

# This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

## NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at

1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification. Done.

For more information on E-Verify, please contact DHS at:  
**1-888-464-4218**



# Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

**IMPORTANTE:** En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

## A V I S O :

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Investigación y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contrasuya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification. Done.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:  
**1-888-464-4218**



## IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

**You should know that –**  
No employer can deny you a job or fire you because of your national origin or citizenship status.

In most cases employers cannot require you to be a US citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688, TDD for the hearing impaired is 1-800-237-2515.

In the Washington, DC, area, please call 202-616-5594, TDD 202-616-5525

Or write to:  
US Department of Justice  
Office of Special Counsel - NYA  
950 Pennsylvania Ave., NW  
Washington, DC 20530

US Department of Justice  
Civil Rights Division

Office of Special Counsel for  
Immigrant-Related Unfair  
Employment Practices



## SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



Si tiene derecho a trabajar legalmente en los Estados Unidos, existen leyes para protegerlo contra la discriminación en el trabajo.

**Debe saber que -**

Ningún patrón puede negarle trabajo, ni puede despedirlo, debido a su país de origen o su condición de inmigrante.

En la mayoría de los casos, los patrones no pueden exigir que usted sea ciudadano de los Estados Unidos o residente permanente o negarse a aceptar documentos válidos por ley.

Si se ha encontrado en cualquiera de estas situaciones, usted podría tener una queja válida de discriminación. Comuníquese con la Oficina del Consejero Especial (OSC) de Prácticas Justas en el Empleo Relacionadas a la Condición de Inmigrante para obtener ayuda en español.

llame al 1-800-255-7688, TDD para personas con problemas de audición: 1-800-237-2515. En Washington, DC llame al (202) 616-5594, TDD para personas con problemas de audición: (202) 616-5525. O escríbele a OSC a la siguiente dirección:

US Department of Justice  
Office of Special Counsel - NYA  
950 Pennsylvania Ave., NW  
Washington, DC 20530

Departamento de Justicia de los Estados Unidos,  
División de Derechos Civiles

Oficina del Consejero Especial





4256 Lomac St z Montgomery, AL 36106

Phone: (334) 481-2921 z

FAX: (334) 386-9699 z

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## **New Hire Packet**

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**When hiring a new employee, the following must be completed and sent to LOTUS HR prior to the employee beginning work in order for the employee to be covered under Worker's Compensation and to get paid on time:**

- %o 100% Completed new leased employee form**
- %o 100% Completed I-9 form**
- %o 100% Completed W-4 form**
- %o 100% Completed state withholding form (where applicable)**
- %o Drug screen release form signed**
- %o Worker's Compensation notice signed**

## **Important Information About Form I-9**

The Immigration Reform and Control Act (IRCA) prohibits employers from knowingly hiring, recruiting, referring or continuing the employment of aliens who are not authorized to work in the United States because they have entered the country illegally or their immigration status does not permit employment.

ALL PUBLIC AND PRIVATE SECTOR EMPLOYERS, REGARDLESS OF SIZE OF NUMBER OF EMPLOYEES, MUST VERIFY THE CITIZENSHIP OR EMPLOYMENT STATUS OF NEW HIRES.

The I-9 form must be completed correctly before the employee begins work and, under no circumstances, no later than the close of business on the employee's first day of work. Violations can result in your business being fined by the United States government in amounts ranging from \$110 to \$1,100 for each employee whose I-9 is not properly completed, retained and/or timely presented for inspection when requested

LOTUS HR will not process a paycheck for ANY new hire without a complete Form I-9 on file for that employee. If LOTUS HR receives an incomplete or improperly completed Form I-9, it will be returned to the worksite employer for correction. No paycheck will be issued until the completed Form I-9 has been returned to LOTUS HR.



