



## ACCOUNT EXECUTIVE CHECKLIST

Please submit this checklist along with all the items requested below:

- PMC Checklist with Recruiter Name
- PMC Employment Application Form, signed
- PMC Personal Information Disclosure
- PMC Account Executive Agreement, signed
- PMC AE Addendum, signed
- PMC Code of Conduct Form, signed
- Copy of Driver's License or State ID (Required)
- Copy of Social Security Card (Required)
- PMC Zero Tolerance Policy, signed
- PMC Mutual Non-Disclosure Agreement, initial
- PMC INS I9 Form, signed
- PMC IRS W9 Form, signed
- PMC Direct Deposit and Copy of Voided Check

**NAME OF YOUR RECRUITER:**

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[Submit to careers@pmccanhelp.com](mailto:careers@pmccanhelp.com) or Fax to **866-598-9987**.

Corporate Office: 915 Highland Pointe Dr. Ste. 250, Roseville, CA 95678  
Premier Mortgage & Real Estate Brokerage Serving CA, OR & WA Since 1989  
Off: 800-385-3657 | Fax: 866-598-9987 | Email: [info@pmccanhelp.com](mailto:info@pmccanhelp.com)  
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Conventional - Jumbo - FHA - VA - USDA - Lite Doc - Hard Money - Commercial - Superior Customer Service



## PERSONAL INFORMATION DISCLOSURE

### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number or Government ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Spouse's Work Phone: ( ) \_\_\_\_\_

### Job Information

Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Work Location: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Start Date: \_\_\_\_\_

### Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_



## EMPLOYMENT APPLICATION

| APPLICANT INFORMATION                     |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| Last Name                                 | First                        | M.I.                        | Date  |
| Street Address                            |                              | Apartment/Unit #            |   |
| City                                      | State                        | ZIP                         |   |
| Phone                                     |                              | E-mail Address              |   |
| Start Date                                | Social Security No.          | W2 or 1099                  |   |
| Position Applied for                      |                              |                             |   |
| Are you a citizen of the United States?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company?    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?  |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain   |

| EDUCATION   |    |  |        |
|-------------|----|--|--------|
| High School |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College     |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other       |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

| REFERENCES  |              |
|---|--------------|
| <i>Please list three professional references.</i> |              |
| Full Name   | Relationship |
| Company   | Phone (    ) |
| Address   |              |
| Full Name   | Relationship |
| Company   | Phone (    ) |
| Address   |              |
| Full Name   | Relationship |
| Company   | Phone (    ) |
| Address   |              |



| PREVIOUS EMPLOYMENT   |                    |                    |  |
|---|--------------------|--------------------|--|
| Company   |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Company   |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Company   |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| <b>Responsibilities</b>   |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |

| MILITARY SERVICE                 |                   |
|----------------------------------|-------------------|
| Branch                           | From To           |
| Rank at Discharge                | Type of Discharge |
| If other than honorable, explain |                   |

| DISCLAIMER AND SIGNATURE  |      |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge.  |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |      |
| Signature   | Date |



## Account Executive Job Description

### ACCOUNT EXECUTIVE JOB SUMMARY

Solicits conventional, government, hard money and commercial mortgage business originated by Platinum Mortgage Company.

### ESSENTIAL JOB FUNCTIONS

- Generates FHA and Conventional mortgages through effective prospecting of from NMLS Sponsored MLOs/Realtors/Brokers.
- Sources new from NMLS Sponsored MLOs/Realtors/Brokers on an ongoing basis and submits required documentation for broker approval with Platinum Mortgage Company.
- Trains NMLS Sponsored MLOs/Realtors/Brokers to properly submit and structure loans to meet Platinum Mortgage Company's loan submission guidelines.
- Develops and manages all business opportunities within a defined sales territory.
- Assists in obtaining sufficient and complete documentation from the broker as required by Platinum Mortgage Company's underwriting/processing guidelines.
- Acts as a liaison between Platinum Mortgage Company and NMLS Sponsored MLOs/Realtors/Brokers throughout all phases of the loan process.
- Maintains sales contact, pipeline and other pertinent sales activity reports.

