

EMPLOYEE ENROLLMENT PACKET

CONDUENT
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Toll Free: (866) 916-0310

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"Who We Are"

CONDUENT has been contracted by the State of New Mexico to provide services as a Fiscal Management Agent (FMA) for participants in the Mi Via Program and members in the Self-Direction Program. CONDUENT has subcontracted portions of that contract to TNT Fiscal Intermediary (TNTFI) and FOCoS Innovations. As the FMA, one of our principal responsibilities is to assist participants and members that are employers to process payroll for their employees so that they are paid for the services they provide.

You've received this employee packet because you currently are or are about to become an employee for a Mi Via participant or Self-Direction member. This packet contains the forms that are necessary for you to complete in order to get paid. **You must complete and return all of the required forms in this packet before you can become an employee under the Mi Via or Self-Direction program and receive payment for your services.** We have provide instructions, illustrations, and additional information designed to assist you in this process. We have also included information you will need to know about the processes involved in reporting your hours and for you to get paid.

We understand that not every question can be covered in advance and CONDUENT is available to answer your questions. If you have questions, need additional information or otherwise need to contact CONDUENT regarding issues related to your employment through the Mi Via or Self-Direction program, please note the following contact information:

Mailing Address:

CONDUENT
PO Box 27460
Albuquerque, NM 87125-7460

Physical Address:

CONDUENT
1720-A Randolph Road SE
Albuquerque, NM 87106

Phone Numbers:

Toll Free—(866) 916-0310
Fax – (866) 302-6787

Email:

mi.via@conduent.com

Please do not send personal or protected health information via email.

Legally Responsible Individual

Legally Responsible Individuals may be hired and paid for waiver services under extraordinary circumstances to assure the health and welfare of the participant/member and to avoid institutionalization.

A Legally Responsible Individual (LRI) is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child, or, (b) a spouse of a waiver participant/member. Before an LRI can be paid for services provided to a Self-Direction waiver participant/member, the need to provide the services must be justified in a written request and submitted for State approval. The request must be approved by the State before a Self-Direction participant/member sends in their Service and Support Plan (SSP) and budget for review and must be renewed annually before the participants/members SSP is renewed..

IF YOU ARE AN LRI PLEASE BE SURE TO PROVIDE A COPY OF THE APPROVAL FROM THE STATE. YOU WILL NOT BE PAID FOR SERVICES IF THE APPROVAL FORM IS NOT RECEIVED BY CONDUENT.

Form Description and Checklist

NEW HIRE FORMS

 Employee Information Form (Required). This form will supply your basic demographic information to CONDUENT so we may establish your employee record in our database.

 Employment Agreement (Required). This document establishes the particular details of your employment with each individual employer you work with.

 Declaration of Relationship (Required). Federal tax law contains exemptions from specific payroll tax withholdings based on certain familial relationships between the employee and the employer. Information on this form is used to properly apply the law.

 Federal W-4 Tax Withholding Form (Required). Complete this form to notify us of the number of exemptions you will claim for Federal tax withholding purposes.

 State W-4 Tax Withholding Form (Required if different from Federal W-4). Complete this form to notify us of the number of exemptions you will claim for State tax withholding purposes.

 I-9 Employment Eligibility Verification Form (Required). Please read carefully the instructions and included illustrated guide for information on completing this form. Both the employee and employer are responsible for completing this form. The employee is responsible for completing Section 1 and the employer for completing the information in Section 2. Both must sign the form.

 Direct Deposit Authorization (Optional). Complete this form if you would prefer to have your checks deposited directly to your bank account.

 Publication 797 Earned Income Credit (Optional). Publication 797 provides you with information regarding the IRS Earned Income Credit. If you have read the publication and would like to receive earned income credit through your paycheck, please contact CONDUENT or the IRS to receive form W-5.

You must complete and return all required and any optional forms to CONDUENT before you can be paid through the Self-Direction program.



EMPLOYEE INFORMATION FORM

Member/Participant Name: _____
Required (Last) (First) (MI)

Employer of Record Name: _____
Required (Last) (First) (MI)

Employee Name: _____
(Last) (First) (MI)

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Fax Number: (_____) _____

Email Address: _____

Email Address (2): _____

Employer: If an employee has a name change, the employee will need to complete and send a new W-4, a copy of their Social Security Card that reflects the name change and Employee Change Form to CONDUENT.

