



6302 Manatee Avenue West, Suite K • Bradenton, Florida 34209
Office (941) 761-7704 • Fax (941) 761-7706
Toll Free 866-761-2884

I understand and agree to the following: I am not yet a leased employee of Howard Leasing. If I suffer an injury or have suffered an injury related to work while working for the Client Company but before I am accepted as a leased employee by Howard Leasing, the Client Company (not Howard Leasing) will be responsible for providing Workers' Compensation Coverage, even if I am paid by Howard Leasing or subsequently accepted as an employee of Howard Leasing. I will not be accepted as an employee of Howard Leasing, and workers' compensation coverage will not be provided by Howard Leasing for any accidents until after all pages of the Howard Leasing Employee Leasing Application are completed and signed by me, the complete Howard Leasing Employee Leasing Application is delivered to Howard Leasing and, Howard Leasing accepts me as a leased employee.

The Howard Leasing Employee Leasing Application includes all of the following documents: This page(Employee Acknowledgement), the Important Notices and Required Acknowledgements, Post-Job Offer Medical History Statement, Form I-9, and Form W-4. I also acknowledge I have received my copy of the Drug and Alcohol Abuse Notice.

To Be Completed by EMPLOYEE.

I understand and agree that if my employment ends for any reason, I must contact Howard Leasing within 72 hours for possible reassignment and that my unemployment benefits may be denied if I fail to do so.

Employee Signature _____ Date _____

Please **PRINT** all information with **FULL NAME** exactly as shown on your **Social Security card**.

First _____ Middle _____ Last _____

Social Security # _____ Date of Birth _____ Gender ☐ Male ☐ Female

Home Street Address _____ Apt. No. _____

City _____ State _____ Zip _____

Mailing Address _____ Apt. No. _____

(If different from above)

City _____ State _____ Zip _____

Home Telephone _____ Alternate Telephone _____ Home Email _____

Emergency Contact _____ Phone _____ Relationship _____

To Be Completed by CLIENT.

Please **PRINT** all information. Include a **copy of the employee's Social Security card** with this Enrollment Packet.

Client Company Name _____ Client # _____

Status ☐ New-Hire ☐ Re-Hire ☐ Transfer Hire Date _____ Original Hire Date _____

Workers' Comp Class Code _____ Position Title _____

Location _____ Primary Dept. _____ Secondary Dept. _____

FLSA Status ☐ Exempt / ☐ Non-Exempt ☐ Full-Time / ☐ Part-Time Standard # of Hours per Week _____

Pay Frequency _____ Method and Rate of Pay _____

☐ Weekly ☐ Hourly Rate _____ \$ per _____

☐ Bi-Weekly ☐ Salary Rate _____ \$ per _____

☐ Semi-Monthly ☐ Piecework Rate _____ \$ per _____

☐ Monthly ☐ Tipped ☐ Commission

Howard Leasing offers a paperless pay stub option. If offered by your employer: You can elect to utilize this option or Opt-Out and receive a paper pay stub. If you have questions about this option, please contact your Payroll Specialist.

☐ **Enroll me for paperless pay stubs** ☐ **I opt-out and wish to receive a paper pay stub**

Client Signature _____ Date _____

Print Name _____ Title _____

Email or fax this Employee Application before starting employment.
Email: eeapps@howardleasinginc.com Fax: (941) 761-1312



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Equal Employment Opportunity Form

Please complete this New Hire EEO-1 Data Sheet, it will supply us with information we need for federal reporting obligations. Please be advised that this information will be kept confidential, in accordance with application laws and regulations. This information will not be used as the basis for any adverse employment decisions.

First Name _____ Last Name _____ Middle Initial _____

Social Security # _____ Date of Birth _____

Home Street Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Home Telephone Number _____ ☐ Male ☐ Female

EEO-1 Self-Identification

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we request you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable law, executive orders and regulations, including those that require the information to be surrendered and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please check the EEO Identification Group that best applies to you

- ☐ Hispanic or Latino
- ☐ White
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Two or more races

Employee Signature _____

Date: _____

To be completed by Employer

From the EEO Job categories listed below, which one best describes the employee's position:

- | | | |
|--|---|---|
| <input type="checkbox"/> Executive/Senior Level Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives |
| <input type="checkbox"/> First/Mid—Level Officials and Managers | <input type="checkbox"/> Administrative Support Workers | <input type="checkbox"/> Laborers and Helpers |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Craft Workers | <input type="checkbox"/> Service Workers |
| <input type="checkbox"/> Technicians | | |

Notes: _____

Completed By: _____ Date: _____

POST-JOB OFFER MEDICAL HISTORY STATEMENT

NOTICE TO APPLICANTS: In compliance with the Americans with Disabilities Act of 1990, you have received a conditional offer of employment from this employer. The answers to this medical history statement and any medical examination will be kept confidential and in separate files by this employer. The job offer which you received from this employer is "conditioned" upon the results of this medical history statement and any medical examination.