### FUNCTIONAL JOB COMPETENCIES

- Integrity and Trust: Is widely trusted; is seen as a direct, truthful individual; can present the unvarnished truth in an appropriate and helpful manner; keeps confidences; admits mistakes; doesn't misrepresent him/herself for personal gain.
- Customer Focus: Is dedicated to meeting the expectations and requirements of internal and external customers; gets first-hand customer information and uses it for improvements in products and services; acts with customers in mind; establishes and maintains effective relationships with customers and gains their trust and respect.
- Drive For Results: Can be counted on to exceed goals successfully; is constantly and consistently one of the top performers; very bottom-line oriented; steadfastly pushes self and others for results.
- Time Management: Uses his/her time effectively and efficiently; values time; concentrates his/her efforts on the more important priorities; gets more done in less time than others while still producing quality work; can attend to a broader range of activities.
- Interpersonal Savvy: Relates well to all kinds of people, up, down, and sideways, inside and outside the organization; builds appropriate rapport; builds constructive and effective relationships; uses diplomacy and tact; can diffuse even high-tension situations comfortably.



## Account Executive Agreement

THIS AGREEMENT is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by and between PLATINUM MORTGAGE COMPANY, a California Corporation, hereinafter referred to as "Broker", and \_\_\_\_\_ (PRINT FULL NAME), hereinafter referred to as "Account Executive".

WHEREAS, Broker, is a duly licensed mortgage broker under the laws of the State of California, and is qualified to and does engage in the mortgage brokerage business.

WHEREAS, Broker, maintains a physical office address for the proper operation of a mortgage brokerage business, staffed with trained employees engaged in serving the public as a mortgage business. NOW, THEREFORE, in consideration of the premises and the mutual agreements herein contained, it is understood and agreed as follows:

1. Broker agrees, Broker shall have no right, except to the extent required by law, to direct or limit Account Executive's activities as to hours, leads, prospects, reports, meetings, schedule, services, time off, training, vacation, or other similar activities.

Broker agrees that Broker obtains no authority or right to direct or control Account Executive's actions except as specifically required by law (including Business and Professional Code Section 10177h) and that Account Executive assumes and retains discretion for methods, techniques and procedures in soliciting and obtaining loan leads. PER NMLS RULES, Account Executive CANNOT QUOTE RATES AND TERMS OF THE LOAN TO A CONSUMER WITHOUT A MORTGAGE LOAN ORIGINATOR LICENSE.

2. Until termination hereof, Account Executive agrees to work diligently and with Account Executive best efforts to solicit and obtain applications on one-to-four unit family dwellings, and to do so in accordance with law and with the ethical and professional standards as required hereafter.
3. Account Executive agrees to commit no act of a type for which the Real Estate Commissioner of the State of California is authorized by Section 10176 of the California Business Professions Code to suspend or revoke license.
4. In no event shall Broker be personally liable for Account Executive's share of commission not collected, nor shall Account Executive be entitled to any advance or payment from Broker upon future commissions, nor shall Account Executive be personally liable to Broker for any commissions not collected.
5. Account Executive agrees to provide and pay for all necessary professional licenses and dues and Broker shall not be liable to reimburse Account Executive.
6. Account Executive understands that the Broker does not authorize the Account Executive to order any credit reports, appraisals, or other items needed in connection with a loan that the borrower has not paid for in advance. Under no circumstances will the Broker pay for such items. In the event appraisal fees, credit report fees and the like have not been paid upon the funding and closing of a loan, Account Executive hereby



authorizes Broker to deduct the full 100% of said costs of these items from Account Executive Commission check. In the event that such items are discovered to be unpaid for a loan closed previously by the Account Executive, the Account Executive agrees herein to have said sums deducted from Account Executive next available commission.

