



Employer Packet

(keep this folder for your records)

Congratulations on self-directing your supports. We are excited to take part in this process with you. Acumen Fiscal Agent, LLC (Acumen) is one of the oldest and most experienced Fiscal Employer Agents in the nation. We have been helping people self-direct since 1995.

Becoming an Employer: Inside this folder you will find the necessary forms and instructions which will authorize Acumen to act on your behalf. These forms relate to the withholding and filing of employer and employee related taxes. This folder cover provides you with reference information to assist you in being an employer.

The following forms are needed to authorize Acumen to act as your Fiscal Employer Agent. Please complete them and return to Acumen. Examples of these completed forms can be found in the back of the packet. Please check and note the date you emailed, mailed or faxed to Acumen. **If you currently have or have had an Employer Identification Number (EIN), do not complete any further employer enrollment forms. Please call your Options Counselor to discuss your options.**

Who can be the Employer?

In this SD-VISA Program the person receiving services or a representative can be the employer. This is a decision that is made before submitting the forms to Acumen.

- Acumen Authorization Form _____
Date Sent
- Employer Appointment of Agent - IRS Form 2678 _____
Date Sent
- Application for Employer Identification Number - IRS Form SS4 _____
Date Sent
- Tax Information Authorization - IRS Form 8821 _____
Date Sent
- State of California – Power of Attorney _____
Date Sent
- Employer Agreement Form _____
Date Sent

Email, Fax or Mail Information to Acumen

****PLEASE INCLUDE SD-VISA in
SUBJECT LINE****

Acumen Fiscal Agent, LLC.
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206
Fax: (888) 715-9391
enrollment@acumen2.net



Authorization Form

Complete each item and email enrollment@acumen2.net fax (888) 715-9391 or mail 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206 to Acumen. Please call (888) 516-2432 for English or (800) 611-4936 for Spanish if you have any questions.

I hereby authorize Acumen Fiscal Agent (Acumen) to:

1. File Form SS-4 on my behalf to obtain an Employer Identification Number (EIN), if I do not already have one, and allow the IRS to mail EIN information to Acumen once obtained. Note: If you currently have or have had an EIN, please contact the above phone number before proceeding with the employer enrollment paperwork.
2. Represent you, as the Veteran-Employer/Authorized Representative-Employer, for employer-related tax reporting purposes, by signing IRS Form 2678.
3. Handle all correspondence regarding employer tax reporting issues.
4. Serve as my Employer Agent for unemployment and withholding tax purposes. As such, Acumen shall provide all services for me, the employer, (tax, benefits, and appeals) and shall receive all documents related to my, the employer's, California unemployment and withholding tax account that would otherwise have been sent to me.
5. Receive confidential information and perform any and all acts the employer can perform relating to matters pertaining to California's Unemployment Insurance Program and state tax withholding regulations effective signature date forward; subject to revocation.
6. Electronically send me (e.g. e-mail) information including, but not limited to: employer and/or employee enrollment information, account statement reports, good-to-go information, and new products or services.

Any limitations to this authorization must be specifically stated and attached. This authorization revokes all earlier authorizations and powers of attorney on file, and shall remain in effect until receipt of a written notice of revocation or a subsequent authorization or power of attorney by the California Franchise Tax Board (FTB) and/or the California Employment Development Department.

What am I really authorizing?

- Your appointment grants Acumen Fiscal Agent a limited power of attorney to act as your employer agent for acts required under Section 3504 and Chapters 21, 22, 24, and/or 25 of Subchapter C of the Internal Revenue Code, and for taxes required under 3301.
- You are appointing Acumen Fiscal Agent to act as your agent for the California Franchise Tax Board and the California Employment Development Department in the fulfilling of domestic employer responsibilities relative to the employing of persons through initiatives funded by the State of California.

Employer (Responsible for managing staff)

Name:
Social Security Number:
Date of Birth:
Physical Address:
City/State/Zip:
Mailing Address:
City/State/Zip:
Phone Number:
E-mail Address:

Participant (The person receiving services)

Name:
Social Security Number:
Date of Birth:
Physical Address:
City/State/Zip:

Options Counselor

Name:
E-mail Address:
Phone Number:

Your signature means that you have read and understand the above information.

Participant or Employer Signature

Date

Form 2678 Employer/Payer Appointment of Agent

(Rev. August 2014) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0748

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

For IRS use:

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

Note. This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

Part 1: Why you are filing this form...

(Check one)

- You want to **appoint** an agent for tax reporting, depositing, and paying.
- You want to **revoke** an existing appointment.

Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.

1 Employer identification number (EIN)

□ □ - □ □ □ □ □ □ □ □

2 Employer's or payer's name
(not your trade name)

3 Trade name (if any)

N/A

4 Address

You must list a physical address. A P.O. Box will not be accepted.

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

5 Forms for which you want to appoint an agent or revoke the agent's appointment to file. (Check all that apply.)

	For ALL employees/ payees/payments	For SOME employees/ payees/payments
Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945 (Annual Return of Withheld Federal Income Tax)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>

*Generally you cannot appoint an agent to report, deposit, and pay tax reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient.

- Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

Sign your name here

Print your name here

Print your title here

Household Employer

Date

____ / ____ / ____

Best daytime phone

Now give this form to the agent to complete.

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)
▶ Go to www.irs.gov/FormSS4 for instructions and the latest information.
▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

1	Legal name of entity (or individual) for whom the EIN is being requested	HHCSR						
Type or print clearly.	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name						
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 5416 E Baseline Rd. Ste 200	5a Street address (if different) (Don't enter a P.O. box.)						
	4b City, state, and ZIP code (if foreign, see instructions) Mesa, AZ 85206	5b City, state, and ZIP code (if foreign, see instructions)						
	6 County and state where principal business is located							
7a Name of responsible party	7b SSN, ITIN, or EIN							
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members ▶							
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.								
<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____							
<input type="checkbox"/> Partnership _____	<input type="checkbox"/> Plan administrator (TIN) _____							
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/> Trust (TIN of grantor) _____							
<input type="checkbox"/> Personal service corporation _____	<input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government							
<input type="checkbox"/> Church or church-controlled organization _____	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government							
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises							
<input checked="" type="checkbox"/> Other (specify) ▶ HHCSR using Fiscal/Employer Agent	Group Exemption Number (GEN) if any ▶ _____							
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State _____	Foreign country _____						
10 Reason for applying (check only one box)								
<input type="checkbox"/> Started new business (specify type) ▶ _____	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____							
<input type="checkbox"/> Hired employees (Check the box and see line 13.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____							
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business							
<input checked="" type="checkbox"/> Other (specify) ▶ HHCSR using Fiscal/Employer Agent	<input type="checkbox"/> Created a trust (specify type) ▶ _____							
<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____							
11 Date business started or acquired (month, day, year). See instructions.	12 Closing month of accounting year December							
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Agricultural</td> <td style="width:33%;">Household</td> <td style="width:33%;">Other</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1-#</td> <td style="text-align: center;">0</td> </tr> </table>	Agricultural	Household	Other	0	1-#	0		
Agricultural	Household	Other						
0	1-#	0						
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶								
16 Check one box that best describes the principal activity of your business.								
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker							
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail							
<input checked="" type="checkbox"/> Other (specify) ▶ HHCSR using Fiscal/Employer Agent								
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. HHCSR using Fiscal/Employer Agent								
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶								
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.							
	Designee's name Angela Moses	Designee's telephone number (include area code) (623) 792-6100						
	Address and ZIP code 5416 E Baseline Rd. Ste 200 Mesa, AZ 85206	Designee's fax number (include area code) (877) 277-3048						
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Applicant's telephone number (include area code)							
Name and title (type or print clearly) ▶ HHCSR								
Signature ▶ _____	Applicant's fax number (include area code)							
Date ▶ _____								

Do I Need an EIN?

File Form SS-4 if the applicant entity doesn't already have an EIN but is required to show an EIN on any return, statement, or other document.¹ See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
started a new business	doesn't currently have (nor expect to have) employees	complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-14 and 16-18.
hired (or will hire) employees, including household employees	doesn't already have an EIN	complete lines 1, 2, 4a-6, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-18.
opened a bank account	needs an EIN for banking purposes only	complete lines 1-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
changed type of organization	either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) ²	complete lines 1-18 (as applicable).
purchased a going business ³	doesn't already have an EIN	complete lines 1-18 (as applicable).
created a trust	the trust is other than a grantor trust or an IRA trust ⁴	complete lines 1-18 (as applicable).
created a pension plan as a plan administrator ⁵	needs an EIN for reporting purposes	complete lines 1, 3, 4a-5b, 7a-b, 9a, 10, and 18.
is a foreign person needing an EIN to comply with IRS withholding regulations	needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶	complete lines 1-5b, 7a-b (SSN or ITIN as applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is administering an estate	needs an EIN to report estate income on Form 1041	complete lines 1-7b, 9a, 10-12, 13-17 (if applicable), and 18.
is a withholding agent for taxes on nonwage income paid to an alien (that is, individual, corporation, or partnership, etc.)	is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is a state or local agency	serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷	complete lines 1, 2, 4a-5b, 7a-b, 9a, 10, and 18.
is a single-member LLC (or similar single-member entity)	needs an EIN to file Form 8832, Entity Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸ , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business	complete lines 1-18 (as applicable).
is an S corporation	needs an EIN to file Form 2553, Election by a Small Business Corporation ⁹	complete lines 1-18 (as applicable).