Note: This Form Is For Workers' Compensation Purposes Only

Employee Name: _____ SS#: _____

Address: _____ Client Name: _____

City, St, Zip: _____

Mark an "X" or check Yes or No for the following: (Please do not draw a line down the columns)

	Yes	No		Yes	No		Yes	No
1. Allergies			20. Other disease(s) of the heart			31. Have you ever had back surgery?		
2. Ankle Pain or Foot Pain			21. Thrombophlebitis			32. Have you ever had trouble with your back or back spasms?		
3. Asthma			22. Ulcer			33. Have you ever been advised to have or do you intend on having surgery?		
4. Blackout Spells			23. Wrist or Hand Trouble			34. Have you ever requested or received a pension benefit or payment because of an injury sickness, or disability?		
5. Bronchitis			24. Arthritis			35. Epilepsy, Seizures or Convulsions?		
6. Cancer or Tumor of any kind			25. Disorder of the muscles or bones, including the spine, back or joints.			36. Do you have shoulder pain / trouble?		
7. Chest Pains			26. Do you wear glasses, contacts, or Hearing aid?			37. Do you have hip pain or trouble?		
8. Stroke			27. Do you have problems when standing or walking on your feet for long periods of time?					
9. Diabetes			28. Have you ever had trouble with your neck?					
10. Disorder of eyes or ears			29. Have you ever worn a back brace or support?					
11. Emphysema			30. Do you have a lung or respiratory disorder?					
12. Headaches (Migraines)								
13. Heat Stroke								
14. Hernia or Rupture								
15. Knee Pain								
16. Chronic Bone Infection								
17. Pneumonia								
18. High Blood Pressure								
19. Rheumatism								

Explain fully all "YES" answers. Include diagnosis, treatment, results, dates, names and addresses of all doctors and hospitals (ATTACH A SEPARATE SHEET(S) IF NECESSARY).

Have you ever had surgery? Yes ☐ No ☐ If Yes, give date(s) and the name(s) of dr.(s) _____

Have you ever had a Workers' Comp injury?* Yes ☐ No ☐ If Yes, give details. _____

Have you ever received Workers' Comp Benefits due to an on-the-job injury or illness? Yes ☐ No ☐ _____

If Yes, give details _____

Have you ever received a permanent impairment rating as a result of any on-the-job injury or illness? Yes ☐ No ☐ _____

If Yes, give details _____

If you ever received a permanent impairment rating as a result of an on-the-job injury or illness, what are your permanent restrictions? _____

Other than the above, have you ever been injured? Yes ☐ No ☐ If Yes, give details _____

Are you limited in any work activities due to a medical condition? Yes ☐ No ☐ _____

If Yes, give details and indicate any accommodation to your disability that may be required. _____

CERTIFICATION

I certify that all the information on this form is true and correct.

I authorize an investigation of all matters contained in this questionnaire and hereby give Howard Leasing, Inc. permission to contact previous employers, doctors, medical provider, and all other pertinent references. I hereby release Howard Leasing, Inc. from any and all liability as a result of such contacts.

I agree that if, in the judgement of the company, any omission or misrepresentation has been made by me, any offer of employment made by the company will be terminated immediately at any time without previous notice and without any obligation or liability to me other than payment, at the rate agreed upon, for services actually rendered if I have been employed.

Signature of Supervisor _____ Date: _____

Name of Applicant (please print) _____

Signature of Applicant _____ Date: _____ Title: _____

* Florida Law prohibits discrimination based upon the filing of a Workers' Compensation claim.