7. This agreement does not constitute a hiring by either party. It is the parties' intention that, so far as shall be in conformance with law, the Account Executive is an Independent Contractor and not the Broker's employee, and in conformity therewith, the Account Executive shall retain sole and absolute discretion and judgment in the manner and means of carrying out Account Executive soliciting activities. Account Executive is under the control of Broker as to the result of Account Executive's work only and not as to the means by which such results are accomplished. This agreement shall not be construed as a partnership and Broker shall not be liable for any such obligations incurred by Account Executive.
8. Neither Federal, State, Local income tax or payroll tax of any kind shall be withheld or paid by Broker on behalf of Account Executive. Account Executive shall not be treated as an employee with respect to the services performed hereunder for Federal and State tax purposes.
9. Account Executive understand and agree that Account Executive are responsible to pay, according to law, Account Executive own income taxes.
10. This agreement may be terminated by Account Executive OR Broker at any time with proper written notice.
11. When this agreement has been terminated, Account Executive shall be entitled to commissions as set forth in the commission agreement attached to and made a part of this agreement.
12. Account Executive shall not, after the termination of this contract, use to the Account Executive own advantage, or to the advantage of any other person or corporation, any information gained for or from the files of the business of the Broker.
13. Any dispute under this agreement or related to this agreement shall be decided in accordance with the laws of the State of California. This is the entire agreement of the parties and cannot be changed or modified orally. If any part of this agreement shall be held unenforceable, the rest of this agreement will nevertheless remain in full force and effect. This agreement voids and supersedes all other agreements, if any, whether written or oral, between Independent Contractor Account Executive and Broker. This agreement may be supplemented, amended or revised only in writing by agreement of both parties to the agreement.
14. Account Executive agrees to indemnify broker and hold Broker harmless from all claims, demands and liabilities, including costs and attorney's fees to which Broker is subjected by reason of any action by Account Executive taken or omitted pursuant to this agreement.

Account Executive

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_



## Account Executive Addendum (Form #0121)

Whether an individual is considered to be an MLO is not based on the title or position of the person, but rather whether the activity of the person fits within the definition of MLO. The definition of an MLO can be found in Section 22013(a) of the CFLL and Section 50003.5 of the CRMLA, which states in a pertinent part: "Mortgage loan originator" means an individual who, for compensation or gain, or in the expectation of compensation or gain, takes a residential mortgage loan application or offers or negotiates terms of a residentialmortgageloan..."(Emphasisadded)

Moreover, HUD's proposed rule Section 3400.103 provides:

(c)(1) An individual "takes a residential mortgage loan application" if the individual receives a residential loan application for the purpose of deciding (or influencing or soliciting the decision of another) whether to extend an offer of residential mortgage loan terms to a borrower or prospective borrower (or to accept the terms offered by a borrower or prospective borrower in response to a solicitation), whether the application is received directly or indirectly from the borrower or prospective borrower. (2) An individual "offers or negotiates terms of a residential mortgage loan for compensation or gain" if the individual: (i)(A) Presents for acceptance by a borrower or prospective borrower residential mortgage loan terms; (B) Communicates directly or indirectly with a borrower or prospective borrower for the purpose of reaching an understanding about prospective residential mortgage loan terms; ... (Emphasis added.) (FederalRegisterVol. 74, No. 237, Dec. 15, 2009).

Therefore, any Account Executive or person that conducts any of the activities of an MLO is required to obtain an MLO license. (<http://www.corp.ca.gov/FSD/MLO/FAQs.asp#14>)

I HAVE READ AND UNDERSTOOD THE DISCLOSURE ABOVE IN ITS ENTIRETY. I KNOW THE LIMITATION OF MY DUTIES AND I WILL NOT BE CONDUCTING ANY ACTIVITIES OF AN MLO.

Account Executive

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Platinum Mortgage Company

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

## Account Executive (AE) Compensation Schedule

25 basis points (1% = 100 basis points, and 0.01% = 1 basis point) commission of the loan amount from any funded transaction from Account Executive's personal generated leads. Account Executives are independent contractors responsible for paying their own federal & state payroll taxes. A 1099 will be issued at the end of the year.

All Account Executives are required to close a minimum of 3 transactions in a 90 day rolling period. For example:

January = 0 closings  
February = 1 closings  
March = 2 closings

- or -

January = 0 closings  
February = 0 closings  
March = 3 closings

Pay period for Account Executives will be every Friday. The broker funds need to be received by Tuesday in PMC's office in order to be included in that week's payroll.

Account Executive

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Platinum Mortgage Company

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_



## Zero Tolerance Policy

1. Submission of inaccurate information, including false statements on loan application(s) and falsification of documents purporting to substantiate credit, employment, deposit and asset information, personal information including identity, ownership/non-ownership of real property, etc.
2. Forgery of partial or predominately accurate information.
3. Incorrect statements regarding the occupancy or intent to maintain minimum continuing occupancy as stated in the security instrument.
4. Lack of due diligence including failure to obtain all information required by the application and failure to request further information as dictated by the borrower's response to questions.
5. Unquestioned acceptance of information or documentation that is known, should be known, or should be suspected to be inaccurate.
  - a. Simultaneous or consecutive processing of multiple owner occupied loans from one applicant supplying different information on each application.
  - b. Allowing one applicant or interested party to "assist with the processing of the loan".
6. Non-Disclosure of relevant information.

