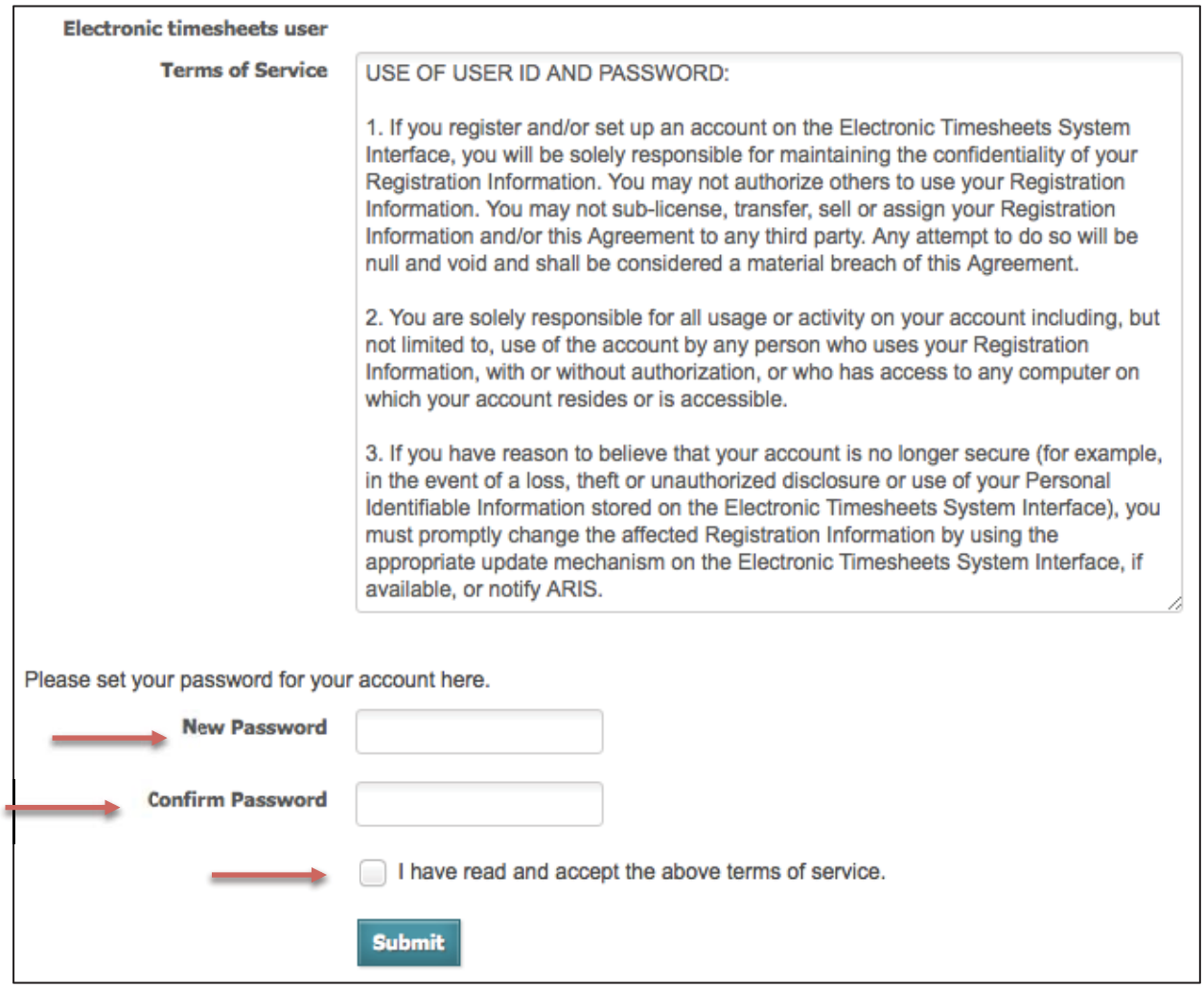
https://aris-etimesheets-staging.annkissamprojects.com/users/confirmation?confirmation_token=yotAfq7RGes83XteTroa