# LotusHR

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

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Dear Employee:

Welcome to LOTUS HR! We are pleased that your worksite employer has chosen to partner with LOTUS HR to handle the administrative side of your business. By doing so, your worksite employer continues to supervise your workplace and make the daily business decisions, while LOTUS HR takes over the paperwork involved in taking care of you, the employees. We will be handling your paychecks and the benefits available to you. In order to get you added to our payroll and to the benefit programs you choose to participate in, we need some information from you. Please take the time to read and understand what you are signing as you will be certifying that you have read and understand the rules and policies which you will be expected to follow. If you have any questions about anything in this package, please contact either your supervisor or LOTUS HR's Human Resources Department at (855) 537-8399 / (334)-481-2921 (in the Montgomery, AL local area) for assistance.

The forms contained in this package must be completely filled out and sent back to LOTUS HR to ensure that you receive your paycheck on time and that we get you enrolled in the appropriate benefit plans:

- 1) LOTUS HR Leased Employee Information Sheet
- 2) INS Form I-9 (we will need a copy of the two (2) forms of ID you use to complete the I-9)
- 3) W-4
- 4) State Withholding Form (As Applicable For Your State)
- 5) Drug Screen Release Form
- 6) Background Release Form
- 7) Direct Deposit Form
- 8) Benefit Election Form
- 9) **If Applicable** - Employee Handbook (the Acknowledgement form should be signed and returned with this package; the Handbook is yours to keep for referral throughout your employment)

After you have completed the forms, please double-check them for completeness and accuracy and return to your Work-site Employer for transmittal to LOTUS HR. Again, we welcome you to LOTUS HR and look forward to serving your needs!

Sincerely,

Brooke Ison  
Benefits Coordinator  
Lotus HR



4256 Lomac St z Montgomery, AL 36106  
Phone: (334) 481-2921 z  
FAX: (334) 386-9699 z

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### LEASED EMPLOYEE INFORMATION SHEET

I understand that \_\_\_\_\_ (“Work-site Employer”) and LOTUS HR have entered into a co-employer leasing agreement. Under the terms of this Agreement, I become an administrative employee of LOTUS HR, and LOTUS HR would become my administrative employer of record. LOTUS HR will also be responsible for administration of employment, worker’s compensation, and other employee benefits. LOTUS HR also assumes responsibility for the payment of wages to the leased employees. It is also understood that the termination of the Agreement between the Work-site Employer and LOTUS HR will result in the discontinuance of LOTUS HR’s services to you, the leased employee.

I understand and agree that, if hired, my employment is for no definite period and, regardless of the date of payment of my wages or salary, I may be terminated by the Work-site Employer at any time and for any reason without prior notice.

I understand failure to disclose information relevant to my position and job duties, including motor vehicle violations, criminal records, etc., received either prior to or during my employment with this company will result in disciplinary actions, including but not limited to, termination.

I certify that the facts herein submitted are true and complete to the best of my knowledge and understand that the giving of false information will be grounds for immediate termination from employment.

### LEASED EMPLOYEE INFORMATION

Employee Name (Last, First, MI): \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender (M/F)\_\_\_\_\_ Date of Birth\_\_\_\_\_ Marital Status \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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### TO BE COMPLETED BY WORK-SITE EMPLOYER:

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Hire Date:\_\_\_\_\_ Full or Part Time\_\_\_\_\_ If Part Time, Hrs per Pay Period\_\_\_\_\_

Department	Job Description	Pay Rate	Pay Type	Pay Period
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of Authorized Representative of Work-Site Employer \_\_\_\_\_

\_\_\_\_\_ Date





# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 05/31/2027

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address			Employee's Telephone Number
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any)				
		If you check <b>Item Number 4.</b> , enter one of these:				
		USCIS A-Number		OR	Form I-94 Admission Number	
				OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

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"> <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 an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <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 individual's status or parole 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>		<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, sex, 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, sex, 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><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>	<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               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 05/31/2027

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 05/31/2027

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

<b>Date of Rehire (<i>if applicable</i>)</b>		<b>New Name (<i>if applicable</i>)</b>	
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

<b>Date of Rehire (<i>if applicable</i>)</b>		<b>New Name (<i>if applicable</i>)</b>	
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

<b>Date of Rehire (<i>if applicable</i>)</b>		<b>New Name (<i>if applicable</i>)</b>	
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.



