

New Employee Information Form, PayOut USA, Inc.										
SSN:	Employer:									
Name (First, Middle, Last (Sar	ne as W4)):									
Employee ID:		Department:								
Job Class:		Supervisor:								
Work Phone: E	xt:	Location:								
E-Mail:										
Hire Date://	Termination Da	ate:								
Salary per(Circle one): Hour/	Pay Period Salary:	y: <mark>\$</mark> Over Time Rate: <mark>\$</mark>								
Marital Status: <mark>SM</mark> S	State Marital Status:	S M (If applicable for state withholding)								
Claimed Deductions: S	State Claimed Deduct	ctions: (If applicable for state withholding)								
Extra withholding Amount: \$										
Pay Frequency(Circle one): W	eekly, Biweekly, Sem	nimonthly, Monthly								
Vacation Leave per Pay Period	l: Sick L	Leave per Pay Period:								
Date of Birth://										
Address Line 1:										
Address Line 2:										
City:	State:	: Zip Code:								
Country (If U.S. leave blank):										
Home Phone: ()										
Bank Information	Account Type: (Circl	cle one)								
Bank Account:	Checking									
Route Number:	Savings									
Spouse:										
Emergency Contact:	Emer	rgency Phone: () Ext:								
User Name:	Password:	Confirm Password:								

(up to 10 character/digits) (up to 10 character/digits)



Electronic Data Responsibility

As an employee of ______, it is your responsibility to keep your personal information up to date on the PayOut USA, Inc. website, <u>www.payoutusa.com</u>. PayOut USA, Inc. is the payroll service provider for ______ and will make your payroll data (check stubs and W2 forms) available to you online with your secure User Id and Password. It is very important that your name, address, bank information and e-mail address are accurate, even if you no longer work with ______. By signing this form you are acknowledging that you understand your online

information must be kept up to date, and that your payroll and tax information will only be available from the PayOut USA website. If you need assistance in printing copies of your information, please contact your employer.

Printed Name

Date

Signed



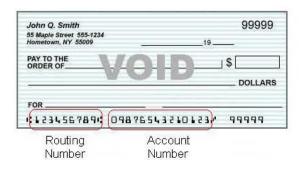
AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL

All employees must sign this form, even if not getting direct deposit.

Name:	Social Security Number:		
Employer Name:		l	
box. By requesting a paper	eck, please write in the space below, 'Paper check you are agreeing to pay a \$2.75 per o e routing <u>and</u> account number of your bank	check processing fee, other	wise you
Nine-Digit Check Routing N	umber (see sample below):		
Account Number (see samp	le below):		

Check One:
Checking Account
Savings Account
Paper Check (\$2.75)

NOTE: Please verify your banking information with your financial institution if you are uncertain about your account and/or routing number(s). Routing and account numbers may be in different locations on your check than on the sample shown below. If requesting funds be deposited into a savings account, contact your financial institution to verify routing and account numbers as these are sometimes different than your checking account or deposit slip.



Signature:

Date:

COMPLETE THIS FORM AND FAX TO:

PayOut USA, Inc. Fax #: (850) 201-0881

YOUR FIRST PAYMENT MAY BE MAILED TO YOU WHILE DIRECT DEPOSIT IS BEING ESTABLISHED. Employees that do not get direct deposit will be charged a \$2.75 processing fee per check.

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. ► Give Form W-4 to your employer.

2022

Department of the Treasury Internal Revenue Service

Your withholding is subject to review by the IRS.

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Step 1:	(a) Fi	irst name and middle initial	Last name	(b) Social security number
Enter Personal Information	Addre			► Does your name match the name on your social security card? If not, to ensure you get
	City o	r town, state, and ZIP code		credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.
	(c) [Single or Married filing separately		
	[Married filing jointly or Qualifying widow(er)		

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

Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Step 2: Multiple Jobs	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.									
or Spouse	Do only one of the following.									
Works	(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or									
	(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or									
	(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ► □									
	TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.									

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

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

Step 5:	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.									
Sign Here	Employee's signature (This form is not valid unless you sign it.)) _D	ate							
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)							

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

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

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

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

1. Expect to work only part of the year;

2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;

3. Have self-employment income (see below); or

4. Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

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

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

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

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



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

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

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

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

1	Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3	1	\$
2	Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.		
	a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a.	2a	\$
	b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b	2b	\$
	c Add the amounts from lines 2a and 2b and enter the result on line 2c	2c	\$
3	Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc	3	
4	Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)	4	\$
	Step 4(b) — Deductions Worksheet (Keep for your records.)		
1	Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$
2	Enter:	2	\$
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$
4	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	4	\$
5	Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4	5	\$

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

Form W-4 (2022)

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job		Lower Paying Job Annual Taxable Wage & Salary													
Annual Taxable Wage & Salary	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000			
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870			
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070			
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010			
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210			
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370			
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370			
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370			
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370			
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450			
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600			
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830			
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590			
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190			
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790			
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390			
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260			
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870			
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240			
				Single o	r Married	I Filing S	Separate	ly							