### Impact of Loan Fraud

The effects of loan fraud are costly to all parties involved. Platinum Mortgage Corporation stands behind the quality of its loan production. Fraudulent loans cannot be sold into the secondary market and, if sold, will require repurchase by Platinum Mortgage Corporation. Fraudulent loans damage our reputation with our investors, mortgage providers and the industry as a whole. The price paid by those that participate in loan fraud is even more costly. The following is a list of a few of the potential consequences that may be incurred:

1. Criminal prosecution.
2. Loss of License.
3. Loss of lender access due to exchange of information between lenders, mortgage insurance companies including submission of information to investors (i.e.; Freddie Mac/Fannie Mae), police agencies, and the state licensing agencies.
4. Negative reporting to MARI.
5. Civil action by those that were victimized (applicant, borrower, lender, etc.)

Platinum Mortgage Corporation reserves the right to take any lawful action against Agent upon finding fraud in any loan submitted to Platinum Mortgage Corporation or arranged on its behalf.

I have read and understand Platinum Mortgage Corporation's "Zero Tolerance Policy" regarding loan fraud and understand that here may be action taken against me should fraud be found in any of the loan files I submit to Platinum Mortgage Corporation or which I arrange on its behalf.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of Agent \_\_\_\_\_



## Code of Conduct

Platinum Mortgage employees will:

1. Conduct business with honesty and integrity;
2. Act so that the company is received and viewed in a positive manner;
3. Respond to customers and fellow staff with courteous, business-like behavior;
4. Treat other employees without malice, gossip, hearsay, or other negative communications;
5. Avoid any activity that can be construed as harassment whether sexual, physical, emotional, racial, or any other type of demeaning activity;
6. Follow the problem resolution procedures outlined in the Policies and Procedures Manual in the event of a conflict;
7. Not participate in theft, fraud, breaking of confidentiality (with regard to clients or company personnel), or any other damaging event that would put the company, employees, or clients at risk;
8. Conform to dress codes that are intended to enhance the company's image in the public eye;
9. Respect company facilities and functions as a drug-free environment) including all categories of illegal or controlled substances that would be adverse for an individual or the company); and
10. Support the work and visions of the company while employed by Platinum Mortgage Company

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_



## Mutual Non-Disclosure Agreement

This Confidentiality Agreement (the "Agreement"), made and entered into as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between Platinum Mortgage with its corporate offices at 915 Highland Pointe, #250, Roseville, CA 95678, and \_\_\_\_\_.

### WITNESSET

H:

WHEREAS, the parties hereto wish to explore the possibility of entering into certain business transactions. In the course of negotiation, the parties will provide confidential information relating to their business, including, without limitation, technical information, financial information, competitive information, customer information, contractual information, know-how, business methods and processes; and WHEREAS, the parties have agreed to receive such information on a confidential basis and shall disclose it only as provided for in this Agreement. NOW, THEREFORE, in exchange for mutual covenants contained herein and in order to protect the Confidential Information, both during the term of the relationship and after the expiration or termination thereof, the parties hereby agree as follows:

1. The term "Confidential Information" shall mean all information disclosed to one party to this Agreement (the "Receiving Party") by the other party to this Agreement (the "Disclosing Party") in written, graphic, recorded, photographic, or any machine-readable form (including information disclosed orally and subsequently reduced to writing) about such Disclosing Party (including its subsidiaries and corporate affiliates) and its business, including without limitation business plans, the terms of any pending transactions or acquisitions, financial statements or projections, trades secrets, customer information, intellectual property rights, products, research and development, operations, marketing, sales, pricing and trade know-how, whether or not such information is marked or labeled "Confidential" or "Proprietary"

2. The Receiving Party will use Confidential Information for internal purposes only, and only to the extent necessary:

i) for negotiation, discussions and consultations with the Disclosing Party; ii) to consummate the transactions contemplated by such negotiations, discussions and consultations; and iii) for any other purpose the Disclosing Party may hereafter authorize in writing. The receiving Party will provide such Confidential Information only to those of its employees or agents who have a need to know the same.