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity doesn't have employees.

² However, don't apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

³ Don't use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

⁴ However, grantor trusts that don't file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

⁵ A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

⁶ Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

⁷ See also *Household employer agent* in the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.

⁸ See *Disregarded entities* in the instructions for details on completing Form SS-4 for an LLC.

⁹ An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.

Tax Information Authorization

► Go to www.irs.gov/Form8821 for instructions and the latest information.
 ► Don't sign this form unless all applicable lines have been completed.
 ► Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1165
For IRS Use Only
 Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date _____

Please fill in your name and address here.

Please fill in your phone number here.

1 Taxpayer information. Taxpayer must sign and date this form on line 6.

Taxpayer name and address _____ Taxpayer identification number(s) _____

Daytime telephone number _____ Plan number (if applicable) _____

You must list a physical address. A PO box will not be accepted.

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached**

Name and address _____ CAF No. 0305-91435R

Acumen Fiscal Agent, LLC PTIN _____
5416 E. Baseline Rd., Ste 200 Telephone No. 480-295-3300
Mesa, AZ 85206 Fax No. 480-371-2241

Check if to be sent copies of notices and communications Check if new: Address Telephone No. Fax No.

Name and address _____ CAF No. _____

PTIN _____

Telephone No. _____

Fax No. _____

Check if to be sent copies of notices and communications Check if new: Address Telephone No. Fax No.

3 Tax information. Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
Employment, Income Tax W/H	941, 940	2020-2024	Tax Liability & EIN Verify

4 Specific use not recorded on the Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5

5 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

► **IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

► **DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Please sign your name here.

Enter date here.

Signature _____ Date _____

Print Name _____ Title (if applicable) _____

HHCSR



POWER OF ATTORNEY (POA) DECLARATION

SEE INSTRUCTIONS ON THE BACK OF THIS FORM.

Enter Employer Name Here

I. EMPLOYER/TAXPAYER INFORMATION *(please type or print)*

California Employer Payroll Tax Account Number: <i>(if applicable)</i>		Federal Employer Identification Number:	
Owner/Corporation Name:		Corporate Identification Number:	
Business Name/Doing Business As (DBA): N/A			
Business Mailing Address: 5416 E. Baseline Rd., Suite 200		City: Mesa	State: AZ ZIP Code: 85206
Business Phone Number: (623) 792-6100		Business Fax Number: (480) 371-2241	
Business Location <i>(if different from above)</i> :		City:	State: ZIP Code:

Enter Employer Social Security Number Here

Enter Employer Address Here

II. REPRESENTATIVE DESIGNATION *(please type or print)*

I hereby appoint the following person to represent the employer/taxpayer for specified tax matters arising under the California Unemployment Insurance Code.

Representative's Business: ACUMEN FISCAL AGENT LLC		
Representative's Name: SARA HOINESS	Phone Number: (623) 792-6100	Fax Number: (480) 371-2241
Business Mailing Address: 5416 E BASELINE RD., SUITE 200	City: MESA	State: AZ ZIP Code: 85206

III. AUTHORIZED ACT(S)

- GENERAL AUTHORIZATION:** If you want to give the representative general authority to perform all acts on your behalf with regard to your state tax matters.
- SPECIFIC DECLARATION:** If you want to give the representative limited authority with regard to your state tax matters, indicate the specific dates and acts you are authorizing.
- To represent the employer/taxpayer for any and all
 - Tax Reporting
 - Benefit Reporting
 - Both matters relating to the reporting period indicated above.
 - To represent the employer/taxpayer for changes to their mailing address for any and all
 - Tax Reporting
 - Benefit Reporting
 - Both matters relating to the reporting period indicated above.
 - Other acts: *(describe specifically)*
- Subject to revocation, the above representative is authorized to receive confidential information.

IV. SIGNATURE AUTHORIZING POWER OF ATTORNEY

Signature of the employer/taxpayer, owner, officer, receiver, administrator, or trustee for the employer/taxpayer: If you are a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the employer/taxpayer, you are certifying that you have the authority to execute this form on behalf of the employer/taxpayer by signing this Power of Attorney Declaration.

If this Power of Attorney Declaration is not signed and dated, it will be returned as invalid.

I certify under penalty of perjury that the above information is true, correct, and complete, and that these actions are not to be taken to receive a more favorable Unemployment Insurance rate. I further certify that I have the authority to sign on behalf of the above business.

Signature _____ Title (Owner, Partner, Corp. Officer: Pres., Vice Pres., CEO or CFO) _____

Print Name _____ Date _____

Sign Here

Date Here

Print Name Here



San Diego Veterans Independence Services at Any Age (SD-VISA) Employer/Acumen Agreement Form

This Agreement is between Acumen Fiscal Agent and the Employer as stated below.

General understanding and conditions of the San Diego Veterans Independence Services at Any Age (SD-VISA) Program

- Participation in the San Diego Veterans Independence Services at Any Age (SD-VISA) is a decision made after consultation with the Options Counselor.
- I have received from the Options Counselor any/all program related information about the service delivery options and the rules and regulations regarding participation in the (SD-VISA) option. I understand it is my responsibility as the Employer to abide by all the rules and regulations of this program.
- I understand that I am the Employer of Record for this program. The employer is not Acumen Fiscal Agent, nor is the SD-VISA Program.
- I understand that as the Employer of Record I am responsible to comply with paying all of my employees in accordance with the Department of Labor Regulations including the Fair Labor Standards Act and the Final Rule effective December 1, 2016. Furthermore, I understand that this employer responsibility may extend beyond what the program funds may pay my employee and I accept full responsibility for all debts owed. This includes overtime and any hours that are above what is authorized in the Individual Spending Plan) and/or within program rules. (Federal link: https://www.dol.gov/whd/homecare/homcare_guide.pdf)
- I understand that Acumen is only authorized to represent me in processing payments as it relates to this SD-VISA option. Acumen will only make payments on my behalf in accordance to the authorized amounts as outlined in the Spending Plan.
- I understand it is my responsibility to be aware of any remaining balances and schedule provider(s)/employee(s) and/or request program payments within those available units and funds.
- I understand that if I cause work to happen above and beyond what is authorized in the Spending Plan, I, as the employer, will be personally responsible for those expenses.
- I understand it is my responsibility as the employer to ensure all employees and goods and service providers meet the qualifications and receive required training as required in the SD-VISA Program and in the Spending Plan prior to working or providing services. Acumen provides support and assistance with this.
- I understand Acumen will provide me with enrollment materials and guidance on the requirements to complete each form. It is ultimately my responsibility as the employer to ensure all forms that my employee(s) and/or I complete are correct within required guidelines.
- I will not allow provider(s)/employee(s) to begin performing work until Acumen has notified me that provider(s)/employee(s) are active in their system (Good to Go).
- I understand that if the program requires my employee (job applicant) to pass a background check I will ensure all investigation reports are kept confidential, will not be shared, and will be disposed of properly given that they include sensitive data (e.g., criminal history) and personally identifiable information (e.g., name, DOB, SSN).
- I understand it is my responsibility to review and approve all requests for payment prior to

submitting them to Acumen to ensure accuracy and confirm they are authorized for processing.

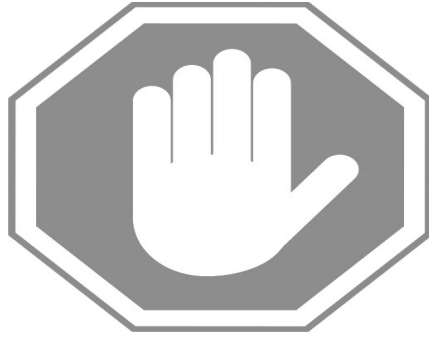
- I understand that, on occasion, I may receive automated (general announcement) communication from Acumen regarding important program and/or payroll information as it relates only and specifically to the SD-VISA option.
- I understand that Acumen will provide a Workers' Compensation Claim Reporting Guidelines (included in the packet) for use if my employee is injured on the job. I understand that it is my responsibility to make this information available to my employees.
- I understand that I may face penalties and/or fines if I fail to make the Workers' Compensation Reporting Claims Guidelines available to my employees. I, as the employer, will be personally responsible for paying these penalties and/or fines.
- I understand it is my responsibility to notify the Options Counselor immediately of any significant changes in circumstances that may affect the Veteran Spending Plan and/or safety.
- I understand it is my responsibility to notify Acumen immediately of any changes that effect eligibility for SD-VISA services. I understand I may be responsible for payment of any work performed during the loss of eligibility.
- I understand all requests for payment must have an employer signature and date indicating approval, or must be submitted through Acumen's online time entry system which requires password-protected employer approval. I understand that Acumen will not process a payment request without proper employer approval.
- I understand it is my responsibility to ensure the correct service code is utilized when submitting a payment request or timesheet, and I will work with Acumen to help reconcile any billing discrepancies with my employees and goods and service provider(s). It is the employers' responsibility to ensure their own compliance with all California Department of Labor (DOL) laws.
- I attest that I will submit and/or approve all payment requests in accordance with the Program regulations. I understand that payment and satisfaction of my claims may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws, for any false claims, statements or documents or concealment of a material fact. Any misuse of funds may result in being fined or penalized including but not limited to the repayment of claim. Any collection costs or legal fees will be my responsibility to pay.
- I hereby authorize Acumen to electronically send me information (e.g. email) including but not limited to account statement reports. I understand that I have the ability to opt-out of electronic communication upon request, and can receive this through U.S. Mail service.
- I acknowledge information necessary and relevant in providing services for the participant may be released, discussed, or disclosed between authorized business associates (i.e. FMS, the San Diego County HHS staff, service providers, as well as other government authorities.) I understand that my records are protected under Federal Regulations governing Confidentiality of Protected Health Information (PHI) under HIPAA.