Employer of Record Signature: _____ Date: _____

Employee Signature: _____ Date: _____

EMPLOYMENT AGREEMENT

Self-Direction Medicaid Waiver

Please check the appropriate box to indicate the purpose of the submission of this form.

New Employee

Employee Pay (Rate) Change

Effective Date of Rate Change _____

Note: CONDUENT must receive the Employment Agreement at least 15 days before any rate change. Rate changes will become effective at the beginning of the pay period.

=====

An employee is hired and supervised directly by the Employer of Record (EOR). The employee must follow the policies stated in this Agreement. The purpose of this Agreement is to establish the responsibilities of each party. The employee is an employee *at will*. The Self-Direction member/participant served under this Agreement is: (please print)

(MEMBER/PARTICIPANT Name) _____

Parties to Agreement This Employment Agreement is made on

(Date) _____, by and between

(EMPLOYEE Name) _____,

hereinafter called "employee" and

(EOR Name) _____

hereinafter called "Employer."

EMPLOYEE Address:

Street: _____

City _____ State _____

Phone () _____

Under 8.314.6.7 NMAC and 8.308.12 K. NMAC, a Legally Responsible Individual (LRI) is defined as any person who has a duty under state law to care for another person. This category typically includes: the parent (biological, legal or adoptive) of a minor child; the guardian of a minor child who must provide care to the child; or a spouse. State approval must be obtained in order for an LRI to be paid for providing Self-Direction services.

FOR MI VIA EMPLOYEES ONLY

Is the employee legally responsible for the Mi Via member/participant? _____ YES _____ NO

If the employee is legally responsible for the Mi Via member/participant, please mark the box that best describes the employee's relationship to the member/participant:

- Parent (biological, legal or adoptive) of member/participant who is a minor
- Guardian of member/participant who is a minor
- Spouse of the member/participant

If the employee is a Legally Responsible Individual (LRI) for the Mi Via member/participant, State approval to be a paid provider must be submitted with the employment agreement. If the LRI will be a provider for more than one service, State approval must be submitted for each service.

Job Duties

The employer and employee will agree on a specific set of job duties or services to be provided. These duties and services will be developed in compliance with the definitions of Service Standards, and the Centennial Care Managed Care Policy Manual and will be documented on the member/participant's Mi Via Service and Support Plan (SSP) or Self-Directed Community Benefit (SDCB) Care Plan.

Payment

The SSP, or SDCB Care Plan start date sets the date from which payments may begin. *The rate of payment and hours/units must not exceed funding within the approved budget's line item.* Only the approved rate will be paid. The employee shall be paid for his or her services at the following hourly rates (From the Self-Direction Budget):

Service Code _____ **Rate \$** _____ *Estimated hours/units _____ per week/month (Circle)

Service Code _____ **Rate \$** _____ *Estimated hours/units _____ per week/month (Circle)

Service Code _____ **Rate \$** _____ *Estimated hours/units _____ per week/month (Circle)

***Please note that hours/units are an estimate and not fixed. Scheduled work time may change according to member/participant's needs.**

Duration of Agreement

This Agreement will become effective when both parties sign it and in accordance with the date of approval of the service by the Third Party Assessor (TPA) or Managed Care Organization (MCO). However, it is agreed that services will not be provided until all employment related documents (as outlined in the "Employee Packet") have been received by CONDUENT. Either party may terminate (end) this Agreement and the employment contemplated herein, at any time, and without liability for doing so, by giving the other party *at least 5 (five) working days prior notice except in an emergency situation*. This notice may be given either orally or in writing. It is the responsibility of the EOR and the employee to provide this employment termination information to CONDUENT by reporting it to the Call Center at 1-866-916-0310.

Modification of Agreement

This Agreement may be changed by agreement of both parties. Modification of the Agreement will require that you submit a new Agreement to CONDUENT, and must include prior approval to ensure that the budget can support the proposed changes. *Signed copies of all new agreements must be provided to CONDUENT before any changes in rates, units, and so on, can be made*. Changes in rates will NOT be done retroactively. CONDUENT must receive the Employee Agreement at least 15 days before the effective date of any rate change. Rate changes may only occur at the beginning of a pay period. If there is an increase in the rate, the new rate must be approved in the member/participant's budget.

Scheduling

If the employee is not able to work at the scheduled time, the employee shall give at least _____ hours advance notice to the employer so that the employer can find a substitute. (The amount of advance notice should be agreed upon between the employer and employee and noted in the space provided.)