3. The Receiving Party will not disclose Confidential Information to any third party, to any parent or subsidiary or affiliated companies, or to any of its divisions or operating units other than those working directly with the Disclosing Party on the business transactions contemplated herein. The Receiving Party shall use the same degree of care to protect and safeguard the confidentiality of Confidential Information as it uses to protect and safeguard the confidentiality of its own proprietary information. The Receiving Party represents and covenants that such degree of care is reasonably designed to protect the confidentiality of Confidential Information.

4. Each party agrees that the term "Confidential Information" does not include information which: (a) has been or becomes published or is now or is in the future in the public domain through no action of the Receiving Party; (b) prior to disclosure hereunder, is within the legitimate possession of the Receiving Party, as evidenced by competent written proof; (c) subsequent to disclosure hereunder, is lawfully received from a third party having rights therein without restriction of the third party having rights therein without restriction of the third party's rights to disseminate the information and without notice of any restriction against its further disclosure; (d) is independently developed or acquired by the Receiving Party without reference to the Confidential Information; (e) is disclosed with the prior written approval of the Disclosing Party; (f) is obligated to be produced under order of a court of competent jurisdiction or a valid administrative or congressional subpoena; or (g) is disclosed by the Receiving Party after three years from the date of receipt, provided that in any action to enforce or remedy a breach of this Agreement, the Receiving Party shall have the burden of establishing the applicability of the subsection on which it relies.

5. All copies of Confidential Information received by the Receiving Party shall be returned to the Disclosing Party immediately upon such party's request or, upon such party's request, destroyed.

6. Nothing in this Agreement shall be construed as granting or conferring any rights by license or otherwise for any invention, discovery, or improvement made, conceived, or acquired prior to or subsequent to the date of this Agreement.

7. The Receiving Party shall inform all of its agents and employees to whom Confidential Information is revealed of the existence of this Agreement and of the limitations placed on the use and disclosure of Confidential Information and shall be responsible for any breach of this Agreements by any of such employees or agents.

8. In the event of a breach or threatened breach of the terms of this Confidentiality Agreement, each party shall be entitled to an injunction prohibiting revelation of the Confidential Information and any and all other appropriate equitable remedies. Any such relief shall be in addition to and not in lieu of appropriate relief in money damages. Each party acknowledges that Confidential Information is valuable and unique and that disclosure in violation of this Confidentiality Agreement will result in irreparable injury to the other party.

9. Either party may terminate the working relationship contemplated by this Confidentiality Agreement by written notice to the other party. Notwithstanding any such termination, all rights and obligations hereunder shall survive with respect to Confidential Information disclosed prior to such termination.



10. This Confidentiality Agreement supersedes any prior such agreement, may not be amended or modified except in a writing signed by both parties, and shall be governed by and construed in accordance with the laws of the state of California without regard to California's choice of law provisions. If any provision of this Confidentiality Agreement is found to be unenforceable, the remaining provisions shall be enforced as fully as possible and the unenforceable provisions shall be deemed modified to the limited extent required to permit enforcement in a manner most closely approximating the intention of the parties as expressed herein.

**Platinum Mortgage Company**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Title: \_\_\_\_\_

**Business Development Manager**

Position: \_\_\_\_\_

By: \_\_\_\_\_

Date \_\_\_\_\_

Name: \_\_\_\_\_

.



**DIRECT DEPOSIT  
Employee Authorization**

|   |                  |
|---|------------------|
| Company Name:<br><b>Platinum Mortgage Company</b> |                  |
| Employee Name:                                    | Employee Number: |

I authorize you and the financial institution(s) listed below to deposit my pay automatically to the indicated account(s) and to make adjusting entries as may be required.

| Bank/Credit Union | State | Type:<br>Circle One | Amount Percentage<br>Circle One | Account Number |
|-------------------|-------|---------------------|---------------------------------|----------------|
|                   |       | Ckg<br>Sav          |                                 |                |
|                   |       | Ckg<br>Sav          |                                 |                |
|                   |       | Ckg<br>Sav          |                                 |                |