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WORKSITE AGREEMENT, ACKNOWLEDGEMENT AND NOTICE

I, the undersigned individual, in consideration of my being placed in a professional employer organization ("PEO") relationship with the applicable Howard Leasing company to which I have been assigned as shown on the online EZ Web Portal (hereafter referred to as "Howard Leasing") acknowledge and agree to the following:

(1) At all times during my relationship with Howard Leasing, I understand and agree that I will remain an employee of the client company for which I am working ("Client") that has contracted with Howard Leasing regarding my services in a PEO relationship and, to the extent allowed by law, Client will continue to have sole and exclusive control over my day-to-day job duties and over the worksite(s) where I perform services. Additionally, to the extent allowed by law, Client will continue to provide all onsite supervision, including, but not limited to, determining my job assignments and training requirements and evaluating my performance. Also, to the extent allowed by law, Client will determine my job duties, rate of pay, hours worked, continued employment opportunities, and other terms and conditions of my employment;

(2) I understand and agree that my status with Howard Leasing is at-will and that either Howard Leasing or I can terminate our PEO relationship at any time. I further understand and agree that there is no contract of employment which exists between Howard Leasing and me and I understand and agree that Howard Leasing will not become a party to any contract of employment and/or any restrictive covenant/non-competition agreement which I have already entered into or which I may in the future enter into with Client. I agree that any such agreement and contract entered into with Client by me shall remain in full force and effect and are not affected by the professional employer organization relationship between Client and Howard Leasing. Additionally, I understand and agree my at-will status with Howard Leasing does not change the employment status I had with Client prior to the existence of the professional employer organization relationship between Howard Leasing and Client and that Howard Leasing is not responsible for any contractual obligations which may exist between Client and me;

(3) I understand and agree that I am performing services within a professional employer organization relationship where the duties and responsibilities applicable to me are set forth in a service agreement entered into between Client and Howard Leasing;

(4) I understand and agree that Howard Leasing has assumed such responsibility to pay me wages as is required by applicable law. I also understand and agree that, unless otherwise required by law if Howard Leasing does not receive payment from Client for services which I perform as a utilized individual, Howard Leasing may, where allowed by law, pay me the applicable minimum wage (or the legally required minimum salary) for any such pay period, and I agree to this method of compensation. Additionally, I understand and agree that Client remains an employer of me during my PEO relationship with Howard Leasing and Client at all times ultimately remains obligated to pay me my regular hourly rate of pay if I am a non-exempt individual and to pay me my full salary if I am an exempt individual if Howard Leasing is not fully paid by Client for services that I render;

(5) I also understand and agree that, unless otherwise required by law, where payment for the following items have not been received by Howard Leasing from Client, Howard Leasing does not assume responsibility for payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, compensation, benefit, or for any other payment, not required by law, in any form, or for any other similar type of payment (except as provided at paragraph (4) above), unless Howard Leasing has specifically, in a written agreement entered into with me, adopted Client's obligation to pay me such compensation or benefit (Howard Leasing does assume this responsibility where such payment has been received from Client encompassing such items regarding me);

(6) Unless otherwise contractually agreed to by Client and Howard Leasing (Howard Leasing will inform me if this occurs), Howard Leasing has agreed to maintain workers' compensation insurance covering my employment. In recognition of the fact that any work-related injuries which might be sustained by me are covered by state workers' compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or clients of Howard Leasing or against Howard Leasing based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of Howard Leasing and/or against Howard Leasing for damages based upon injuries which are covered under such workers' compensation statutes. In the event of a work-related injury, I understand and agree that, to the extent allowed by law, my sole remedy lies in coverage under Howard Leasing workers' compensation policy or Client's workers' compensation policy if it maintains its own workers' compensation policy;

In recognition of the fact that any work-related injuries which might be sustained by me are covered by state workers' compensation statutes, and to avoid the circumvention of state statutes which may result from suits against the customers or clients of Howard Leasing or against Howard Leasing based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of Howard Leasing for damages based upon injuries which are covered under such workers' compensation statutes.

I, _____, understand if I am injured on the job, regardless of how minor the injury may seem, I (employee name) am to report that injury to my supervisor and to the Risk Management Department of Howard Leasing the same day the injury occurred and that I must submit to a drug test the same day. Refusal to submit to drug testing or my refusal to authorize the test by not signing the necessary consent form(s), take the specified tests, or failure to produce a specimen, may result in disciplinary action up to and including termination and denial of workers' compensation benefits.

Print Name

Signature

Date

By my signature below, I _____, give my consent to and authorize my employer and the testing laboratory designated by my
(employee name)

employer to perform any and all testing deemed necessary to determine the absence or presence of alcohol and/or drugs in my urine, and/or blood and/or breath as specified by statute and regulation and if I am incapacitated and unable to give consent this shall be considered my consent to have urine and/or blood samples drawn and collected.