A change in the scheduled work by the employer or employee must be made at least _____ hours in advance. In case of an emergency, the employee will notify the employer or another designated person. This person shall be designated in advance, in writing and be identified to the employee. If an employee is knowingly going to be late, he or she shall notify the employer by telephone. (See note above.)

Employee Qualifications

The employee confirms that he or she meets the minimum qualifications for employment as required by the Self-Direction Program and described in the Self-Direction Program regulations (8.314.6 NMAC or 8.308.12 NMAC), the Self-Direction Program Service

Standards, and Centennial Care Managed Care Policy Manual. Qualifications, duties and policies of the employee include, but are not limited to:

1. The employee is 18 years of age or older.
2. The employee has the required knowledge, skills and ability to perform the services specified (stated) in the member/participant's Service and Support Plan (SSP)/budget or SDCB Care Plan.
3. The employee possesses the experience and background required by the Self-Direction Program for the specific service(s) he or she will provide to the member/participant.
4. The employee has basic math, reading, and writing skills and is able to communicate successfully with the member/participant.
5. An employee who provides transportation for a Self-Direction member/participant, whether as the primary service or as part of providing a separate service, must meet the qualifications for a transportation provider, in addition to other qualifications for employment.
6. The employee holds a valid social security number and is authorized to work in the United States.
7. The employee is willing to submit to a criminal record check. **Criminal record checks are mandatory.** Employee acknowledges that he/she may not begin work until all materials necessary for a criminal background check have been received by CONDUENT and the EOR has received notification that the employee has successfully passed the initial Consolidated Online Registry (COR) Background Check. After the COR has been completed and the final criminal background check is in process, the employee is employed on a provisional (temporary) basis until the results of the final criminal background check are received by the EOR.

Administrative Responsibilities

1. The employee agrees that federal income, Medicare, social security and New Mexico State and local taxes (as applicable) shall be withheld from employee wages per Internal Revenue Service (IRS) and New Mexico Department of Taxation and Revenue requirements.
2. The employee acknowledges and understands that funds available for payment are authorized (allowed) by the Self-Direction New Mexico Self-Directed Medicaid Waiver **in advance** of the work performed. Payment to the employee shall only be made as authorized by the New Mexico Self-Directed Medicaid Waiver according to the approved member/participant SSP/budget or SDCB Care Plan.
3. The employee shall only perform work within the authorized hourly rate as he or she will not be compensated (paid) by the state of New Mexico for work performed in excess of (more than) the authorized amount in the SSP/budget or SDCB Care Plan.
 - a. Effective 9/1/11, any changes to pay for employees must start at the beginning of a pay period. CONDUENT must receive the Employment Agreement at least 15 days before the effective date of the change. If the employee is going to be given a raise, the new rate must be approved in the member/participant's budget.
4. The employee will not be paid for services that are not performed or time that is not worked.

5. The employee will not be paid for any work performed over the amount authorized and documented in the budget to the employee.
6. Timesheets must be correctly completed and signed *by both* the employer and the employee.
7. Timesheets are due to CONDUENT by the employer or employee within one calendar day from the end of the pay period in accordance with the payment schedule (a copy is included in your Employee Packet). Timesheets received after the date in the payment schedule are considered late and may NOT be paid until the following scheduled payment issue date. Timesheets submitted for payment that exceed (go beyond) ninety (90) days after the service was provided cannot be processed or paid according to Medicaid timely-filing requirements.
8. All required documents listed in the Employee Packet must be completed by the employee and sent to CONDUENT *before* providing any services.
9. The employee is considered a Medicaid provider and must document services and maintain documentation as set forth in the Self-Direction Program Regulations (8.314.6.12 NMAC or 8.308.12 NMAC).
10. The employer will review or has reviewed the Waiver Service Standards or Centennial Care Managed Care Policy with the Employee for those services they are employed to provide.
11. The employer will provide or has provided training to the employee on the reporting requirements set forth in the ABUSE, NEGLECT, EXPLOITATION, AND DEATH REPORTING, TRAINING AND RELATED REQUIREMENTS FOR COMMUNITY PROVIDERS REGULATIONS (7.1.14 NMAC)