My signature below confirms my understanding and agreement to abide by the terms and conditions as stated above.

Name of Veteran: _____

Name of Employer: _____

Employer Signature: _____ Date: _____



Worker's Compensation Claim Reporting Guidelines for Employees

If there has been a workplace injury or accident, please take the following action:

- If the injury or accident is of a serious nature, seek medical attention immediately.
- Employees must report the injury immediately to their employer.
- Employers must report the injury as soon as possible even if it is a weekend or holiday to the Acumen Workers' Compensation Department.
- To report to Acumen, call 866-472-2297. If you get voicemail when you call, leave a message with your name, call back number, state you are located in, a brief description of the incident and if the injury is of a serious nature (including hospitalization (not ER room & home release), immediate surgery status, critical care or death) .
- Messages of injuries of a serious nature will be returned even on a weekend or holiday. All other messages will be returned the following business day.

Timely reporting of any injury that goes beyond First Aid treatment to Acumen's Workers' Compensation Department is important. When reporting, be prepared with the following information:

- Time & place the incident occurred as well as how it occurred.
- Explain in as much detail as possible what happened to cause the injury.
- Take pictures of the area where the incident occurred, if you are able to do so, and any other photos you are able to obtain that may be helpful to the claim.

Contact Acumen's Workers' Compensation Administrator. Direct line is 866-472-2297.



Employee Packet

(keep this folder for your records)

You will need to complete the following steps in order to hire an employee:

Interview applicants and decide who you think would be the best fit for your particular needs. Have the person you decide to hire complete and send the following to Acumen:

- USCIS I-9 Employment Eligibility Verification
 - Your employee fills out **Section I**.
 - As the Employer, you fill out **Section II**. Employers must enter the date the employee began or will begin working for pay on the I-9. If the actual date of hire (first date of providing services for pay) for the employee changes from the date entered, it is the employer's responsibility to correct and re-submit the form to Acumen within three days of the actual date of hire.
 - To review Frequently Asked Questions about Form I-9, please visit www.acumenfiscalagent.com. Choose your state, and then find your program.
- IRS Form W-4 Employee's Withholding Allowance Certificate (for detailed instructions on how to complete this form go to www.irs.gov and type W-4 in the search box)
- CA DEE Form DE-4 State of California Employee's Withholding Allowance Certificate (for detailed instructions on how to complete this form go to www.edd.ca.gov and type DE-4 in the search box)
- Pay Selection Options for Employees Form
- Employee Rate Sheet

Email, fax or mail completed forms to Acumen. Acumen will notify you when your employee can begin working. Do not allow any work to be performed prior to this notification. Please allow two weeks before scheduling your employee's first day of work to be sure all paperwork and background checks has been received and processed.

Examples of completed forms can be found in the back of this packet. Although you may photocopy blank forms for future employees, Acumen recommends that you download the forms from our website to ensure that you have the most current versions. You may also contact our Customer Service department to be sure you have the most up-to-date forms or to request copies be sent to you.

For each of your employees, you will need to complete the *DLSE-NTE Notice To Employee* form and provide a copy to your employee along with a current Payment Schedule. The State of California Labor Code section 2810.5 requires all employers to provide each of their employees with a completed *DLSE-NTE Notice to Employee* form upon initial hire, as well as any time there is a change in the employee's pay rate. Acumen will provide an initial copy of this form and Payment Schedule when your employee is hired. You are responsible for gathering the signatures and keeping it in your employee's personnel file. We will be happy to store a copy with your employee's other records if you choose to send us a copy, however, we will not be tracking this for you.

Even though Acumen will NOT be tracking this form, we recommend you:

- Complete and sign the *DLSE-NTE Notice to Employee* form
- Have your employee sign it
- Keep a copy for your records
- Provide your employee with a copy of the completed/signed form
- Complete a new form every time your employee's pay rate changes



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

2021

▶ **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.**

Step 1:
Enter Personal Information

Physical Address Required (No P.O. Box)

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying widow(er)		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

If applicable -->

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____

Multiply the number of other dependents by \$500 ▶ \$ _____

Add the amounts above and enter the total here **3** \$ _____

Required field even if "0".

↓

Step 4 (optional):
Other Adjustments

Optional. Please refer to the instructions.

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$ _____

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$ _____

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

If filing exempt, leave Step 3 & 4 blank. Write EXEMPT here -->

Step 5:
Sign Here

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

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

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
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Employer Name & Address Required.

General Instructions

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 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 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 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

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

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



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

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

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

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

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



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income
2 Enter: { \$25,100 if you're married filing jointly or qualifying widow(er); \$18,800 if you're head of household; \$12,550 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions 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 Widow(er)

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	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

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	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

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	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address City, State, and ZIP Code	Filing Status SINGLE or MARRIED (with two or more incomes) MARRIED (one income) HEAD OF HOUSEHOLD

- Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
 - Number of Regular Withholding Allowances (Worksheet A) _____
 - Number of allowances from the Estimated Deductions (Worksheet B, if applicable.) _____
 - Total Number of Allowances you are claiming _____

- Additional amount, if any, you want withheld each pay period (if employer agrees), **(Worksheet C)**
OR

Exemption from Withholding

- I claim exemption from withholding for 2021, and I certify I meet both of the conditions for exemption. (Check box here)
OR
- I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address	California Employer Payroll Tax Account Number
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PURPOSE: This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

Beginning January 1, 2020, *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form *Employee's Withholding Allowance Certificate* (DE 4) to determine the appropriate California Personal Income Tax (PIT) withholding.

If you do not provide your employer with a withholding certificate, the employer must use Single with Zero withholding allowance.

CHECK YOUR WITHHOLDING: After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

- You did not owe any federal/state income tax last year, and
- You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

- your spouse is a member of the armed forces present in California in compliance with military orders;
- you are present in California solely to be with your spouse; and
- you maintain your domicile in another state.

If you claim exemption under **this** act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.

The [California Employer's Guide \(DE 44\)](http://edd.ca.gov/pdf_pub_ctr/de44.pdf) (edd.ca.gov/pdf_pub_ctr/de44.pdf) provides the income tax withholding tables. This publication may be found by visiting [Payroll Taxes - Forms and Publications](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm) (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, please visit the [Franchise Tax Board \(FTB\)](http://ftb.ca.gov) (ftb.ca.gov).

If you need information on your last *California Resident Income Tax Return (FTB Form 540)*, visit the [FTB](http://ftb.ca.gov) (ftb.ca.gov).

NOTIFICATION: The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of [Title 22, California Code of Regulations \(CCR\)](http://govt.westlaw.com/calregs/Search/Index) (govt.westlaw.com/calregs/Search/Index), the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

PENALTY: You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the [California Unemployment Insurance Code](http://leginfo.legislature.ca.gov/faces/codes.xhtml) (leginfo.legislature.ca.gov/faces/codes.xhtml) and section 19176 of the [Revenue and Taxation Code](http://leginfo.legislature.ca.gov/faces/codes.xhtml) (leginfo.legislature.ca.gov/faces/codes.xhtml).

WORKSHEETS

INSTRUCTIONS — 1 — ALLOWANCES*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

TWO-EARNERS/MULTIPLE INCOMES: When earnings are derived from more than one source, under-withholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer.

Do **not** claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 filed for the highest paying job and zero allowances are claimed for the others.

MARRIED BUT NOT LIVING WITH YOUR SPOUSE: You may check the "Head of Household" marital status box if you meet all of the following tests:

- (1) Your spouse will not live with you **at any time** during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; **and**
- (3) You will file a separate return for the year.

