



Enrollment Forms for:

GWAAR VD-HCBS Program Employees

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

- ☐ Employee Confirmation of Receipt
- ☐ HIPAA Employee Confidentiality Privacy Information Agreement
- ☐ Employee Hiring Notice
- ☐ Relationship Disclosure Form
- ☐ Authorization to Perform Background Check(s)
 - Wisconsin Criminal History Request Form
- ☐ Form I-9, Employment Eligibility Verification
- ☐ Federal Tax Withholding (Form W-4)
- ☐ State Tax Withholding- Wisconsin (Form WT- 4)
- ☐ Direct Deposit Authorization

If you have questions please contact *the Veterans Department at 802.280.1911*

Return Packet to:

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



New Employee Information

Welcome to Veteran Directed Home and Community Based Services!

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

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

Overview of (Veteran Directed Home and Community Based Services)

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

ARIS is contracted to help with the administrative employer responsibilities.

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

ARIS assists the veteran/employer by:

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

Getting Started

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

- Correctly complete and return ALL of new employee application forms. See the Checklist on page one
- Complete a criminal background check
- Be authorized to work in the United States
- Be issued a start date from the Veteran's GWAAR Care Consultant

You are an employee when ALL paperwork has been processed and you have been notified of a **start date** from the Veteran's GWAAR Care Consultant

Contact Information

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

ARIS Solutions-Veteran Program staff is available for support Monday through Friday from 8:00 am to 4:00pm (EST) and can be reached at **866.970.3301** (toll free) or Website www.arissolutions.org.

ARIS Solutions is not open on state or federal holidays.

Veteran Program Team

Topic	Resource	Contact Info
Veteran Program Director	Theresa Danforth	theresad@arissolutions.org
Veteran Program Specialist *Employer questions/concerns	Emilie Donka	emilied@arissolutions.org
Veteran Program Payroll Specialist (s)	Megan Whiton Janet Allen	meganw@arissolutions.org janeta@arissolutions.org



ARIS Solutions

Financial & Payroll Services for the Nonprofit Sector



ARIS Solutions

PROGRAM INTEGRITY and FRAUD PREVENTION

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

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

Definition

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

Examples of Fraud and Abuse Include

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

Results

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

REPORTING

If you suspect or know of fraud or abuse occurring, it is your duty and responsibility to report this immediately to the Association of Area Agency and the Veteran's Administration. Or call ARIS Solutions at 802.280.1911 and the proper people will be contacted.



ARIS

Solutions

Employee Confirmation of Receipt

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

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

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

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

Signed,

Signature of Employee

Date

HIPAA EMPLOYEE CONFIDENTIALITY PRIVACY INFORMATION AND AGREEMENT

SUMMARY OF HIPAA PRIVACY RULES FOR EMPLOYEES

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

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

Privacy of Patient Information

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

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

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

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

Assigned Employee Confidentiality and Privacy Agreement

Date: _____

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

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

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

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

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

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

Assigned Employee

Printed Name

Signature & Date:

Witness

Printed Name

Signature & Date:

X

X

**ARIS Solutions**



ARIS Solutions

Employee Hiring Notice

Employee Information

Legal Name

First

Middle

Last

Maiden/other

Address _____

Street

Apt

City

State

ZIP

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

Employee Social Security Number _____

Date of Birth _____

Email Address _____

Foreign exchange student: yes no

Are you under 18 and enrolled in school: yes no

Veteran/Employer Name:

Employee Signature _____ Date _____

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



ARIS Solutions

Employee Authorization to Perform Background Check(s)

I, _____, understand that ARIS Solutions will conduct background checks for me on behalf of my potential employer. I further understand that should any conviction, substantiation or finding be identified as a result of these background checks they will be disclosed to my potential employer for review. This will include any and all findings regardless of how old the findings are. A waiver will be signed by my potential employer for these findings if employment is approved. Some local jurisdictions report traffic and driving violations, so these too may show up when the background checks are performed.

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

- ☐ Criminal History and DHS Record Request
- ☐ Circuit Court Record Request

Signed,

Signature of Employee

Date

Name of Employer:

Name of Veteran:



Relationship Disclosure Form

Employee Name

Employer Name

Are you related to the employer?