Employment Policies

1. Payment for services may be in the form of a check or via direct deposit. The employee can change their preference of payment at any time, subject to the processes and timelines outlined in the Direct Deposit Agreement and associated instructions.
2. All paychecks are mailed directly to the employee’s address on file with CONDUENT or are sent by direct deposit.
3. Employee wages are paid from federal and state funds. Any false claims, statements, documents or concealment (hiding) of material facts will be prosecuted under applicable federal and state laws.
4. The employee agrees to assist the employer by providing the services and performing the activities specified in the member/participant’s Service and Support Plan (SSP) or SDCB Care Plan and as outlined elsewhere in other documents that are related to the employee’s scope of work.
5. The employee agrees to provide employee services as specified by the employer on a schedule mutually agreed upon between the employer and the employee. Occasional variations (changes) in the employee tasks and schedule may occur based on the mutual agreement of both parties.
6. In case of illness, emergency, or an incident that prevents the employee from providing scheduled services to the member/participant/employer; the employee agrees to notify the employer as soon as possible, so that the employer can obtain assistance from another

- party.
7. The employee agrees to participate in training to provide employee services, including training to perform any health activities as required by the employer, or as specified in the member/participant's SSP or SDCB Care Plan.
 8. The employee agrees to maintain the confidentiality of all information about the member/participant and to respect the member/participant's privacy.
 9. The employee agrees to report suspected incidents of abuse, neglect and/or exploitation to either Adult or Child Protective Services, as applicable.
 10. The employee understands that this Agreement does not guarantee employment or payment of wages for any time period until all required paperwork is received and logged by CONDUENT and the EOR has received notification that the employee has successfully passed the Consolidated Online Registry (COR) Background Check.
 11. The employee understands that the employee is employed by the employer and **not** the state of New Mexico or CONDUENT or its subcontractors.
 12. The member/participant/employer's property is not to be used for the employee's personal use, unless mutually agreed upon in writing by both parties prior to the use of the property. All private matters discussed during working times shall be kept confidential.
 13. The employee is to be punctual, neatly dressed, and respectful of all family members. The member/participant/employer's telephone may be used only with permission.
 14. Misrepresentation (false statement) of time, services, individuals and/or other information is not permitted. If the employer or employee signs a timesheet that is determined to misrepresent information, this may be cause for termination (firing) of the employee, and the member/participant may lose the option of participating in Self-Direction. Additionally, suspected fraud will be reported to the Medicaid fraud unit.
 15. Per Medicaid regulations, the Self-Direction Program does not allow payroll hours to exceed forty (40) hours per week for any one employee under one employer (EOR).

Employer (EOR) Responsibilities

1. The employer will verify and attest that the employee meets the minimum qualifications for employment as required by the Self-Direction Program and described in the Self-Direction Program regulations (8.314.6 NMAC or 8.308.12 NMAC) and the Self-Direction Program Service Standards and Centennial Care Managed Care Policy Manual.
2. The employer agrees to orient, train, and direct the employee in providing the employee services that are described and authorized (allowed) by the member/participant's service plan or that are requested by the employer.
3. The employer agrees to establish a mutually agreeable schedule for the employee's services, either orally or in writing.
4. The employer agrees to provide fair notice of changes in the employee's work schedule in the event of unforeseen circumstances or emergencies, but such notice cannot be guaranteed.
5. The employer understands that at any time, the employee can change their preference of payment from check to direct deposit, subject to the processes and timelines outlined in the Direct Deposit Agreement and associated instructions.
6. In consideration of the employee's best efforts to perform his/her job satisfactorily, the employer agrees to authorize completed employee timesheets and to pay the employee

according to the predetermined payroll schedule. Net wages will include gross earnings calculated according to the employee's pay rate, minus payroll deductions for the employee's share of applicable state, federal, and local payroll withholdings.

7. The employer agrees that the employee may not begin work until all materials necessary for a criminal background check have been received by CONDUENT and the employee has successfully passed the Consolidated Online Registry (COR) Background Check. Once the necessary materials have been received by CONDUENT and the employee has successfully passed the COR Background Check, the employer agrees to select or employ the employee **on an interim (temporary) basis until a final criminal history record check has been completed, for those crimes determined to be disqualifying convictions as stated in NMSA 1978, Section 29-17-3.** The employer has discussed this with the employee and reserves the right to dismiss the employee based on the results of the criminal history record check.