HEAD OF HOUSEHOLD: To qualify, you must be unmarried or legally separated from your spouse and pay more than 50% of the costs of maintaining a home for the **entire** year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

WORKSHEET A

REGULAR WITHHOLDING ALLOWANCES

- | | |
|--|-----|
| (A) Allowance for yourself — enter 1 | (A) |
| (B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 | (B) |
| (C) Allowance for blindness — yourself — enter 1 | (C) |
| (D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 | (D) |
| (E) Allowance(s) for dependent(s) — do not include yourself or your spouse | (E) |
| (F) Total — add lines (A) through (E) above and enter on line 1a of the DE 4 | (F) |

INSTRUCTIONS — 2 — (OPTIONAL) ADDITIONAL WITHHOLDING ALLOWANCES

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim **one or more additional** withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

WORKSHEET B

ESTIMATED DEDUCTIONS

Use this worksheet **only** if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

- | | |
|---|------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 | 1. |
| 2. Enter \$9,202 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$4,601 if single or married filing separately, dual income married, or married with multiple employers | – 2. |
| 3. Subtract line 2 from line 1, enter difference | = 3. |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) | + 4. |
| 5. Add line 4 to line 3, enter sum | = 5. |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) | – 6. |
| 7. If line 5 is greater than line 6 (if less, see below [go to line 9]);
Subtract line 6 from line 5, enter difference | = 7. |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number
enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise stop here . | 8. |
| 9. If line 6 is greater than line 5;
Enter amount from line 6 (nonwage income) | 9. |
| 10. Enter amount from line 5 (deductions) | 10. |
| 11. Subtract line 10 from line 9, enter difference. Then, complete Worksheet C. | 11. |

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-3886.

WORKSHEET C

ADDITIONAL TAX WITHHOLDING AND ESTIMATED TAX

1. Enter estimate of total wages for tax year 2021. 1.
2. Enter estimate of nonwage income (line 6 of Worksheet B). 2.
3. Add line 1 and line 2. Enter sum. 3.
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest). 4.
5. Enter adjustments to income (line 4 of Worksheet B). 5.
6. Add line 4 and line 5. Enter sum. 6.
7. Subtract line 6 from line 3. Enter difference. 7.
8. Figure your tax liability for the amount on line 7 by using the 2021 tax rate schedules below. 8.
9. Enter personal exemptions (line F of Worksheet A x \$136.40). 9.
10. Subtract line 9 from line 8. Enter difference. 10.
11. Enter any tax credits. (See FTB Form 540). 11.
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability. 12.
13. Calculate the tax withheld and estimated to be withheld during 2021. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2021. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2021. 13.
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld. 14.
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4. 15.

NOTE: Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2021 ONLY

**SINGLE PERSONS, DUAL INCOME
MARRIED WITH MULTIPLE EMPLOYERS**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
\$0	\$8,932	1.100%	\$0	\$0.00
\$8,932	\$21,175	2.200%	\$8,932	\$98.25
\$21,175	\$33,421	4.400%	\$21,175	\$367.60
\$33,421	\$46,394	6.600%	\$33,421	\$906.42
\$46,394	\$58,634	8.800%	\$46,394	\$1,762.64
\$58,634	\$299,508	10.230%	\$58,634	\$2,839.76
\$299,508	\$359,407	11.330%	\$299,508	\$27,481.17
\$359,407	\$599,012	12.430%	\$359,407	\$34,267.73
\$599,012	\$1,000,000	13.530%	\$599,012	\$64,050.63
\$1,000,000	and over	14.630%	\$1,000,000	\$118,304.31

MARRIED PERSONS

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
\$0	\$17,864	1.100%	\$0	\$0.00
\$17,864	\$42,350	2.200%	\$17,864	\$196.50
\$42,350	\$66,842	4.400%	\$42,350	\$735.19
\$66,842	\$92,788	6.600%	\$66,842	\$1,812.84
\$92,788	\$117,268	8.800%	\$92,788	\$3,525.28
\$117,268	\$599,016	10.230%	\$117,268	\$5,679.52
\$599,016	\$718,814	11.330%	\$599,016	\$54,962.34
\$718,814	\$1,000,000	12.430%	\$718,814	\$68,535.45
\$1,000,000	\$1,198,024	13.530%	\$1,000,000	\$103,486.87
\$1,198,024	and over	14.630%	\$1,198,024	\$130,279.52

UNMARRIED HEAD OF HOUSEHOLD

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
\$0	\$17,876	1.100%	\$0	\$0.00
\$17,876	\$42,353	2.200%	\$17,876	\$196.64
\$42,353	\$54,597	4.400%	\$42,353	\$735.13
\$54,597	\$67,569	6.600%	\$54,597	\$1,273.87
\$67,569	\$79,812	8.800%	\$67,569	\$2,130.02
\$79,812	\$407,329	10.230%	\$79,812	\$3,207.40
\$407,329	\$488,796	11.330%	\$407,329	\$36,712.39
\$488,796	\$814,658	12.430%	\$488,796	\$45,942.60
\$814,658	\$1,000,000	13.530%	\$814,658	\$86,447.25
\$1,000,000	and over	14.630%	\$1,000,000	\$111,524.02

If you need information on your last California Resident Income Tax Return, FTB Form 540, visit ftb.ca.gov.

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, section 4340-1, and the California Revenue and Taxation Code, including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.



Pay Selection Options

Below are the options employees have for receiving their paychecks through Acumen. Please read the information about each option and select the one that is right for you. Paystubs will be sent to the email provided on the Authorization for Direct Deposit or Pay Card on the following page. **You will need to provide additional information based on your selection; please read the instructions below and return all the necessary forms.**

Direct Deposit

With this option, your paycheck will be automatically deposited into your bank account on payday. There is no charge from Acumen to receive your pay via direct deposit. You won't have to wait for the mail or make a trip to the bank. Paystubs will be sent to you by email on payday. You can have your paycheck deposited into one or two accounts, and you may change your account information at any time. **Please note:** You have the option to deposit a flat dollar amount **or** a percentage amount of your check to the primary account. If you choose to have a flat dollar amount deposited into your primary account you will need to provide a secondary account in which the remainder of the funds will be deposited to. If you choose to have a percentage amount of your check deposited into two accounts, you must indicate the percentage to be deposited to each. The percentage total must be 100%. If no amounts are indicated, 100% will be deposited into the primary account. To enroll, fill out the information on the Authorization for Direct Deposit section of the form and return it, along with the additional requested items, to Acumen. You will receive paper checks by mail until your bank information is verified – usually within two pay periods.

Pay Card

Pay cards – also called pre-paid debit cards – work just like a regular debit card, but are used only for payroll deposits. Acumen does not charge for this option, although the card provider may charge fees for certain transactions. Pay cards are up to 80% less expensive to use than check cashing services. Paystubs will be sent by email on payday. To enroll, complete the Authorization for Pay Card section of the form and return it to Acumen. Money Network will send you an information kit. **You will need to activate the card with Money Network and then contact Acumen with your account information.** You will receive paper checks by mail until this process is complete.

Please return the completed form to Acumen. You may send by email, fax, or mail listed below:

Email: enrollment@acumen2.net

Fax: (888) 715-9391

Mail: 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206

Note: if you do not select one of the options, Acumen will send your pay check via regular mail, according to the established pay schedule you have received. We make every effort to get your check to you by payday; however it is impossible to guarantee the date that paper checks will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If your paper check does not arrive within 5 business days of payday, you can call Acumen to issue a stop payment and have a new check issued. A processing fee of \$35 will be deducted from the new check for each stop payment request. This fee may be waived by signing up for direct deposit or pay card.

I choose to receive my pay by (please check one box below):

Check Direct Deposit Pay Card

DIRECT DEPOSIT INFORMATION

Attach a voided check for checking account(s). For savings accounts, please send a printout from your bank that provides the routing number and account information. Submit any changes to your account(s) immediately!

Primary Account 1 Account Type: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach routing & account information printout) <input type="checkbox"/> Flat Dollar Amount <input type="checkbox"/> Percentage	Secondary Account 2 (Mandatory for Flat dollar option) Account Type: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach routing & account information printout) <input type="checkbox"/> Remainder account. (Used if percentage is less than 100% or net pay exceeds the flat dollar amount listed for Primary Account 1)
Financial Institution Name	Financial Institution Name
Financial Institution Address	Financial Institution Address
Routing Number	Routing Number
Account Number	Account Number
Flat dollar amount or % of check to be deposited: _____	All remaining funds exceeding Primary Account 1 allocations will deposit into this account.

Are you the account holder for the account(s) listed above? Yes No

If "no," what is the name of the account holder? _____

If "no," employee agrees to have their funds deposited into this account. _____

Employee Signature

AUTHORIZATION FOR DIRECT DEPOSIT or PAY CARD or PAPER CHECK

I hereby authorize Acumen Fiscal Agent, LLC (herein after "Company") to deposit any amount owed to me for wages and/or reimbursements by initiation of credit entries to my account at the financial institution (hereinafter "Bank") handling my choice indicated above. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Company receives written notice from me of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it. If my method of payment is pay card, as the pay card holder, it is my responsibility to close this account should I no longer choose to have payments deposited in this manner. If I selected Paper Check, I understand that Acumen will make every effort to ensure my check will arrive by payday; however, it is impossible to guarantee the date that my paper check will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If my paper check does not arrive within 5 business days of payday, I can call Acumen to issue a stop payment and have a new check issued. I understand that if I request a stop payment, a processing fee of \$35.00 will be deducted from my new check. If I require that this fee be waived, I must sign up for either direct deposit or a Pay Card.