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

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

<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child (Date of Birth): <input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild (Date of Birth): <input type="checkbox"/> Sibling <input type="checkbox"/> Other:
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Exempt- Due to your relationship with the employer and current legislation, you are exempt from payroll taxes for Social Security and Medicare (FICA), and Unemployment insurance (FUTA and SUTA) which means you are not earning Social Security work credits and you will not receive unemployment benefits if your employment is terminated. (for more info please see IRS Publication 15- Family Employees at www.irs.gov)

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

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

SPOUSE, PARENT, CHILD under 21

The following relationship is exempt from: **FUTA**

GRANDCHILD under 21

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

SPOUSE, PARENT, CHILD

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

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

Signature of Employee

Date



STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

DJ-LE-250 (Rev. 7/11)

DIVISION OF LAW ENFORCEMENT SERVICES
Crime Information Bureau
Record Check Unit

PO Box 2688
Madison, WI 53701-2688
608/266-5764

WISCONSIN CRIMINAL HISTORY
SINGLE NAME RECORD REQUEST

Request Purpose - Check Only One

- ☐ General Information
☐ Public Housing
☒ Caregiver – General (*Add \$3 DHS fee)
☐ Child Day Care - Caregiver (*Add \$3 DHS fee)

Search for a Record on: (Please type or print legibly)

* Name : _____ / _____ / _____
(Last) (First) (Middle)

* Sex: _____ * Race: _____ * Date of Birth: _____ / _____ / _____
(MM) (DD) (YYYY)

Other Identifying Data (Social Security Number, Maiden Name(s), Additional Names, etc.)



ARIS SOLUTIONS

Financial & Payroll Services for the Nonprofit Sector

Form I-9 Instructions

Employee Steps:

- 1.) Complete Section 1
 - a. Name (Last, First, Middle Initial, and Other Name(s), if applicable)
 - b. Address (Street – no PO Boxes, City, State, and Zip Code)
 - c. Date of Birth
 - d. Social Security Card
 - e. E-mail Address
 - f. Telephone Number
- 2.) Answer citizen status question by checking the box that applies to you, the employee.
- 3.) Sign and date.

Employer Steps:

****The below steps must be completed by the employer or a representative of the employer. They cannot be completed by the employee****

- 1.) Complete Section 2
 - a. Enter the employee's name under the Section 2 heading.
 - b. Examine employee documents. The employer must physically examine:
 - i. one document from List A OR
 - ii. one document from both List B and List C.
 - c. Record the document details under the appropriate list within Section 2.

****The below are examples and should only be used as a guide. As the employer you cannot specify which documents your employee must present****

 - i. **Example A:** The employee provides a passport. Record in List A:
 1. Document title: 'Passport'
 2. Issuing authority: 'USA'
 3. Document #: 'xxxxxx'
 4. Expiration Date: 'xx/xx/xxxx'
 - ii. **Example B:** The employee provides a driver's license and social security card. Record in:

List B

 1. Document title: 'Drivers License'
 2. Issuing authority: State of issuance 'WI'
 3. Document #: 'Xxxx-xxxx-xxxx-xx'
 4. Expiration Date: 'xx/xx/xxxx'

List C

 5. Document title: 'Social Security Card'
 6. Document #: Social Security Number 'xxx-xx-xxxx'
- d. Sign your name, date, enter your title (Employer), and print your name and address.



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **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 (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name)		Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	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>
<p>QR Code - Section 1 Do Not Write In This Space</p>

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



Employer Completes Next Page





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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

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 HHCSR		
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
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the 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.		5. U.S. Military card or draft record	5. Native American tribal document
		6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority	
		For persons under age 18 who are unable to present a document listed above:	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI			

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2018)

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents.

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2018	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.					
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.					
If you meet both conditions, write "Exempt" here		▶		7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	D	_____
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 		
F	Credit for other dependents. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" 		
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here		
H	Add lines A through G and enter the total here H _____		

For accuracy,
complete all
worksheets
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

1	Enter an estimate of your 2018 itemized deductions. These 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. See Pub. 505 for details	1	\$ _____
2	Enter: { <ul style="list-style-type: none"> \$24,000 if you're married filing jointly or qualifying widow(er) \$18,000 if you're head of household \$12,000 if you're single or married filing separately 	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2018 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1		
		10	_____

Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting

Employee's Section (Print clearly)

Employee's legal name (last, first, middle initial)			Social security number	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, check the Single box.
Employee's address (number and street)			Date of birth	
City	State	Zip code	Date of hire	

FIGURE YOUR TOTAL WITHHOLDING EXEMPTIONS BELOW

Complete Lines 1 through 3 only if your Wisconsin exemptions are different than your federal allowances.

- (a) Exemption for yourself – enter 1

(b) Exemption for your spouse – enter 1

(c) Exemption(s) for dependent(s) – you are entitled to claim an exemption for each dependent

(d) Total – add lines (a) through (c)
- Additional amount per pay period you want deducted (if your employer agrees)
- I claim complete exemption from withholding (see instructions). Enter "Exempt"

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming complete exemption from withholding, I certify that I incurred no liability for Wisconsin income tax for last year and that I anticipate that I will incur no liability for Wisconsin income tax for this year.

