



4256 Lomac St ● Montgomery, AL 36106
 Phone: (334) 481-2921 ● (855) 537-8399
 FAX: (334) 386-9699 ● (855) 848-5910
 email: sales@lotushr.biz

Employee Data Collection Form

This form is designed to collect the information needed to accurately perform our payroll management functions. Please complete for each employee.

Client: (Your Company)																					
Employee Last Name:		First Name:		Initial:	Gender:																
Maiden Name: (if applicable)		Marital Status	Filing Status	Federal	State																
Social Security Number - -	Date of Birth: / /	Driver's License – Number		State	Expiration Date / /																
Address – Street		Apt	City		State Zip																
Home Phone Number	Job Title or Position		Department	Full or Part Time	Hire Date / /																
Pay Rate:	1. Pay Rate – How much the employee is paid per unit reflected in the “Pay Type” below. “Hourly” – enter the hourly rate “Salary” – enter the salary for the pay period (second character in “Pay Type.”) “Per Diem” – enter the daily rate “Commission” – leave this field blank “Piece Work” – enter the per-piece rate “Tipped” – enter the hourly rate “1099” – leave this field blank																				
Pay Type:	2. Pay Type/Frequency – How the employee is paid, using the following format: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Pay Type:</u></td> <td style="text-align: center;"><u>Pay Freq:</u></td> </tr> <tr> <td>H – Hourly</td> <td>W – Paid Weekly</td> </tr> <tr> <td>S – Salary (per pay period)</td> <td>B – Paid Bi-Weekly</td> </tr> <tr> <td>D – Per Diem</td> <td>S – Paid Semimonthly</td> </tr> <tr> <td>C – Commission</td> <td>M – Paid Monthly</td> </tr> <tr> <td>P – Piece Work</td> <td>Q – Paid Quarterly</td> </tr> <tr> <td>T – Tipped Employee</td> <td>A – Paid Annually</td> </tr> <tr> <td>1 – 1099</td> <td></td> </tr> </table>					<u>Pay Type:</u>	<u>Pay Freq:</u>	H – Hourly	W – Paid Weekly	S – Salary (per pay period)	B – Paid Bi-Weekly	D – Per Diem	S – Paid Semimonthly	C – Commission	M – Paid Monthly	P – Piece Work	Q – Paid Quarterly	T – Tipped Employee	A – Paid Annually	1 – 1099	
<u>Pay Type:</u>						<u>Pay Freq:</u>															
H – Hourly	W – Paid Weekly																				
S – Salary (per pay period)	B – Paid Bi-Weekly																				
D – Per Diem	S – Paid Semimonthly																				
C – Commission	M – Paid Monthly																				
P – Piece Work	Q – Paid Quarterly																				
T – Tipped Employee	A – Paid Annually																				
1 – 1099																					
Pay Freq:																					
Federal Exemptions: +	3. Federal and State Withholding Exemptions May differ from actual dependents depending on W4 (federal) and State Exemption worksheets. If the employee would like more withheld enter the additional amount <u>per pay period</u> after the “+”.																				
State Exemptions: +																					
State of Legal Residence:	4. State of Legal Residence – State in which the employee maintains official residence and pays tax.																				
Citizen of the United States		Permanent Resident Alien		Authorized Alien Worker																	
one of these three is required		Permanent Resident Alien #:		Alien or Admission #																	
				Expiration Date: / /																	



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

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

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

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

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

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

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

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

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

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

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2019)

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

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

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no tax liability**, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no tax liability**.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

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

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

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

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

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

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

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

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

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2019
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment	10 Employer identification number (EIN)	

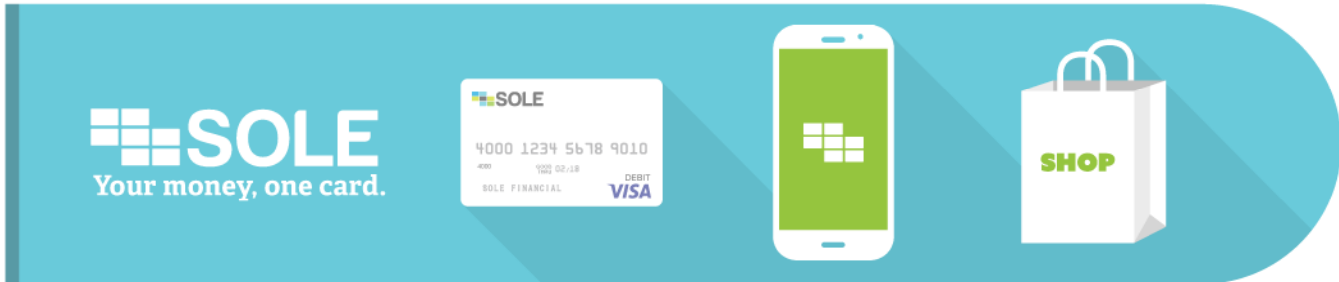
Select Your Direct Deposit Option (check one box)

Bank Account ***Complete following page for accounts other than the SOLE Payroll Card***

If you have an existing direct deposit account, you will need to provide your manager with the routing and account number associated with the account.