Print Name

Social Security Number

Date of Birth

Email Address for Paystub Delivery

Signature

Date

Return completed form by email enrollment@acumen2.net, fax (888) 715-9391
1 or mail to 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206



Employee Information Form Relationship Disclosure

Employee Name: _____ SSN: _____

Physical Address: _____ City/State/Zip: _____

Mailing Address (if different): _____ City/State/Zip: _____

County of Physical Address: _____

Phone Number: _____ Email (optional): _____

Name of Participant: _____

Name of Employer or Authorized Representative: _____
(if applicable)

Instructions: There are some tax exemptions for certain domestic employer and employee relationships. Please select any of the below boxes if a relationship exists between you as the employee and the employer:

- None**, no relation to employer
- *Spouse** of the employer,
- *Child** of the employer and under the age of 21
- *Parent** of the employer - if this option is marked, read below and check all that apply:
 - You are employed by your son or daughter**
 - Your son or daughter has a child or stepchild living in the home**
 - Your son or daughter is a widower, divorced, or is living with a spouse who, because of a mental or physical condition, cannot care for the child or stepchild for at least 4 continuous weeks in a calendar quarter**
 - Your son or daughter's child or stepchild is under the age of 18 and requires the personal care of an adult for at least 4 continuous weeks in a calendar quarter due to a mental or physical condition**

***Internal Use Only**

- If Parent (employee) selected all 4 parent conditions, parent/employee is **FUTA and SUTA Exempt**
- If Parent (employee) did **NOT** select all 4 parent conditions, parent/employee is **FICA, FUTA, SUTA Exempt**
- If Spouse or Child are selected, employee is **FICA, FUTA, SUTA Exempt**

The fine print - under IRS guidelines, Publication 15 (Circular E) Section 3, employees are not subject to Social Security, Medicare and federal unemployment tax (FUTA) if these relationships exist. The exemptions are as follows:

- A. Child employed by parents – Payments for work other than in a trade or business, such as domestic work in the parent's private home, are not subject to Social Security, Medicare, and FUTA tax until the child reaches age 21. (*IRS Pub.15, Section 3, Paragraph 1*)
- B. One spouse employed by another – Payments for services of one spouse employed by another in other than a trade or business, such as domestic service in a private home, are not subject to Social Security, Medicare, and FUTA tax. (*IRS Pub.15, Section 3, Paragraph 2*)
- C. Parent employed by child – Payments for the services of a parent employed by his or her child in other than a trade or business, such as domestic services, are not subject to Social Security, Medicare and FUTA tax as long as the above conditions apply. (*IRS Pub.15, Section 3, Paragraph 4*)

The State of California follows the federal guidelines in applying liability for state unemployment tax (SUTA). If the Caregiver falls into the category of Spouse or Child as outlined above, Social Security and Medicare tax will not be withheld from their checks. If the Caregiver falls into the category of Parent and meets all 4 parent conditions, Social Security and Medicare tax **will** be withheld from their checks. If the employee is exempt from FUTA, SUTA, Social Security and Medicare, the employer will not be charged for their share of Social Security and Medicare or FUTA and SUTA withholdings.

Employee Signature: _____ Date: _____



EMPLOYMENT PROFILE

Authorization Form to be Fully Completed & Signed

Human Resource ProFile, Inc.
8506 Beechmont Ave.
Cincinnati, OH 45255-4708
800-969-4300 / 513-388-4300

***** Please Print Clearly *****

INDIVIDUAL INFORMATION

Name _____
 Last First MI Maiden
 Address _____ City/State _____ County _____ Zip _____
 Previous _____ City/State _____ County _____ Zip _____
 Social Security # _____ Driver's License Number _____
 Date of Birth ____/____/____ *Age is not a criterion in any decision, but is used for identification purposes ONLY.* Driver's License State of Issuance _____
 Month Day Year

Professional License: Type _____ License # _____ State _____

SCHOOLS ATTENDED

School Name	City / State Campus / Phone Number	Dates		Graduate? Y / N	Degree Type Earned
		From	To		
High School:					
If GED received, list state and district or military facility, and year received:		Name as it appears on high school diploma or GED certificate:			
College:	City/State/Campus/Phone Number	From	To	Graduate?	Degree Type Earned
Major area of study:		Name used at time of graduation or final attendance:			
Grad./Tech./Other:	City/State/Campus/Phone Number	From	To	Graduate?	Degree Type Earned
Major area of study:		Name used at time of graduation or final attendance:			

Have you ever pled guilty, been convicted, entered a plea of no contest, had prosecution deferred, had prosecution diverted (diversion program), or adjudication withheld for any crime? Yes _____ No _____

If Yes, list All Offenses, including Traffic and/or Criminal		City, County, and State of Offense		
Year	Offense	City	County	State

I have been informed in writing that a consumer report or investigative consumer report may be obtained on me for employment purposes. I hereby authorize the procurement of the report and authorize and direct the release to Human Resource ProFile, Inc., an independent contract agency, information held by any parties regarding my previous employment, my criminal history record and/or record of convictions in federal, state and local files for violations of any federal, state, local statutes or ordinances, my credit history, workers' compensation history, driving record, government agency lists, and scholastic records and hereby release said persons, schools, companies, courts, agencies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I further understand this information may be reviewed periodically by Human Resource ProFile, Inc. and reported to my prospective/current employer. I hereby acknowledge that Human Resource ProFile, Inc. cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release Human Resource ProFile, Inc., its agents and/or my prospective/current employer from any and all liabilities arising out of any errors or omissions regarding my background information and authorize Human Resource ProFile to release any and all information to my prospective/current employer.

Signature _____ Date _____

TO BE COMPLETED BY: Acumen Fiscal Agents - California

Date Sent: _____ From: Acumen Customer Service Acct # ACUFA-001
 Time Sent: _____ Phone: 866-522-8636 Fax: 877-522-8636

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> Conviction History | <input type="checkbox"/> Credit | <input type="checkbox"/> MVR | <input type="checkbox"/> Education Verification |
| <input type="checkbox"/> Employment History | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Federal Exclusion | <input type="checkbox"/> Violent Sex Offender |
| <input checked="" type="checkbox"/> Federal District | <input type="checkbox"/> Professional Licensure | <input type="checkbox"/> Special Request _____ | |

When requesting a report for employment purposes from HRP, you must also certify to HRP that you have provided the applicant/employee with the disclosure form and obtained the applicant/employee's consent to procure the report. HRP's two page authorization profile forms complies with these requirements.



IMPORTANT DISCLOSURE

FCRA Required
Clear and Conspicuous Notice

Please read before completing and signing the Employment ProFile Form.

I HAVE BEEN INFORMED IN WRITING AND ACKNOWLEDGE THAT A "CONSUMER REPORT" AND/OR AN "INVESTIGATIVE CONSUMER REPORT" MAY BE OBTAINED ON ME FOR EMPLOYMENT PURPOSES.

I FURTHER UNDERSTAND THAT THIS "CONSUMER REPORT" AND/OR "INVESTIGATIVE CONSUMER REPORT" WILL BE PERFORMED BY HUMAN RESOURCE PROFILE AND PROVIDED TO MY PROSPECTIVE/CURRENT EMPLOYER. I ALSO UNDERSTAND THAT I HAVE CERTAIN RIGHTS THAT ALLOW ME TO DISPUTE ANY ERRONEOUS INFORMATION CONTAINED IN MY REPORT.

I FURTHER UNDERSTAND I HAVE A RIGHT TO MAKE A REQUEST TO HR PROFILE, UPON PROPER IDENTIFICATION, TO REQUEST THE NATURE AND SUBSTANCE OF ALL INFORMATION IN ITS FILES ON ME AT THE TIME OF MY REQUEST.

I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS STATEMENT.

Signature _____ Date _____

Notice to California Applicants: Under California law, the consumer reports we order on you are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HR ProFile during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at HR ProFile in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

YES, I am a California Applicant and I request to receive a free copy of any investigative consumer report ordered on me by checking this box.

YES, I am a California Applicant and I hereby waive my right to obtain a copy of the consumer report by checking this box.

Maine applicants only: By checking here, I indicate that I wish to receive a copy of any Report obtained by the Employer from HR ProFile as well as the address and telephone number of said consumer reporting agency. (Check only if you wish to receive a copy)

New York applicants only: By checking here, I acknowledge that I have received the attached copy of Article 23A of New York's Correction Law and that I wish to receive a copy of any Report obtained by the Employer from HR ProFile as well as the address and telephone number of said consumer reporting agency.

Massachusetts, Minnesota, New Jersey, & Oklahoma applicants only: I have the right to request a copy of any Report obtained by the Employer from HR ProFile by placing a checkmark here. (Check only if you wish to receive a copy)

California, Connecticut, Hawaii, Illinois, Maryland, Oregon, Vermont, & Washington State applicants only (as applicable): I understand that the Employer will not obtain information about my credit history/records, credit worthiness, credit standing, or credit capacity unless the information is substantially job related, and the reasons for using the information are disclosed to me in writing. Credit history information is considered for positions whose essential functions include access to customer and/or company financial or confidential information, managerial positions (as defined by the State Labor Laws), a position in a financial institution, a position with signatory rights on the company bank account credit card, or money transfers, a position with authority to enter into financial contracts, a position with regular access to cash totaling \$10,000 or more of the employer, a customer, or a client during the workday, or a position for which the information contained in the report is required by law to be disclosed or obtained.