Print Name

Signature

Date



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WORKSITE AGREEMENT, ACKNOWLEDGEMENT AND NOTICE (continued)

(7) I understand and agree that if I am injured on the job, even if the injury is minor or even if I do not want treatment, I must still immediately report it to my supervisor. I also agree to comply with any lawful drug testing policy which may be adopted, and I specifically agree to post-accident drug testing in any situation where it is allowed by law;

(8) In addition, I also agree that if at any time during my employment at Client I am subjected to any type of discrimination, including discrimination because of race, sex, sexual orientation, harassment of any type, disability, color, age, genetic information, national origin, citizenship status, religion, retaliation, veteran status, military status, or union status, or if I am subjected to any type of retaliation or harassment including sexual harassment, I will immediately contact an appropriate person of Client. In most instances, this appropriate person will be the President of Client. Should I choose not to contact Client for any reason, I may contact Howard Leasing's Human Resources Director at 1-866-761-2884 for the limited purpose of having Howard Leasing, at its option, and not as an employer, but as a possible facilitator, try in its sole discretion, to attempt to facilitate a resolution if requested and agreed to by all parties;

(9) I understand and agree that Client has sole and exclusive control over my day-to-day job duties and Client has sole and exclusive control over the job site at which, or from which, I perform my services and that Howard Leasing only reserves and retains such rights and authority as is required by applicable law. I agree that Howard Leasing does not have actual control over my workplace and, as such, is not in a position to end or remediate any discrimination, harassment, unsafe working condition, retaliation, or wrongdoing which may be occurring. The responsibility to resolve and/or end such inappropriate conduct or unsafe working condition rests with Client, however, Howard Leasing may attempt to facilitate a resolution;

(10) I understand and agree that due to licensure and workers' compensation restrictions applicable to professional employer organizations, if I am accepted as a utilized individual of Howard Leasing, I am expressly prohibited from performing any work outside the state in which I am currently performing services for Client ("Home State") during my status as a utilized individual except as may be allowed pursuant to the workers' compensation policy provided to me by Howard Leasing or except as may be allowed in writing by Howard Leasing and the applicable workers' compensation carrier;

(11) If I work outside the Home State for Client or for anyone else without first securing this approval as set forth at (10), I understand and agree that I will no longer be in a professional employer organization relationship with Howard Leasing and may not be provided workers' compensation benefits through Howard Leasing or the applicable workers' compensation carrier and my professional employer organization relationship with Howard Leasing will be considered immediately terminated upon commencement of my trip outside the Home State to perform work where prior approval has not been received as set forth herein;

(12) I understand and agree that, to the extent allowed by law, any obligation of Howard Leasing ceases when Howard Leasing's professional employer organization agreement with Client terminates;

(13) I understand and agree if I am eligible for any benefits it is my responsibility (and the responsibility of any family members/dependents who wish to participate) to timely submit all required forms and information;

(14) To the extent allowable by law, by signing this Agreement, I assign to Howard Leasing, my right to assert a priority wage claim against Client under 11 U.S.C. § 507 (a)(3) in the event that a Bankruptcy Petition is filed under Title 7 and or Title 11 of the United States Code by or on behalf of Client;

(15) I have been informed and I agree that if my work at Client ends for any reason, I must report back to Howard Leasing within seventy-two (72) hours for possible reassignment and that unemployment benefits may be denied to me if I fail to do so; and

(16) Should I sign this form and/or complete Howard Leasing's utilized individual paperwork and never be accepted as a utilized individual of Howard Leasing, this form shall be null and void.

DATE

SIGNATURE OF UTILIZED INDIVIDUAL

XXX-XX-_____
Last 4 of Social Security Number

PRINT NAME



DIRECT DEPOSIT VISA /DEBIT CASH PAY CARD AUTHORIZATION
(If offered by the work site employer)

Checking or Savings Account Information

I, _____, authorize Howard Leasing to electronically deposit to the accounts below:

Bank Name _____	
<input type="checkbox"/> Add	<input type="checkbox"/> Change
Bank Account Number _____	_____
ACH Routing Number _____	_____
Amount _____ or % _____ to be deposited:	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Bank Name _____	
<input type="checkbox"/> Add	<input type="checkbox"/> Change
Bank Account Number _____	_____
ACH Routing Number _____	_____
Amount _____ or % _____ to be deposited:	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Visa/Cash Pay Debit Card

The Visa Cash Pay Card is a Debit card. If you elect this option you will be set up with a Visa/Cash Pay Debit card that you will receive in about 10 business days. You will receive instructions with the card on how to activate it. Once activated you pay check will be deposited to this card in the increments that you choose below.