**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.****Your withholding is subject to review by the IRS.****2025****Step 1:**  
**Enter**  
**Personal**  
**Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:**  
**Multiple Jobs**  
**or Spouse**  
**Works**

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.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

**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.)

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	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 \$		
	Multiply the number of other dependents by \$500 . . . . . \$		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .	<b>4(c)</b>	\$

**Step 5:**  
**Sign**  
**Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.)

\_\_\_\_\_  
**Date**

**Employers**  
**Only**

\_\_\_\_\_  
Employer's name and address

\_\_\_\_\_  
First date of  
employment

\_\_\_\_\_  
Employer identification  
number (EIN)

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### 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](http://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 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2025 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 17, 2026.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**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](http://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. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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 2025 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**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](http://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 2025 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: 

{	• \$30,000 if you're married filing jointly or a qualifying surviving spouse
	• \$22,500 if you're head of household
	• \$15,000 if you're single or married filing separately

 . . . . . **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 territories 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.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job 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	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job 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	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job 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	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550





1811004012

**STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE

**PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8****3. MARITAL STATUS**

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

A. Single: Enter 0 or 1.....[ ]

**4. DEPENDENT ALLOWANCES** [ ]

B. Married Filing Joint, both spouses working:

Enter 0 or 1 .....[ ]

C. Married Filing Joint, one spouse working:

Enter 0 or 1 or 2 .....[ ]

**5. ADDITIONAL ALLOWANCES** [ ]

(worksheet below must be completed)

D. Married Filing Separate:

Enter 0 or 1 .....[ ]

**6. ADDITIONAL WITHHOLDING** \$ \_\_\_\_\_

E. Head of Household:

Enter 0 or 1 .....[ ]

**WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES****(Must be completed in order to enter an amount on step 5)****1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:**Yourself: ☐ Age 65 or over ☐ BlindSpouse: ☐ Age 65 or over ☐ Blind Number of boxes checked \_\_\_\_\_ x 1300.....\$ \_\_\_\_\_**2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:**

A. Federal Estimated Itemized Deductions (If Itemizing Deductions).....\$ \_\_\_\_\_

B. Georgia Standard Deduction (enter one): Single/Head of Household \$4,600

Each Spouse \$3,000 \$ \_\_\_\_\_

C. Subtract Line B from Line A (If zero or less, enter zero).....\$ \_\_\_\_\_

D. Allowable Deductions to Federal Adjusted Gross Income .....\$ \_\_\_\_\_

E. Add the Amounts on Lines 1, 2C, and 2D .....\$ \_\_\_\_\_

F. Estimate of Taxable Income not Subject to Withholding .....\$ \_\_\_\_\_

G. Subtract Line F from Line E (if zero or less, stop here).....\$ \_\_\_\_\_

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above .....\$ \_\_\_\_\_

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

**7. LETTER USED** (Marital Status A, B, C, D, or E) \_\_\_\_\_ **TOTAL ALLOWANCES** (Total of Lines 3 - 5) \_\_\_\_\_

(Employer: The letter indicates the tax tables in Employer's Tax Guide)

**8. EXEMPT:** (Do not complete Lines 3 - 7 if claiming exempt) **Read the Line 8 instructions on page 2 before completing this section.**a) I claim exemption from withholding because I incurred no Georgia income tax liability last year **and** I do not expect to have a Georgia income tax liability this year. **Check here** ☐b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as provided on page 2. My state of residence is \_\_\_\_\_. My spouse's (servicemember) state of residence is \_\_\_\_\_. The states of residence must be the same to be exempt. **Check here** ☐

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding.**

If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, 1800 Century Blvd NE, Suite 8200, Atlanta, GA 30345

**9. EMPLOYER'S NAME AND ADDRESS:****EMPLOYER'S FEIN:** \_\_\_\_\_**EMPLOYER'S WH#:** \_\_\_\_\_**Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.**



4256 Lomac St z Montgomery, AL 36106

Phone: (334) 481-2921 z

FAX: (334) 386-9699 z

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## **DRUG SCREEN RELEASE FORM**

The possession of alcohol, unauthorized or illegal drugs or the misuse of any illegal drugs or alcohol on work premises or while on company business is prohibited and will constitute grounds for termination. Any employee who reports for duty unfit to work or under the influence of drugs or alcohol will be subject to dismissal. No employee in such condition which would affect on-the-job performance or the safety of others will be permitted to work. Any employee under the influence of drugs or alcohol which impairs judgment, performance or behavior while on work premises or while on company business will be subject to discipline including but not limited to, termination by your actual Work-site employer.