Human Resource ProFile, Inc.

8506 Beechmont Avenue * Cincinnati, OH 45255-4708 * 800/969-4300 * 513/388-4300 *

Show Me the Money



It costs you, the employer, more to employ someone than just their wages. By law, employers need to pay a portion of an employee's Social Security and Medicare taxes, as well as Federal and State unemployment taxes. Workers' Compensation Insurance is part of your program, and is also an employer-related cost. Acumen calls these employer-related costs the "Cost to You."

What this means is that for every \$1.00 you pay in wages, you must add approximately 15 cents to pay for taxes and Workers' Compensation. The "Cost to You" is simply the employee's wage multiplied by **1.148** (the 15 cents per dollar mentioned above). Acumen calculates and pays these taxes and Workers' Compensation on your behalf. It is important for you to understand how this impacts your authorization/budget. This Show Me the Money form is a tool you can use to calculate the "Cost to You." Be sure that you round up your calculation to the nearest penny.

Simply fill in the blanks below to determine the "Cost to You."

$$\boxed{} \times \boxed{1.148} = \boxed{}$$

Employee Wage Taxes & Workers' Comp Cost to You (always round up)

Example 1:

Jane wants to pay her new employee, Don, the minimum wage rate of \$20.00 per hour ****which is the maximum pay rate allowed in this program****. Using the tool described above, Jane calculates her costs:

$$\boxed{\$20.00} \times \boxed{1.148} = \boxed{\$22.96}$$

Employee Wage Taxes & Workers' Comp Cost to You

It will cost Jane \$22.96 per hour to pay her employee a wage of \$20.00 per hour. Jane determines how this will impact her budget. She then fills out the Employee Rate Sheet with a rate of \$20.00 per hour for Don and returns this form to Acumen before Don's first day of employment.

Example 2:

Jake wants to pay his employee Maria at the minimum wage allowable in San Diego County. He spoke with his Options Counselor and knows that \$14.00 per hour is an allowable rate for his approved service code. Jake calculates what it would cost him to pay Maria a wage of \$13.50 per hour using the tool described above:

$$\boxed{\$14.00} \times \boxed{1.148} = \boxed{\$16.08}$$

Employee Wage Taxes & Workers' Comp Cost to You

It would cost Jake \$16.08 per hour to pay his employee, Maria, a wage of \$14.00 per hour. Jake determines how this will impact his budget. He decides he can afford Maria's wage to \$14.00 per hour.

NOTICE TO EMPLOYEE
Labor Code section 2810.5

Write Employee Name Here

Write Date Employee Was Hired Here

EMPLOYEE

Employee Name: _____
Start Date: _____

Write Name of Employer Here

EMPLOYER

Legal Name of Hiring Employer: _____
Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? Yes No

Other Names Hiring Employer is "doing business as" (if applicable):
N/A

Write Employer's Physical Address Here.

Physical Address of Hiring Employer's Main Office:

Mailing Address Here (if different)

Hiring Employer's Mailing Address (if different than above):

Write Employer's Phone Number Here

Hiring Employer's Telephone Number: _____

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: N/A
Physical Address of Main Office: _____
Mailing Address: _____
Telephone Number: _____

Write Employee's Hourly Rate of Pay Here

Write Employee's Hourly Rate of Pay Here.

WAGE INFORMATION

Rate(s) of Pay: _____ Overtime Rate(s) of Pay: _____
Rate by (check box): Hour Shift Day Week Salary Piece rate Commission
 Other (provide specifics): _____

Does a written agreement exist providing the rate(s) of pay? (check box) Yes No
If yes, are all rate(s) of pay and bases thereof contained in that written agreement? Yes No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):
N/A

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: See Attached Pay Schedule

WORKERS' COMPENSATION

Insurance Carrier's Name: North River Insurance Co.

Address: 305 Madison Avenue, Morristown, NJ 07962

Telephone Number: 866-472-2297

Policy No.: 406-730916-9

Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
 1. requesting or using accrued sick days;
 2. attempting to exercise the right to use accrued paid sick days;
 3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: *(Check one box)*

- 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): _____

Write Employer
Name Here

ACKNOWLEDGEMENT OF RECEIPT

Write Employee
Name Here

(Optional)

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer Representative)

(SIGNATURE of Employee)

(Date)

Employer Signs
and Dates Here

(Date)

Employee Signs
and Dates Here

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.



**SD VISA Payment Schedule
Effective October 1, 2021**

To ensure that your employees and/or service providers are always paid on time, please approve and submit all timesheets and payment requests by the due date, **even if it falls on a weekend or holiday**. These dates are strictly enforced. Any time that is approved after the due date will be processed in the following payment period.

To make certain that your submission is received by the due date, please use our Web Time Entry / DCI system. Be sure to have all hours entered and approved by the “Submissions Due NO Later Than” date. To access the Web Time Entry / DCI system, go to the following link: <https://www.acumenfiscalagent.com/california/> then click on “Web Time Entry” link.

If you would like to attend a webinar on how to use either the Web Time Entry / DCI Mobile App or Web Portal, please visit our website at www.acumenfiscalagent.com and click on the “Events” tab. If you have questions or concerns, contact our Customer Service Department at (888) 516-2432.

MONTH	Payment Period Start Date	Payment Period End Date	Submissions Due NO Later Than	Direct Deposit/Check Date
OCTOBER	10/01/21	10/15/21	Mon, 10/18/21	Tue, 10/26/21
	10/16/21	10/31/21	Mon, 11/01/21	Wed, 11/10/21
NOVEMBER	11/01/21	11/15/21	Tue, 11/16/21	Fri, 11/26/21
	11/16/21	11/30/21	Wed, 12/01/21	Fri, 12/10/21
DECEMBER	12/01/21	12/15/21	Thu, 12/16/21	Fri, 12/24/21
	12/16/21	12/31/21	Mon, 01/03/22	Mon, 01/10/22
JANUARY	01/01/22	01/15/22	Mon, 01/17/22	Wed, 01/26/22
	01/16/22	01/31/22	Tue, 02/01/22	Thu, 02/10/22
FEBRUARY	02/01/22	02/15/22	Wed, 02/16/22	Fri, 02/25/22
	02/16/22	02/28/22	Tue, 03/01/22	Thu, 03/10/22
MARCH	03/01/22	03/15/22	Wed, 03/16/22	Fri, 03/25/22
	03/16/22	03/31/22	Fri, 04/01/22	Fri, 04/08/22
APRIL	04/01/22	04/15/22	Mon, 04/18/22	Tue, 04/26/22
	04/16/22	04/30/22	Mon, 05/02/22	Tue, 05/10/22
MAY	05/01/22	05/15/22	Mon, 05/16/22	Thu, 05/26/22
	05/16/22	05/31/22	Wed, 06/01/22	Fri, 06/10/22
JUNE	06/01/22	06/15/22	Thu, 06/16/22	Fri, 06/24/22
	06/16/22	06/30/22	Fri, 07/01/22	Fri, 07/08/22

Please share this schedule with your payees, and keep a copy in a safe place for easy reference.

Email: payroll-CA@acumen2.net

Fax: 1(888) 715-9391

Customer Service: 1(888) 516-2432

Acumen Fiscal Agent
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206



Form SS-4 – Application for Employer Identification Number

SS-4 Application for Employer Identification Number
 (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
 ▶ Go to www.irs.gov/FormSS4 for instructions and the latest information.
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003
 EIN

1. Employer's full name in 1.

1 Legal name of entity (or individual) for whom the EIN is being requested
EMPLOYER FULL NAME HHCSR

2 Trade name of business (if different from name on line 1)
 3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
 5a Street address (if different) (Don't enter a P.O. box.)
EMPLOYER PHYSICAL ADDRESS

4b City, state, and ZIP code (if foreign, see instructions)
 5b City, state, and ZIP code (if foreign, see instructions)
EMPLOYER CITY CA **ER ZIP**

2. Employer's physical address in 5a & 5b.

6 County and state where principal business is located
EMPLOYER COUNTY CA

3. Employer's county and state in 6.

7a Name of responsible party
EMPLOYER FULL NAME

7b SSN, ITIN, or EIN
 000 00 0000

4. Employer's full name in 7a.

5. Employer's social security number in 7b.

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? Yes No

8b If 8a is "Yes," enter the number of LLC members

8c If 8a is "Yes," was the LLC organized in the United States? Yes No

9a Type of entity (check only one box). **Caution:** If 8a is "Yes," see the instructions for the correct box to check.