The process for enrolling an employee is as follows:

- a. Pre-hire packet must be properly filled out and sent to CONDUENT.
This packet consists of: the Department of Health/Division of Health Improvement DOH/DHI Authorization form; copy of a photo ID; 3 fingerprint cards; Fingerprint Reimbursement form (optional).
 - b. The COR is completed by CONDUENT.
 - c. If the proposed employee passes the COR, they may begin work on a provisional basis until the full criminal background check is completed.
 - d. The Employee Enrollment Packet needs to be completed within 3 days of when the employee begins to work. This packet consists of: the Employee Information Form; the Employment Agreement; the Declaration of Relationship form; the Federal W-4 Tax Withholding form; the New Mexico State Withholding form; the I-9 form; and the Direct Deposit Authorization form. All documents with the exception of the I-9 form must be sent to CONDUENT. The I-9 form must be completed and retained (kept) by the EOR.
8. Misrepresentation (false statement) of time, services, individual and/or other information is forbidden. If the employer or employee signs a timesheet that is determined to misrepresent information, this may be cause for termination (firing) of the employee, and the member/participant may lose the option of participating in Self-Direction. Additionally, suspected fraud will be reported to the Medicaid fraud unit.

Minimum Wage

This Employment Agreement cannot show a rate that is less than the state minimum wage.

Mutual Responsibilities

The parties agree to follow the policies and procedures of the Self-Direction, New Mexico Self-Directed Medicaid Waiver to include the regulations (8.314.6 NMAC or 8.308.12

NMAC), the Service Standards, and Centennial Care Managed Care Policy Manual. The employee and Employer agree to hold harmless, release, and forever discharge the state of New Mexico and CONDUENT and its subcontractors from any claims and/or damages that might arise out of any action or omissions by the employee, employer, member/participant, or consumer.

The Employer and employee must sign below to begin an employment relationship through the Self-Direction program. By signing, the employee and the employer listed hereby agree to all qualifications, duties, responsibilities and policies as outlined in this Employment Agreement.

EMPLOYMENT AGREEMENT

Please complete and sign in ink.

Employer (EOR) signature: _____

Date: _____

Employee signature: _____

Date: _____

Employee telephone number: (_____) _____

Alternate employee telephone number: (_____) _____



**SELF-DIRECTED PROVIDER ATTESTATION FORM
CMS FINAL RULE FOR HCBS**

Please read the following summary of the Centers for Medicare and Medicaid Services (CMS) Final Rule Requirements for Home and Community Based Services (HCBS) Providers.

Any residential or non-residential provider who offers self-directed HCBS in a setting where individuals live and/or receive HCBS must comply with the provider setting requirements. A HCBS setting is provider-owned or controlled when the setting in which the individual resides is a specific physical place that is owned, co-owned, and/or operated by a provider of HCBS.

The CMS Final Rule requirements for residential and non-residential HCBS settings include:

- 1) Providers must ensure that settings are integrated in and support full access of individuals to the greater community including:
 - Providing opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources; and
 - Ensuring that individuals receive services in the community, to the same degree of access as individuals not receiving HCBS.
- 2) Providers must ensure that the individual selects from among setting options including non-disability specific settings and options for a private unit in a residential setting. The provider setting must have person-centered service plans that document the options based on the individual's needs and preferences. For residential settings the person centered plan must document resources available for room and board.
- 3) Providers must ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- 4) Providers must ensure settings optimize individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.

5) Provider must ensure settings facilitate individual choice regarding services and supports, and choice regarding who provides them.

6) Additional HCBS Final Rule requirements relate to ensuring tenant protections, privacy, and autonomy for individuals receiving HCBS who do not reside in their own private (or family) home.

As a Medicaid enrolled HCBS provider you are required to ensure all aspects of the Final Rule are followed. **HSD/MAD recommends that you read the CMS Final Rule in the Federal Register at the following link to get the full details on the CMS Final Rule requirements:**

https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities?utm_campaign=subscription%20mailing%20list&utm_source=federalregister.gov&utm_medium=email

I certify that I have carefully read the summary requirements for the Home and Community Based Services above and the CMS Final Rule Requirements in the Federal Register at the link provided above and attest that my organization/provider setting is in compliance with the CMS Final Rule Requirements published in the Federal Register.

Additionally, I certify that my organization/provider setting will remain in compliance with the CMS Final Rule Requirements published in the Federal Register.

(THE APPLYING PROVIDER MUST SIGN AND DATE THIS ATTESTATION FORM).