SOLE® Visa® Payroll Card

We've partnered with SOLE to eliminate paper checks and provide our employees with a more secure and reliable form of payment. With the payroll card, your money is available instantly on payday without having to pay excessive check cashing fees.



****IMPORTANT****

The paycard **belongs to you, not your employer**. It has its own routing and account number, just like a bank account. You can use it for any direct deposit, including: **your second job, next job, and any government benefits** (tax return, social security, etc.).

Features:

- **Mobile App**
 - Check your balance, view transaction history, and find your routing and account information, all with the SOLE Paycard mobile app for Apple and Android.
- **Cash Back**
 - When you swipe your card at the grocery store, select "debit" and follow the instructions for cash back. This feature is available at merchants like Walmart, 7 Eleven, and more!
- **Bill Pay***
 - Instead of using a money order or paying in cash, you can pay your bills with SOLE Bill Pay. You can use Bill Pay for one time payments or set up automatic recurring bills like rent.
- **Personalized Card and ePix Options***
 - You can call and upgrade to a personalized card with your name on it or use our ePix card designer to customize your card with your very own picture. The first one is on us!
- **Everyday Purchases and Online Shopping**
 - Your card can be used anywhere Visa is accepted, even online. All debit and credit transactions are always offered at no-cost.

*Fees may apply, see cardholder agreement for details

Name (Please Print): _____ Date: _____

Signature: _____ Date: _____



LotusHR

4256 Lomac St • Montgomery, AL 36106
Phone: (334) 481-2921
FAX: (334) 386-9699
email: emily@lotushr.biz

Direct Deposit Enrollment/Change Form

Client Company Name		Location	
Employee's Full Name		Social Security Number	Date of Birth
Employee's Home Phone Number		Employee's Work Phone Number	
Check one:	<p>New Enrollment (Complete form, sign and date. Attach a voided check for checking account deposits or a deposit slip for savings account deposits.)</p> <p>Change present financial institution(s) and/or account(s). (Complete form and list all new accounts; attach voided check and/or deposit slip; sign & date.)</p> <p>Cancel Participation – Sign and date form.</p>		

Please contact your financial institution to verify routing and account numbers

Lotus Hr will not be responsible for any erroneous information provided.

1. Bank, Credit Union, or Savings & Loan (Financial Institution)		2. Bank, Credit Union, or Savings & Loan (Financial Institution)	
Address: City, State, Zip Code		Address: City, State, Zip Code	
Financial Institution Phone Number	Contact Person	Financial Institution Phone Number	Contact Person
Direct Deposit Routing/Transit # (1st 9 digits of MICR on bottom of check)		Direct Deposit Routing/Transit # (1st 9 digits of MICR on bottom of check)	
Account Number		Account Number	
Type of Account (check one)		Type of Account (check one)	
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Amount to deposit (check one)		Amount to deposit (check one)	
<input type="checkbox"/> Entire Check	<input type="checkbox"/> Portion \$ _____	<input type="checkbox"/> Entire Check	<input type="checkbox"/> Portion \$ _____

For new enrollments and changes a voided check or savings deposit slip must be attached to this form for verification of routing and transit numbers.

I hereby authorize my employer to initiate deposits (credits) of my net pay and/or corrections to the previous credits to my checking or savings account at the financial institution named above. I understand that I am solely responsible for the accuracy of the information submitted on this form. It is my responsibility to notify my employer of any changes or corrections to my bank account information. I understand that it will take approximately four (4) weeks to process my enrollment, change, or cancellation request from the date this form is received by my Lotus Hr payroll contact. If I submit a change in bank information, I may receive a regular paycheck(s) until the new bank information is processed.

If I become subject to any garnishment, attachment or levies my participation in Direct Deposit may be terminated; I will receive a check for my pay. In the event of my termination, the final pay may be a physical check.

I agree and hold the above named financial institution(s) harmless for any erroneous deposits or adjustments not caused by the financial institution.

Employee Signature _____ Date _____