Sole proprietor (SSN) Estate (SSN of decedent)
 Partnership Plan administrator (TIN)
 Corporation (enter form number to be filed) ▶ Trust (TIN of grantor)
 Personal service corporation Military/National Guard State/local government
 Church or church-controlled organization Farmers' cooperative Federal government
 Other nonprofit organization (specify) ▶ REMIC Indian tribal governments/enterprises
 Other (specify) ▶ HHCSR using Fiscal/Employer Agent Group Exemption Number (GEN) if any ▶

9b If a corporation, name the state or foreign country (if applicable) where incorporated
 State Foreign country

10 Reason for applying (check only one box)

Started new business (specify type) ▶ Banking purpose (specify purpose) ▶
 Hired employees (Check the box and see line 13.) Changed type of organization (specify new type) ▶
 Compliance with IRS withholding regulations Purchased going business
 Other (specify) ▶ HHCSR using Fiscal/Employer Agent Created a trust (specify type) ▶
 Created a pension plan (specify type) ▶

11 Date business started or acquired (month, day, year). See instructions.

12 Closing month of accounting year December

13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.

Agricultural Household Other
 0 1-4 0

14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter.

6. Employer enters name, signs and dates.

15 First date wages or annuities were paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)

16 Check one box that best describes the principal activity of your business.

Construction Rental & leasing Transportation & warehousing Health care & social assistance Wholesale-agent/broker
 Real estate Manufacturing Finance & insurance Other (specify) ▶ HHCSR using Fiscal/Employer Agent Wholesale-other Retail

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
 HHCSR using Fiscal/Employer Agent

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes No
 If "Yes," write previous EIN here ▶

*Signature must be a 'wet' signature. The IRS will not accept a digital signature.

Third Party Designee

Designee's name
 Angela Moses
 Designee's telephone number (include area code)
 (623) 792-6100

Address and ZIP code
 5416 E Baseline Rd. Ste 200 Mesa, AZ 85206
 Designee's fax number (include area code)
 (877) 277-3048

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

Applicant's telephone number (include area code)

Employer's name here
 Name and title (type or print clearly) ▶ **EMPLOYER FULL NAME** HHCSR

Employer sign here
 Signature ▶ *Employer Name* **SIGN HERE** Date ▶ 02/01/2021

Applicant's fax number (include area code)

3

4

6

Acumen uses this form to apply for a Federal Employer Identification Number (also known as FEIN or EIN) on behalf of the employer. This number is used to report, deposit and pay employment taxes for the employer.



Form 8821 – Tax Information Authorization

Form **8821** Tax Information Authorization
 (Rev. February 2020)
 Department of the Treasury
 Internal Revenue Service

OMB No. 1545-1165
 For IRS Use Only

Received by: _____
 Name: _____
 Telephone: _____
 Function: _____
 Date: _____

► Go to www.irs.gov/Form8821 for instructions and the latest information.
 ► Don't sign this form unless all applicable lines have been completed.
 ► Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

1

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address
EMPLOYER FULL NAME
EMPLOYER PHYSICAL ADDRESS
EMPLOYER CITY CA **ER ZIP**

You must list a physical address. A PO box will not be accepted.

Taxpayer identification number(s)
 Daytime telephone number
 Plan number (if applicable)
EMPLOYER PHONE

Please fill in your name and address here

Please fill in your phone number here

1. Employer's full name and physical address.
2. Employer's phone number.
3. Employer's full name, sign and date.

2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached**

Name and address
 Acumen Fiscal Agent, LLC
 5416E, Baseline Rd., Ste 200
 Mesa, AZ 85205

CAF No. 0005-9143ER
 PTIN _____
 Telephone No. 480-235-3300
 Fax No. 480-371-2241
 Check if new: Address Telephone No. Fax No.

2

3 Tax Information. Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
Employment, Income Tax WH	941, 940	2019-2023	Tax Liability & EIN Verify

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6

5 Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box

Note: Appointees will no longer receive forms, publications, and other related materials with the notices.

b If you don't want any copies of notices or communications sent to your appointee, check this box

6 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

► IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

3

► DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Employer Name **SIGN HERE** 02/01/2021
 Signature Date

EMPLOYER FULL NAME HHCSR
 Print Name Title (if applicable)

This form authorizes Acumen to communicate with the IRS on the employer's behalf. This authorization is restricted to information on the employer's account in the Self-Directed Supports program. It does not give Acumen authorization on the employer's personal tax accounts.



Form 2678 Employer/Payer Appointment of Agent

Form 2678 Employer/Payer Appointment of Agent

(Rev. August 2014) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0748

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

For IRS use:

If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

Note: This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

Part 1: Why you are filing this form...

(Check one)

- You want to appoint an agent for tax reporting, depositing, and paying.
- You want to revoke an existing appointment.

Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.

1 Employer identification number (EIN)

9 8 7 6 5 4 3 2 1

2 Employer's or payer's name (not your trade name)

EMPLOYER FULL NAME

3 Trade name (if any)

N/A

4 Address

You must list a physical address. A P.O. Box will not be accepted.

EMPLOYER PHYSICAL ADDRESS

Number Street Suite or room number

EMPLOYER CITY

CA

ER ZIP

City

State

ZIP code

Foreign country name

Foreign province/county

Foreign postal code

5 Forms for which you want to appoint an agent or revoke the agent's appointment to file. (Check all that apply.)

For ALL employees/ payees/payments

For SOME employees/ payees/payments

- Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*
- Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)
- Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)
- Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)
- Form 945 (Annual Return of Withheld Federal Income Tax)
- Form CT-1 (Employer's Annual Railroad Retirement Tax Return)
- Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)

*Generally you cannot appoint an agent to report, deposit, and pay tax reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient.

Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

Sign your name here

Employer Name

Print your name here

EMPLOYER FULL NAME

Print your title here

Household Employer

Date

0 2 / 0 1 / 2 0 2 1

Best daytime phone

EMPLOYER PHONE

Now give this form to the agent to complete.

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

IRS.gov/form2678

Cat. No. 187700

Form 2678 (Rev. 8-2014)

1. Leave the EIN boxes blank.
2. Employer's full name and physical address.
3. Employer's full name and phone number.
4. Employer signs and dates.

*Signature must be a 'wet' signature. The IRS will not accept a digital signature.

This form appoints Acumen as the employer's agent with the IRS for reporting, depositing and paying employment taxes for the Self-Directed Supports program.



Form USCIS I-9 – Employment Eligibility Verification

Page 1

		Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services		USCIS Form I-9 OMB No. 1615-0047 Expires 10/31/2022	
▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.					
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.					
Section 1. Employee Information and Attestation <i>(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.)</i>					
Last Name (Family Name) EMPLOYEE LAST		First Name (Given Name) EMPLOYEE FIRST		Middle Initial A	Other Last Names Used (if any) N/A
Address (Street Number and Name) EMPLOYEE PHYSICAL ADDRESS		Apt. Number N/A	City or Town EMPLOYEE CITY	State MO	ZIP Code EE ZIP
Date of Birth (mm/dd/yyyy) EE DATE OF BIRTH	U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9	Employee's E-mail Address EMPLOYEE EMAIL		Employee's Telephone Number EMPLOYEE PHONE	
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.					
I attest, under penalty of perjury, that I am (check one of the following boxes):					
<input type="checkbox"/> 1. A citizen of the United States <input type="checkbox"/> 2. A noncitizen national of the United States (See instructions) <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ <small>Some aliens may write "N/A" in the expiration date field. (See instructions)</small>					
<small>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</small> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____					<small>QR Code - Section 1 Do Not Write In This Space</small>
Signature of Employee <i>Employee Name</i>		SIGN HERE		Today's Date (mm/dd/yyyy) 02/01/2021	
Preparer and/or Translator Certification (check one):					
<input type="checkbox"/> I did not use a preparer or translator. <input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1. <small>(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</small>					
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.					
Signature of Preparer or Translator				Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)		City or Town		State	ZIP Code
STOP		<i>Employer Completes Next Page</i>		STOP	
Form I-9 10/21/2019			Page 1 of 3		

- Employee Information:** Employee completes this section. All cells must be completed. If a cell doesn't apply, enter N/A. ***Do NOT leave any cells blank in this section.**
- Employee Attestation:** Employee checks the box that applies and completes any additional information.
- Employee Signature:** Employee signs and dates attesting that the information on this page is correct.
- Preparer and/or Translator Certification:** Mark if the employee used a preparer or translator to complete the form.
- If a preparer or translator was used, complete #5 with that person's signature and information.