**Please Check One:**

|   |   |             |                                |
|---|---|-------------|--------------------------------|
| 0 | New or Additional Direct Deposit        |             |                                |
| 0 | Change the Bank or Account Number on an |             | Account Number to be replaced: |
| 0 | Change the Amount of an                 | Amount was: | Amount changed to:             |
| 0 | Other, Please Explain:                  |             |                                |

**PLEASE ATTACH A VOIDED CHECK FOR EACH DIRECT DEPOSIT REQUEST- DEPOSIT SLIP IS NOT ACCEPTABLE**

It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to three pay periods to activate. I understand that neither my employer nor Payroll Ready is responsible for bank errors or fees. I may cancel this Direct Deposit(s) at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

| IF the entity/person on line 1 is a(n) . . .   | THEN check the box for . . .  |
|--|---|
| • Corporation  | Corporation   |
| • Individual<br>• Sole proprietorship, or<br>• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.   | Individual/sole proprietor or single-member LLC   |
| • LLC treated as a partnership for U.S. federal tax purposes,<br>• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or<br>• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes. | Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation) |
| • Partnership  | Partnership   |
| • Trust/estate   | Trust/estate  |

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for . . .  | THEN the payment is exempt for . . .  |
|--|---|
| Interest and dividend payments   | All exempt payees except for 7  |
| Broker transactions  | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 4   |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 5 <sup>2</sup>   |
| Payments made in settlement of payment card or third party network transactions        | Exempt payees 1 through 4   |

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.**

You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.**

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.**

You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

| For this type of account:  | Give name and SSN of:   |
|--|---|
| 1. Individual  | The individual  |
| 2. Two or more individuals (joint account) other than an account maintained by an FFI                          | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Two or more U.S. persons (joint account maintained by an FFI)   | Each holder of the account  |
| 4. Custodial account of a minor (Uniform Gift to Minors Act)   | The minor <sup>2</sup>  |
| 5. a. The usual revocable savings trust (grantor is also trustee)  | The grantor-trustee <sup>1</sup>  |
| b. So-called trust account that is not a legal or valid trust under state law                                  | The actual owner <sup>1</sup>   |
| 6. Sole proprietorship or disregarded entity owned by an individual  | The owner <sup>3</sup>  |
| 7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A)) | The grantor*  |
| For this type of account:  | Give name and EIN of:   |
| 8. Disregarded entity not owned by an individual   | The owner   |
| 9. A valid trust, estate, or pension trust   | Legal entity <sup>4</sup>   |
| 10. Corporation or LLC electing corporate status on Form 8832 or Form 2553                                     | The corporation   |
| 11. Association, club, religious, charitable, educational, or other tax-exempt organization                    | The organization  |
| 12. Partnership or multi-member LLC  | The partnership   |
| 13. A broker or registered nominee   | The broker or nominee   |

| For this type of account:   | Give name and EIN of: |
|---|-----------------------|
| 14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity     |
| 15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))  | The trust             |

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



**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<br>ZIP Code |
| Date of Birth (mm/dd/yyyy)       | U.S. Social Security Number<br>□□□□ - □□ - □□□□ |                         | 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): _____<br>Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>                        |   |
| <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:<br/>         An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> |   |
| 1. Alien Registration Number/USCIS Number: _____<br><b>OR</b><br>2. Form I-94 Admission Number: _____<br><b>OR</b><br>3. Foreign Passport Number: _____<br>Country of Issuance: _____   | QR Code - Section 1<br>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<br>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.")*

|                                     |                         |                         |      |                                |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| <b>Employee Info from Section 1</b> | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity                   | AND | List C<br>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<br>Do Not Write In This Space |
| Issuing Authority                               |    |                                      |     |  |
| Document Number                                 |    |                                      |     |  |
| Expiration Date (if any)(mm/dd/yyyy)            |    |                                      |     |  |
| Document Title                                  |    |                                      |     |  |
| Issuing Authority                               |    |                                      |     |  |
| Document Number                                 |    |                                      |     |  |
| Expiration Date (if any)(mm/dd/yyyy)            |    |                                      |     |  |

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

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

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

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

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

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

|                |                 |                                       |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

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

|  |                           |   |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|

## 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<br>Documents that Establish<br>Both Identity and<br>Employment Authorization  | OR | LIST B<br>Documents that Establish<br>Identity  | AND | LIST C<br>Documents that Establish<br>Employment Authorization  |
|--|----|---|-----|---|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol> | OR | <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol> |

**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.**