Signature

Date Signed

EMPLOYEE INSTRUCTIONS:

• WHO MUST FILE:

Every Employee is required to file a completed Form WT-4 with each of his or her employers unless the Employee claims the same number of withholding exemptions for Wisconsin withholding tax purpose as for federal withholding tax purpose. Form WT-4 (or federal Form W-4 if a Form WT-4 is not filed) will be used by your employer to determine the amount of Wisconsin income tax to be withheld from your paychecks. If you have more than one employer, you should claim a smaller number or no exemptions on each Form WT-4 filed with employers other than your principal employer so that the total amount withheld will be closer to your actual income tax liability.

Your employer may also require you to complete this form to report your hiring to the Department of Workforce Development.

You may file a new Form WT-4 any time you wish to change the amount of withholding from your paychecks, providing the number of exemptions you claim does not exceed the number you are entitled to claim.

• UNDER WITHHOLDING:

If sufficient tax is not withheld from your wages, you may incur additional interest charges under the tax laws. In general, 90% of the net tax shown on your income tax return should be withheld.

• OVER WITHHOLDING:

If you are using Form WT-4 to claim the maximum number of exemptions to which you are entitled and your withholding exceeds your expected income tax liability, you may use Form WT-4A to minimize the over withholding.

• WHEN TO FILE IF YOUR EXEMPTIONS CHANGE:

You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES.

You may file a new certificate at any time if the number of your exemptions INCREASES.

WT-4 Instructions – Provide your information in the employee section.

• LINE 1:

(a)-(c) Number of exemptions – Do not claim more than the correct number of exemptions. If you expect to owe more income tax for the year than will be withheld if you claim every exemption to which you are entitled, you may increase your withholding by claiming a smaller number of exemptions on lines 1(a)-(c) or you may enter into an agreement with your employer to have additional amounts withheld (see instruction for line 2).

(c) Dependents – Those persons who qualify as your dependents for federal income tax purposes may also be claimed as dependents for Wisconsin purposes. The term "dependents" does not include you or your spouse. Indicate the number of dependents that you are claiming in the space provided.

• LINE 2:

Additional withholding – If you have claimed "zero" exemptions on line 1, but still expect to have a balance due on your tax return for the year, you may wish to request your employer to withhold an additional amount of tax for each pay period. If your employer agrees to this additional withholding, enter the additional amount you want deducted from each of your paychecks on line 2.

• LINE 3:

Exemption from withholding – You may claim exemption from withholding of Wisconsin income tax if you had no liability for income tax for last year, and you expect to incur no liability for income tax for this year. You may not claim exemption if your return shows tax liability before the allowance of any credit for income tax withheld. If you are exempt, your employer will not withhold Wisconsin income tax from your wages.

You must revoke this exemption (1) within 10 days from the time you expect to incur income tax liability for the year or (2) on or before December 1 if you expect to incur Wisconsin income tax liabilities for the next year. If you want to stop or are required to revoke this exemption, you must file a new Form WT-4 with your employer showing the number of withholding exemptions you are entitled to claim. This certificate for exemption from withholding will expire on April 30 of next year unless a new Form WT-4 is filed before that date.

Employer's Section

Employer's name			Federal Employer ID Number	
Employer's payroll address (number and street)			City	State
			Zip code	
Completed by	Title	Phone number ()	Email	

EMPLOYER INSTRUCTIONS for Department of Revenue:

- If you do not have a Federal Employer Identification Number (FEIN), contact the Internal Revenue Service to obtain a FEIN.
- If the Employee has claimed more than 10 exemptions OR has claimed complete exemption from withholding and earns more than \$200.00 a week or is believed to have claimed more exemptions than he or she is entitled to, mail a copy of this certificate to: Wisconsin Department of Revenue, Audit Bureau, PO Box 8906, Madison WI 53708 or fax (608) 267-0834.
- Keep a copy of this certificate with your records. If you have questions about the Department of Revenue requirements, call (608) 266-8646 or (608) 266-2776.

EMPLOYER INSTRUCTIONS for New Hire Reporting:

- This report contains the required information for reporting a New Hire to Wisconsin. If you are reporting new hires electronically, you do not need to forward a copy of this report to the Department of Workforce Development. Visit <http://dwd.wisconsin.gov/uinh> to report new hires.
- If you do not report new hires electronically, mail the original form to the Department of Workforce Development, New Hire Reporting, PO Box 14431, Madison WI 53708-0431 or fax toll free to 1-800-277-8075.
- If you have questions about New Hire requirements, call toll free (888) 300-HIRE (888-300-4473). Visit dwd.wisconsin.gov/uinh for more information.



ARIS Solutions- Veteran Program

Direct Deposit Agreement Form

- ☐ Enrollment in Direct Deposit
☐ Change in Direct Deposit

Employee Name: _____

Employer Name: _____

Authorization Agreement

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

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

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

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ ☐ Checking | ☐ Savings

Signature

Authorized Signature (Employee): _____ Date: _____

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