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/

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

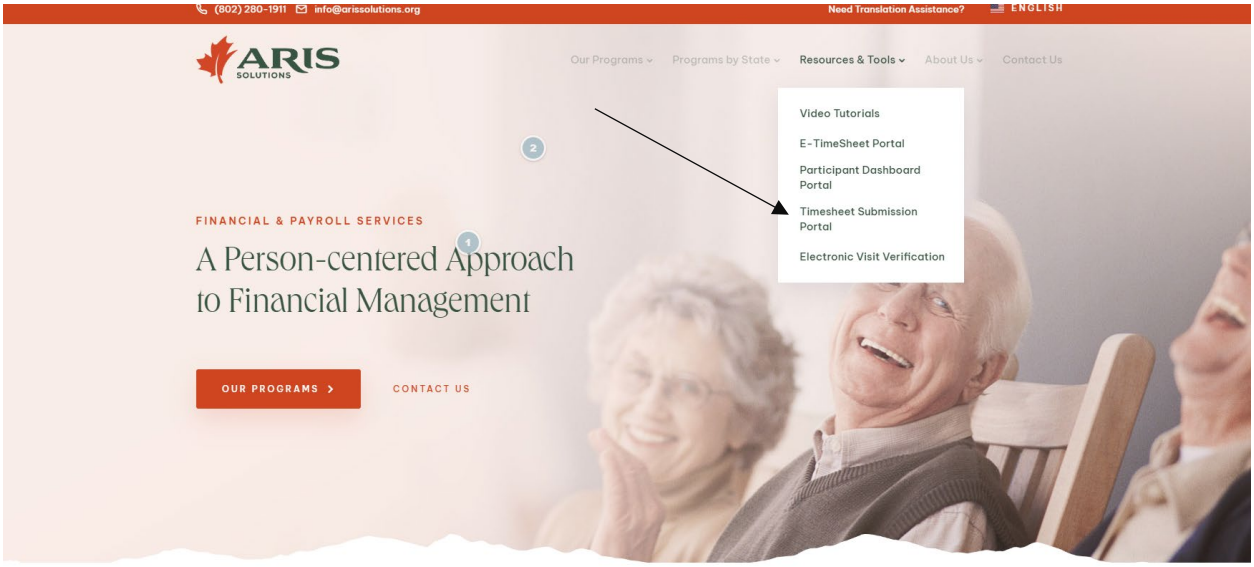
Pay Period	Pay Period Start Date	Pay Period End Date	Timesheet Submission Due Date	Payment Date
1	**12/28/2025**	**1/10/2026**	**1/12/2026**	**1/16/2026**
2	1/11/2026	1/24/2026	1/26/2026	1/30/2026
3	**1/25/2026**	**2/7/2026**	**2/9/2026**	**2/13/2026**
4	2/8/2026	2/21/2026	2/23/2026	2/27/2026
5	**2/22/2026**	**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.

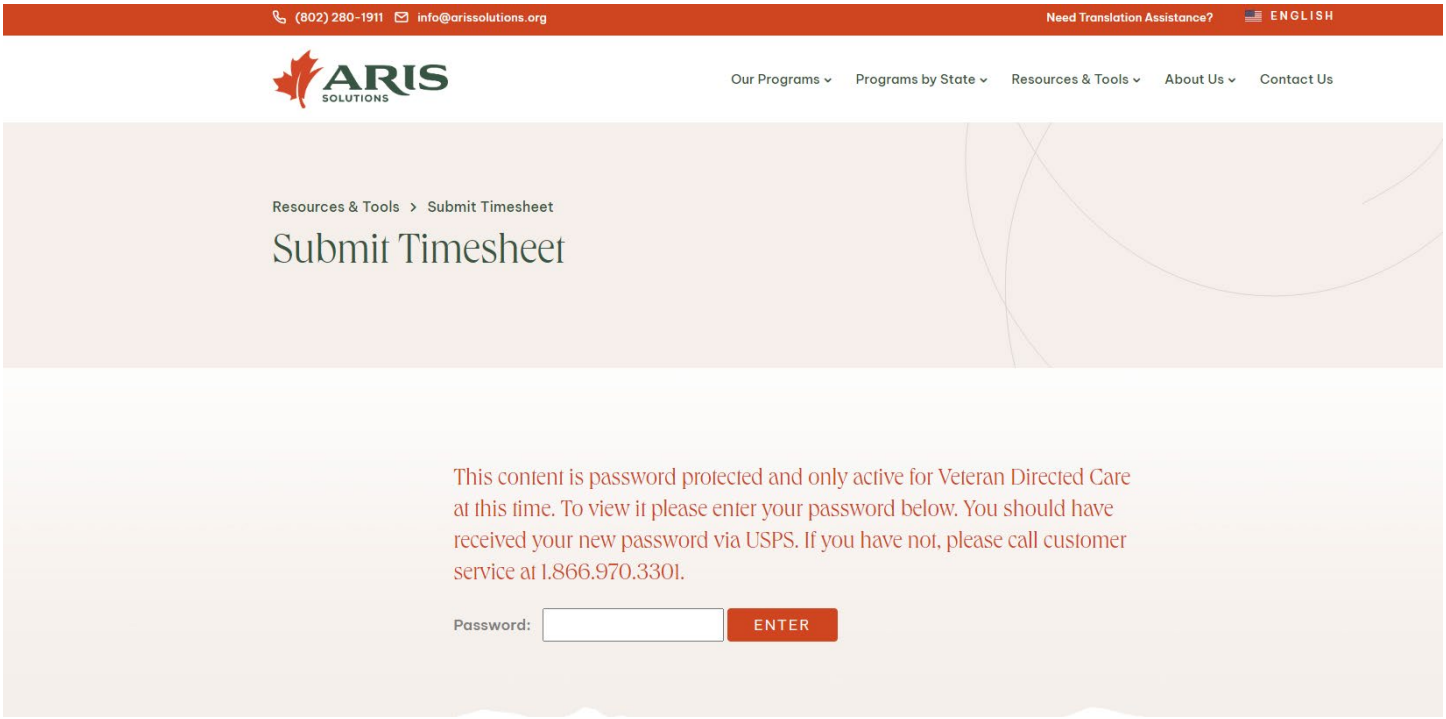
Send to:
ARIS Solutions
PO Box 4409
White River Junction, VT 05001
FAX: 1.802.295.9812

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

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.