Form USCIS I-9 – Employment Eligibility Verification

Page 2



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

1

Employee Info from Section 1	Last Name (Family Name) EMPLOYEE LAST	First Name (Given Name) EMPLOYEE FIRST	M.I. A	Citizenship/Immigration Status CITIZENSHIP
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2

Document Title DRIVER'S LICENSE	Issuing Authority STATE	Document Number A456789	Expiration Date (if any) (mm/dd/yyyy) 01/01/2023	Document Title SOCIAL SECURITY CARD	Issuing Authority SOCIAL SECURITY ADMINISTRATION	Document Number EMPLOYEE SSN	Expiration Date (if any) (mm/dd/yyyy)
Document Title	Issuing Authority	Document Number	Expiration Date (if any) (mm/dd/yyyy)	Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space	
Document Title	Issuing Authority	Document Number	Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): 02/01/2021 (See instructions for exemptions)

3

Signature of Employer or Authorized Representative <i>Employer Name</i>	Today's Date (mm/dd/yyyy) 02/01/2021	Title of Employer or Authorized Representative HOUSEHOLD EMPLOYER
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4

Last Name of Employer or Authorized Representative EMPLOYER LAST NAME	First Name of Employer or Authorized Representative EMPLOYER FIRST NAME	Employer's Business or Organization Name EMPLOYER FULL NAME
Employer's Business or Organization Address (Street Number and Name) EMPLOYER ADDRESS	City or Town EMPLOYER CITY	State CA
		ZIP Code ER ZIP

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)		
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)		

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.		
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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- Employee Info from Section 1:** Complete this section with the information from page 1
- Identity and Employment Authorization:** Complete this section based on documents provided to verify employee's employment eligibility. See page 3 Acceptable Documents.
- Employee's first day of employment:** Write the date the form is being completed. The employee is not eligible to work as of this date but it is the date the process has begun.
- Employer Verification:** Employer/ Designated Rep signs, dates and completes this section.



Form W-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 2021
Step 1: Enter Personal Information Physical Address Required (No P.O. Box)	(a) First name and middle initial EMPLOYEE FIRST A	Last name EMPLOYEE LAST	(b) Social security number 1 2 3 4 5 6 7 8 9	
	Address EMPLOYEE PHYSICAL ADDRESS City or town, state, and ZIP code EMPLOYEE CITY MO EE ZIP			▶ 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 .
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)				
Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App , and privacy.				
Step 2: Multiple Jobs or Spouse Works Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. ▶ <input type="checkbox"/>				
If applicable --> TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.				
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 Dependents If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____				
Step 4 (optional): Other Adjustments (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ _____ (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ _____ If filing exempt, leave Step 3 & 4 blank. Write EXEMPT here -->				
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 SIGNATURE: <i>Employee Name</i> SIGN HERE 02/01/2021 Employee's signature (This form is not valid unless you sign it.) Date				
Employers Only Employer's name and address EMPLOYER FULL NAME EMPLOYER ADDRESS EMPLOYER CITY MO ER ZIP First date of employment Employer identification number (EIN)				
For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form W-4 (2021) Employer Name & Address Required.				

- Step 1:** Employee enters their information.
- Employee chooses filing status.
- Step 2:** Read this section and mark the box if appropriate for your situation.
- Step 3:** Read this section and enter an amount for dependents claimed. If there are none, you MUST enter a zero.
- Step 4:** Read this section and complete if appropriate. If employee is claiming exempt, write EXEMPT in this section.
- Step 5:** Employee reviews, signs and dates declaring the form is complete and correct.
- Employer name and address is required.

Additional Information about Form W-4: If the employee is exempt, write EXEMPT in Step 4. Leave Step 3 and the rest of Step 4 blank.

If the Form W-4 is not completed correctly, Acumen will default the employee to Single 0, which will result in the maximum federal tax withheld, until the form is completed.

For more detailed instructions on the Form W-4, go to <https://www.irs.gov/forms-instructions> and type Form W-4 into the search box.



Employee Information Form – Relationship Disclosure



Employee Information Form Relationship Disclosure

① Employee Name: EMPLOYEE FULL NAME SSN (last 4): 6 7 8 9
 Physical Address: EMPLOYEE PHYSICAL ADDRESS City/State/Zip: EMPLOYEE PHYSICAL CITY/STATE/ZIP
 Mailing Address (if different): EMPLOYEE MAILING ADDRESS City/State/Zip: EMPLOYEE MAIL CITY/STATE/ZIP
 Name of Individual: INDIVIDUAL FULL NAME

Please complete the questions below. This is regarding your relationship with the Individual you are applying to provide service for. (*Response is required*)

Are you the spouse, legal guardian or designated representative for the individual?
 Yes No

② Is the individual you are applying to provide service for a minor (under 18) AND is he or she your child or step-child?
 Yes No

Are you under 18 years old?
 Yes No

If you answered Yes to any of the questions above. **STOP!** You do NOT qualify for employment.

There are tax exemptions for certain domestic employer and employee relationships. The below checkboxes are about your relationship with the employer. Please check any of the below boxes if you and the employer have any of the relationships listed:

- ③
- None**, no relation to employer
 - *Spouse** of the employer,
 - *Child** of the employer and under the age of 21
 - *Parent** of the employer - if this option is marked, read below and check all that apply:
 - You are employed by your son or daughter**
 - Your son or daughter has a child or stepchild living in the home**
 - Your son or daughter is a widower, divorced, or is living with a spouse who, because of a mental or physical condition, cannot care for the child or stepchild for at least 4 continuous weeks in a calendar quarter**
 - Your son or daughter's child or stepchild is under the age of 18 and requires the personal care of an adult for at least 4 weeks in a row in a calendar quarter due to a mental or physical condition**

<p>*Internal Use Only</p> <ul style="list-style-type: none"> • If Parent (employee) selected all 4 parent conditions, parent/employee is FUTA and SUTA Exempt • If Parent (employee) did NOT select all 4 parent conditions, parent/employee is FICA, FUTA, SUTA Exempt • If Spouse or Child are selected, employee is FICA, FUTA, SUTA Exempt
--

④ Employee Signature:  **Employee Name** SIGN HERE Date: 02/01/2021

1. Employee enters their information and name of individual.
2. Employee answers the 3 questions. These are regarding the relationship between the employee and the individual. **Note:** If you answer Yes to any of the questions, you do NOT qualify for employment in the SDS program.
3. Employee checks the box(es) that apply to the relationship between the employee and the employer.
4. Employee signs and dates attesting that the information on the form is correct.



Pay Selection Form



I choose to receive my pay by (please check one box below):

① Check Direct Deposit Pay Card

FOR DIRECT DEPOSIT

Please attach a voided check for checking account(s). For savings accounts, please send a printout from your bank that gives the routing number and account information. Send any changes to your account(s) right away!

②

Primary Account 1 Account Type: <input checked="" type="checkbox"/> Checking (attach a voided check or bank letter) <input type="checkbox"/> Savings (attach routing & account information printout) <input type="checkbox"/> Flat Dollar Amount <input checked="" type="checkbox"/> Percentage	Secondary Account 2 (Mandatory for Flat dollar option) Account Type: <input type="checkbox"/> Checking (attach a voided check or bank letter) <input type="checkbox"/> Savings (attach routing & account information printout) <input type="checkbox"/> Flat Dollar Amount <input type="checkbox"/> Percentage
Financial Institution Name BANK NAME	Financial Institution Name
Financial Institution Address BANK ADDRESS	Financial Institution Address
Routing Number ROUTING NUMBER	Routing Number
Account Number ACCOUNT NUMBER	Account Number
Flat dollar amount or % of check to be deposited AMOUNT _____	All remaining funds exceeding Primary Account 1 allocations will deposit into this account.

Is your name on the account(s) listed above? Yes No

③

If "no," what is the name of on the account? _____

If "no," employee agrees to have their funds deposited into this account. _____
Employee Signature

AUTHORIZATION FOR DIRECT DEPOSIT, PAY CARD or PAPER CHECK

I hereby authorize Acumen Fiscal Agent, LLC (herein after "Company") to deposit any amount owed to me for wages and/or reimbursements by initiation of credit entries to my account at the financial institution (hereinafter "Bank") handling my choice indicated above. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Company receives written notice from me of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it. If I selected Paper Check, I understand that Acumen will make every effort to ensure my check will arrive by payday; however, it is impossible to guarantee the date that my paper check will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If my paper check does not arrive within 5 business days of payday, I can call Acumen to issue a stop payment and have a new check issued. I understand that if I request a stop payment, a processing for of \$35.00 will be deducted from my new check. If I require that this fee be waived, I must sign up for direct deposit.

EMPLOYEE FULL NAME _____ 1 2 3 4 5 6 7 8 9 _____ EE DATE OF BIRTH _____
Print Name Social Security Number Date of Birth

④

EMPLOYEE EMAIL _____ ✓ Employee Name 02/01/2021
Email Address for Paystub Delivery Signature Date

Return completed form by email enrollment@acumen2.net, fax (866) 496-4577 or mail to 5416 E Baseline Rd, Ste 200, Mesa, AZ 85206.

- Employee chooses how they wish to receive their pay.
- If direct deposit is selected, complete the Account Information. You must choose Checking or Savings and Flat Dollar Amount or Percentage. **Note:** You must send a voided check or bank letter with your account information.
- Mark yes or no if your name is on the account listed. If No, enter the name on the account and sign agreeing to your funds being deposited into the account listed.
- Enter the employee's information. Employee signs and dates authorizing Acumen to deposit into the account(s).

Additional Information: If you wish to deposit into more than one account, enter the Secondary Account information. The amount remaining after deposit into the Primary Account will be deposited into the Secondary Account.

If Pay Card is selected, only steps 1 and 4 need to be completed.

If Acumen does not receive this form or if it is incomplete, you will receive a paper check in the mail until a completed form, along with any required documentation, is received.