Member/Participant Information

Member/Participant Name: _____

Member/Participant Date of Birth: _____

Member/Participant Employer of Record: _____

Provider Information (Vendor or Employee)

Printed Name: _____

Title/Position: _____

Social Security Number: _____

Signature: _____ Date: _____

APPENDIX to EMPLOYEE AGREEMENT
CHECKLIST for PROVIDERS OF TRANSPORTATION SERVICES

Self-Direction Medicaid Waiver

This form is required if driving the member is your job function or part of your assigned tasks.

All individuals who provide transportation services of any sort to a Self-Direction member/ participant must possess the following qualifications:

Employee Name _____

- possess a valid New Mexico driver's license;
- be at least 18 years of age;
- be free of physical or mental impairment that would adversely affect driving performance;
- have no driving while intoxicated (DWI) convictions or chargeable (at fault) accidents within the previous two years;
- have a current insurance policy and vehicle registration.

I attest that I have verified that my transportation provider possesses each of these qualifications. (Please complete and sign in ink.)

Employer (EOR) Signature: _____

Date: _____

Please attach copies to this form of the following documents from the provider (employee) listed above:

- **Valid New Mexico Driver's License**
- **Current Insurance Policy listing the employee that will be providing transportation**
- **Current Vehicle Registration of the employee that will be providing transportation**

These documents are necessary in order to verify if the provider is qualified to perform transportation services within Self-Direction. Without these documents, transportation cannot be provided.



DECLARATION OF RELATIONSHIP

I, _____, (employee/provider) hereby declare that I am related or unrelated to _____ (employer) as indicated below.

I am his/her: (Please mark the box(es) that best describes your relationship to the employer)

- Legal Guardian – Do you claim the employer as a dependent on your tax return?
____ Yes ____ No
- Spouse
- Child under the age of 21 - please provide Date of Birth _____
- Child age 21 or older
- Other familial relationship _____ (please specify)
- NO familial relationship
- Parent - If Parent, are you caring for the child of the Employer?
____ Yes* - If yes, is the child under age 18? ____ Yes* ____ No
____ No

*If you are a Parent and you answered Yes to BOTH of the above questions, the Employer is required to complete the Employer section below.

I understand that if I have checked the box indicating that I am the **Parent (and meet the above IRS requirements), Legal Guardian, Spouse, or child under 21** of my employer, I am classified as an "Exempt Domestic Employee". This means that certain taxes are not withheld from my paycheck which includes Social Security tax and Medicare tax. Due to this, I understand these earnings will not earn credits to be eligible for future Social Security benefits. I also understand that these earnings will not be eligible in the calculation for unemployment benefits.

Employee/Provider Signature

Date

***If Parent is marked above then Employer must complete this section**

1. Does the child being cared for have a physical or mental condition that requires the personal care of an adult for at least 4 continuous weeks in a calendar quarter? ____ Yes ____ No
2. Is the marital status of the employer one of the following:
 - a. Divorced and have not remarried ____ Yes ____ No
 - b. Widow or Widower ____ Yes ____ No
 - c. Living with a spouse whose physical or mental condition prevents him or her from caring for your child for at least 4 continuous weeks in a calendar quarter ____ Yes ____ No

Employer Signature

Date

Form W-4 (2017)

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. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding even if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic Instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

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 may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
	<ul style="list-style-type: none"> • You're single and have only one job; or 		
B	Enter "1" if: }	B	
	<ul style="list-style-type: none"> • You're married, 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. 		
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	
	(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)		
G	Child Tax Credit (including additional 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 \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. 		
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	
	<p>For accuracy, complete all worksheets that apply.</p> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 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 below. 		

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: 0.8em; margin: 0;">▶ Whether you are 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.</p>	OMB No. 1545-0074 2017
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. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
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 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 <small>(This form is not valid unless you sign it.) ▶</small>		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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

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

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

For New Mexico State Withholding Only

Form W-4 (2017)

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. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

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 may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, 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. }	B	<u> </u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional 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 \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. 	G	<u> </u>
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>

For accuracy, complete all worksheets that apply. {

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 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 below.

}

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

<p>Form W-4 Department of the Treasury Internal Revenue Service</p>	<p>Employee's Withholding Allowance Certificate</p> <p>▶ Whether you are 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.</p>	<p>OMB No. 1545-0074</p> <p style="font-size: 2em; font-weight: bold;">2017</p>
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, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 ▶ <u> </u>		
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.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 **Subtract** line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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

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

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



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>	
QR Code - Section 1 Do Not Write in This Space	

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

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

STOP *Employer Completes Next Page* STOP



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 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
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

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		<div style="border: 1px solid black; padding: 5px;"> <p align="center">Additional Information</p> </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>QR Code - Sections 2 & 3 Do Not Write in This Space</p> </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

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

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

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

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

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

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

All documents must be UNEXPIRED

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

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

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

DIRECT DEPOSIT AUTHORIZATION

Payment Processor: TNT Management Resources, Inc.