☐ **Sign me up for a Visa Cash Pay Debit Card**

Amount or Percentage of pay to be deposited to Visa/Cash Pay \$ _____ or _____ %

For **Direct Deposit** please attach a voided check, and/or a letter from your financial institution which includes the ACH routing number and your account number for all accounts to be set up. **Please allow 10 business days for processing.**

****Reminder:** ACH Routing numbers can not start with a 5.

NOTE: By signing this form you agree to all the conditions and fees imposed by the bank for all above actions.

- Deposits can only be made to checking or savings accounts.
- If I change banks or bank accounts, I am fully responsible for immediately notifying the Payroll Department of the change. I hereby authorize and agree that in the event that Howard Leasing deposits funds erroneously into my account, I authorize Howard Leasing to debit my account for an amount not to exceed the original amount of the erroneous credit, should the funds no longer be available and were not rightfully mine I agree to return the amount of the erroneous deposit in full upon demand.
- I understand that any changes including stopping my direct deposit must be submitted by me in writing at least 72 hours prior to my next check date. Changes may require me to receive a live check for up to 2 pay periods.

Employee's Signature

Date

Social Security Number

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.

2023**Step 1:
Enter
Personal
Information**

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

Complete Steps 2–4 **ONLY** if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, 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) Reserved for future use.

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

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

TIP: If you have self-employment income, see page 2.

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

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$ _____

**Step 5:
Sign
Here**

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

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

Date

**Employers
Only**

Employer's name and address

First date of
employment

Employer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 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, 2024.

Your privacy. 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).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

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

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

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

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

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

{	• \$27,700 if you're married filing jointly or a qualifying surviving spouse
	• \$20,800 if you're head of household
	• \$13,850 if you're single or married filing separately

 **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

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	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

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	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)				
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code		
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number			
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):							
		<input type="checkbox"/> 1. A citizen of the United States							
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)							
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)							
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)							
		If you check Item Number 4., enter one of these:							
		USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)				

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

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

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<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 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 <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

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

**USCIS
Form I-9
Supplement A**
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
--	--	---

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



**Supplement B,
Reverification and Rehire (formerly Section 3)**

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

**USCIS
Form I-9
Supplement B**
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the **Handbook for Employers: Guidance for Completing Form I-9 (M-274)**

Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			

Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			

Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			

DIRECT DEPOSIT VISA /DEBIT CASH PAY CARD AUTHORIZATION
(If offered by the work site employer)

Checking or Savings Account Information

I, _____, authorize Howard Leasing to electronically deposit to the accounts below:

Bank Name _____	
<input type="checkbox"/> Add	<input type="checkbox"/> Change <input type="checkbox"/> Delete
Bank Account Number _____	_____
ACH Routing Number _____	_____
Amount _____ or % _____ to be deposited:	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Bank Name _____	
<input type="checkbox"/> Add	<input type="checkbox"/> Change <input type="checkbox"/> Delete
Bank Account Number _____	_____
ACH Routing Number _____	_____
Amount _____ or % _____ to be deposited:	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Visa/Cash Pay Debit Card

The Visa Cash Pay Card is a Debit card. If you elect this option you will be set up with a Visa/Cash Pay Debit card that you will receive in about 10 business days. You will receive instructions with the card on how to activate it. Once activated you pay check will be deposited to this card in the increments that you choose below.

☐ **Sign me up for a Visa Cash Pay Debit Card**

Amount or Percentage of pay to be deposited to Visa/Cash Pay \$ _____ of _____ %

For Direct Deposit please attach a voided check, and/or a letter from your financial institution which includes the ACH routing number and your account number for all accounts to be set up. Please allow **10 business days** for processing.

****Reminder:** ACH Routing numbers can not start with a 5.

NOTE: By signing this form you agree to all the conditions and fees imposed by the bank for all above actions.

- Deposits can only be made to checking or savings accounts.
- If I change banks or bank accounts, I am fully responsible for immediately notifying the Payroll Department of the change. I hereby authorize and agree that in the event that Howard Leasing deposits funds erroneously into my account, I authorize Howard Leasing to debit my account for an amount not to exceed the original amount of the erroneous credit, should the funds no longer be available and were not rightfully mine I agree to return the amount of the erroneous deposit in full upon demand.
- I understand that any changes including stopping my direct deposit must be submitted by me in writing at least 72 hours prior to my next check date. Changes may require me to receive a live check for up to 2 pay periods.

Employee's Signature

Date

Social Security Number