Higher Payir	ng Job		Lower Paying Job Annual Taxable Wage & Salary													
Annual Taxable Wage & Salary		\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000			
\$0 -	9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040			
\$10,000 -	19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880			
\$20,000 -	29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180			
\$30,000 -	39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380			
\$40,000 -	59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370			
\$60,000 -	79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770			
\$80,000 -	99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770			
\$100,000 - 1:	24,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140			
\$125,000 - 14	49,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890			
\$150,000 - 1	74,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640			
\$175,000 - 1	99,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330			
\$200,000 - 2	49,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310			
\$250,000 - 3	99,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310			
\$400,000 - 4	49,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470			
\$450,000 and	d over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680			

Head of Household

Higher Payi	ng Job		Lower Paying Job Annual Taxable Wage & Salary													
Annual Taxable Wage & Salary		\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000			
\$0 -	9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040			
\$10,000 -	19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440			
\$20,000 -	29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930			
\$30,000 -	39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240			
\$40,000 -	59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460			
\$60,000 -	79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170			
\$80,000 -	99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170			
\$100,000 - 1	24,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480			
\$125,000 - 1	49,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230			
\$150,000 - 1	74,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980			
\$175,000 - 1	99,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180			
\$200,000 - 4	49,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360			
\$450,000 an	d over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730			



U.S. Citizenship and Immigration Services

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

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

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)									
Last Name <i>(Family Name)</i>	First Name <i>(Given Name)</i>				Middle Initial	Other Last Names Used <i>(if any)</i>			
Address (Street Number and Name)				Apt. Number City or Town				State	ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	iber	Employe	ee's E-mail Addr	ess	Er	nployee's 1	Felephone 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):

1. A citizen of the United States		
2. A noncitizen national of the United States (See instructions)		
3. A lawful permanent resident (Alien Registration Number/USCIS Number):		
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. (See instructions) Aliens authorized to work must provide only one of the following document numbers to comp An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign A. Alien Registration Number/USCIS Number: OR		QR Code - Section 1 Do Not Write In This Space
2. Form I-94 Admission Number: OR 3. Foreign Passport Number: Country of Issuance:		
Signature of Employee	Today's Date <i>(mm/</i> a	ld/yyyy)

Preparer and/or Translator Certification (check one):

STOP

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

STOP

1 I	 a all a sulla la sulla sulla sulla sulla sulla sulla	s and/or translators	 	· ·· · · · · · · · · · ·

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 D	ate <i>(mm/d</i>	d/yyyy)
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>			
Address (Street Number and Name)	City or	Town		State	ZIP Code

(Fields

1.)



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

Section 2 Employer or Authorized Representative Review and Verification

(Employers or their authorized repre- must physically examine one docum of Acceptable Documents.")	esentative mu	ist complete and sig	gn Section 2 within 3 l	business days of the	employ				
Employee Info from Section 1	Family Name)	First Name	(Given Name)	M.I.	Citizenship/Immigration Status				
List A Identity and Employment Auth		OR	List B Identity	AND		List C Employment Authorization			
Document Title		Document Title		Docu	ment Tit	le			
Issuing Authority		Issuing Authorit	ty	Issuir	Issuing Authority				
Document Number		Document Num	ıber	Docu	Document Number				
Expiration Date <i>(if any) (mm/dd/yyy</i>	y)	Expiration Date	(if any) (mm/dd/yyyy)) Expira	ation Da	ite (if any) (mm/dd/yyyy)			
Document Title									
Issuing Authority		Additional In	formation			QR Code - Sections 2 & 3 Do Not Write In This Space			
Document Number									
Expiration Date (if any) (mm/dd/yyy	y)								
Document Title									
Issuing Authority									
Document Number									
Expiration Date (if any) (mm/dd/yyy	(y)								

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 Repres	orized Representative			Today's Date <i>(mm/dd/yyyy)</i>			Title of Employer or Authorized Representative			
Last Name of Employer or Authorized Represent	ative	tive First Name of Employer or Authorized Representative				Employer's Business or Organization Name				
Employer's Business or Organization Addre	Business or Organization Address (<i>Street Number and Name</i>) 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)						E	B. Date of Rehire (if applicable)			
Last Name <i>(Family Name)</i>	First Name (Given Name) Middle Initial			al	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			Docume	nt Numb	er		Expiration Date (<i>if any</i>) (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 Repres	entative Today's Date (mm/dd/yyyy) Name of			of Emp	oloyer or A	uthorized R	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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AN	ID	LIST C Documents that Establish Employment Authorization
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-		 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 ID card issued by federal, state or local 	1.	 A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH
4.	readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766)		government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2.	DHS AUTHORIZATION
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and		 School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card 	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
	 b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and 		 Williary dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document 		U.S. Citizen ID Card (Form I-197)
	(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the		 Native American tribal document Driver's license issued by a Canadian government authority 	6.	Identification Card for Use of Resident Citizen in the United States (Form I-179)
	proposed employment is not in conflict with any restrictions or limitations identified on the form.		For persons under age 18 who are unable to present a document listed above:	7.	Employment authorization document issued by the Department of Homeland Security
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		 School record or report card Clinic, doctor, or hospital record Day-care or nursery school record 		

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

Refer to the instructions for more information about acceptable receipts.