EIN: 93-1090996

I (we) hereby authorize TNT Management Resources, Inc., hereinafter called COMPANY, to initiate credit entries to my (our) account and depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. If at any time there is an erroneous entry placed in my account by said COMPANY, I authorize COMPANY to rectify or reclaim the entry. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

(Select Only One)

- Add New Account (*Complete Section A & Section C*)
- Change \$ Amount (*Complete Section A & Section C*)
- Change Account (*Complete Section A for New Account, Section B for Old Account & Section C*)
- I no longer wish to have Direct Deposit (*Complete Section B & Section C*)

Section A – To Add or Update an Account (Select Account Type) Checking Savings

Bank Name: _____ Branch: _____

Routing No: _____ Account No: _____

I wish to deposit (select one): 100% of my check \$ _____ of my check

Section B – To Cancel an Account (Select Account Type) Checking Savings

Bank Name: _____ Branch: _____

Routing No: _____ Account No: _____

Section C – Authorization for Setup, Changes or Cancellation

This authorization is to remain in full force and affect until COMPANY has received notification from me (or one of us) of its termination in writing by mail to 4935 Indian School Rd. NE, Salem, Oregon 97305. This notification must be received at least three (3) business days prior to the proposed effective date of the termination of authorization to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I understand that I (we) will be charged a \$10.00 fee for any check that is unable to be processed due to the fact that I (we) have given wrong information to COMPANY or my bank information changes and I fail to notify COMPANY.

Printed Name: _____ Social Security #: _____

Signature: _____ Date: _____

**A COPY OF A VOIDED CHECK OR A LETTER FROM THE BANK FOR THE NEW ACCOUNT INDICATED ABOVE IS REQUIRED IN ORDER TO SET UP THIS AUTHORIZATION
A DEPOSIT SLIP IS NOT ACCEPTABLE**



TNT also offers a ComData cash card (debit card) for ACH transfer of your paycheck. This service does not require the cardholder to have a bank account. If you are interested in this service, please contact CONDUENT at 1-866-916-0310.

Guidelines for Reporting Hours and Getting Paid

1. Please carefully review the payroll schedule for pay period end dates and the dates your timesheets need to be received by CONDUENT. **If your timesheet is not received by the due date, your paycheck will be delayed.** Retain this schedule for future reference.
2. Payments will be processed every two weeks according to the attached payroll schedule provided that CONDUENT has received a timesheet that is both complete and with the correct information. Timesheets cannot be processed if they are incomplete or do not contain correct and necessary information.
3. Hours worked may be reported to CONDUENT using the FOCoSonline system. Your employer may enter your hours for you or they may have you enter your hours and they will approve them before submitting them to CONDUENT. If you or your employer do not wish to use the FOCoSonline system to report hours, your hours can be submitted by using an approved timesheet.
4. Timesheets may be obtained by making copies of the blank form included in this packet. You may also call CONDUENT at 1-866-916-0310.
5. You may submit your timesheets to CONDUENT via fax or mail at the following:
 - a. Fax: (866) 302-6787
 - b. Mail: CONDUENT, PO Box 27460, Albuquerque, NM 87125-7460
6. Either you or your employer may report your hours to CONDUENT, however your employer must approve the hours reported through the FOCoSonline system or both you AND your employer must sign the timesheet.
7. Medicaid regulations of the Mi Via and Self-Direction programs do not allow your payroll hours for an employer to be more than forty (40) hours per week. Hours in excess of forty hours per week cannot be paid.
8. A separate timesheet must be prepared for each individual service code that applies to service you provide for your employer.

2-Week Self-Direction Timesheet for Payment

FAX 1-866-302-6787

Have you faxed this timesheet before (is it a duplicate)? Yes No If Yes, when?

Employee Name:				Employee ID# (last 4 digits of employee's social security #)			
Member/Participant:				Is this a correction to a PRIOR Timesheet? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Member/Participant's Date of Birth:				Begin Date	End Date		
Date	Time In Circle AM or PM		Time Out Circle AM or PM		Hours	Service Code	Services Provided (Please enter)
Week 1		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
Total Hours for Week 1 →					Must not be over 40		
Week 2		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
Total Hours for Week 2 →					Must not be over 40		
Total Hours for Timesheet (2 weeks) →					Must not be over 80		

Initial timesheets must be submitted for payment within ninety (90) days from date of service to meet timely-filing requirements. Initial timesheets submitted past ninety (90) days from date of service will deny for failure to meet Medicaid timely-filing requirements.

Employee Signature

Employer Signature

Date Employee Printed Name

Date Employer Printed Name

How to Complete a Timesheet

Example:

Date	Time In Circle AM or PM	Time Out Circle AM or PM	Hours	Service Code	Services Provided (Please enter)
Week 1 04-23-11	AM 8:00 PM	AM 11:30 PM	3.5	99509	Prepared meals, went grocery shopping, ADLs, cleaned house.
	AM 3:00 PM	AM 5:00 PM	2.0	99509	
04-24-11	AM 9:00 PM	AM 12:00 PM	3.0	99509	Prepared meals, laundry, shopping, went to pharmacy.
	AM PM	AM PM			
Total Hours for Week 1 →			8.5	Must <u>not</u> be over 40	

1. You must complete "Time In", "Time Out", "Hours", "Service Code" and "Services Provided" and circle am/pm.
2. Please write clearly. All columns must be completed.
3. Employee must sign and print name in the space provided and submit to your Employer.
4. Employer must sign and print name in the space provided and submit via FAX to the number at the top of the Timesheet form.
5. Incomplete timesheets will not be processed and will be returned to the EOR.
6. Do not submit timesheets for over 40 hours of work per week.
7. In the "Services Provided" space, briefly describe the activities carried out that day to support the member/participant's SSP outcomes.

For more information on completing timesheets, refer to the "Toolkit for Completing Timesheets."

SELF-DIRECTION WAIVER SERVICE CODES (for Employees)

SELF-DIRECTION WAIVER SERVICE	CODE
Community Direct Support/Navigation	H2021
Employment Supports (includes Job Coach)	T2019
Homemaker/Direct Support	99509
Respite – Standard	T1005SD
Transportation Time	T2007

Please see the Self-Direction program policy for specific provider requirements at http://www.hsd.state.nm.us/mad/pdf_files/provman1/prov83146.pdf or call the Self-Direction Helpdesk: 1-866-916-0310

EMPLOYEE PAYROLL PAYMENT SCHEDULE

Pay Period Start	Pay Period End	Timesheet must be received by CONDUENT	Check Mailed or Direct Deposit Issued
Saturday	Friday	Saturday	Friday
12/10/16	12/23/16	12/24/16	01/06/17
12/24/16	01/06/17	01/07/17	01/20/17
01/07/17	01/20/17	01/21/17	02/03/17
01/21/17	02/03/17	02/04/17	02/17/17
02/04/17	02/17/17	02/18/17	03/03/17
02/18/17	03/03/17	03/04/17	03/17/17
03/04/17	03/17/17	03/18/17	03/31/17
03/18/17	03/31/17	04/01/17	04/14/17
04/01/17	04/14/17	04/15/17	04/28/17
04/15/17	04/28/17	04/29/17	05/12/17
04/29/17	05/12/17	05/13/17	05/26/17
05/13/17	05/26/17	05/27/17	06/09/17
05/27/17	06/09/17	06/10/17	06/23/17
06/10/17	06/23/17	06/24/17	07/07/17
06/24/17	07/07/17	07/08/17	07/21/17
07/08/17	07/21/17	07/22/17	08/04/17
07/22/17	08/04/17	08/05/17	08/18/17
08/05/17	08/18/17	08/19/17	09/01/17
08/19/17	09/01/17	09/02/17	09/15/17
09/02/17	09/15/17	09/16/17	09/29/17
09/16/17	09/29/17	09/30/17	10/13/17
09/30/17	10/13/17	10/14/17	10/27/17
10/14/17	10/27/17	10/28/17	11/10/17
10/28/17	11/10/17	11/11/17	11/24/17
11/11/17	11/24/17	11/25/17	12/08/17
11/25/17	12/08/17	12/09/17	12/22/17
12/09/17	12/22/17	12/23/17	01/05/18
12/23/17	01/05/18	01/06/18	01/19/18
01/06/18	01/19/18	01/20/18	02/02/18
01/20/18	02/02/18	02/03/18	02/16/18