Reasonable searches may be conducted by a supervisor of individuals, their personal effects and other areas under the individual's control while on work premises. Cooperation in a search is a condition of employment. It is the policy of this company to require random drug screening. Any employees to be tested are required to sign a written consent to the test requested from LOTUS HR. The restricted release of test results will be carefully observed to the fullest extent possible and released only to your actual Work-site Employer, and to LOTUS HR's Human Resources Department. Any employee who has a drug-related problem is encouraged to seek assistance by contacting LOTUS HR's Human Resources Department for information on available treatment. If the employee's conduct has led to disciplinary action, such action cannot be avoided by a request for assistance. Any employee who fails to follow the requirements of this policy will be subject to disciplinary action up to and including termination by the Company.

**I, \_\_\_\_\_, hereby understand that, as a condition of my employment, I may be subject to drug and/or alcohol testing for any of the following reasons: 1) pre-employment, 2) post-hire, 3) post-accident, 4) for cause or suspicion, 5) random, and/or 6) promotion and/or job transition. I understand that when I am requested to produce a specimen for drug and/or alcohol testing, I must comply immediately. I also understand that a positive drug or alcohol test or that my refusal to produce a specimen upon request can be cause for termination. I further understand that the illegal use, sale, possession, or distribution of drugs or alcohol, as well as any illegally obtained prescription medication, is a violation of company policy and is cause for immediate termination.**

I understand and accept the terms of this agreement as a condition of my employment.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



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## WORKERS' COMPENSATION NOTICE

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Any employee involved in an accident at work or any employee that believes they were injured at work **must report that accident or injury to their Supervisor immediately!**

State regulations require your employer to report the accident or injury to the Workers' Compensation Insurer promptly. We must comply with that request or face a loss of coverage for injuries that were not reported at the time they occurred.

This company requires that every person involved or believing they were involved in a Work-related accident take a pre-treatment drug screen. **This is not a suggestion! IT IS MANDATORY! This is a necessary pre-condition to this company obtaining workers' compensation benefits.**

Failing to report an accident or injury to your supervisor or take the mandatory drug test may be grounds for immediate dismissal by your actual work-site employer or by LOTUS HR. These regulations are for the benefit of all employees and we ask that each employee help us in maintaining 100% compliance.

Employees must seek treatment for any work-related injuries at a facility or physician's office which has been pre-approved by either the work-site employer or LOTUS HR. Failure to comply will result in denial of any claims originating from treatment at an unauthorized facility or physician's office. Employers seeking a pre-approved facility or physician should contact Brooke Ison at (334) 481-2921.

Please direct all questions regarding Workers' Compensation or the above policies to your administrative employer, LOTUS HR, to the attention of Brooke Ison, Risk Manager, at (334) 481- 2921 or [brooke@lotushr.biz](mailto:brooke@lotushr.biz).

**I HAVE READ AND UNDERSTAND THE WORK-RELATED INJURY REPORTING PROCEDURES. I UNDERSTAND THAT A POST-ACCIDENT BLOOD OR URINE TEST WILL BE REQUIRED IMMEDIATELY AFTER ANY ACCIDENT CAUSING A WORK-RELATED INJURY. DISPUTES RELATING TO OCCUPATIONAL INJURY RELATING TO ILLNESS BENEFITS BEING COVERED BY WORKERS' COMPENSATION MAY BE SUBJECT TO ARBITRATION.**

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Employee Signature

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Date

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Witness Signature

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Date



4256 Lomac St z Montgomery, AL 36106

Phone: (334) 481-2921 z

FAX: (334) 386-9699 z

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## **Background Information Release**

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Work-Site Employer: \_\_\_\_\_  
Name: \_\_\_\_\_  
(Last) (First) (MI) (Maiden)  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Drivers License State \_\_\_\_\_ Number: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Other Addresses Used in Last Seven (7) Years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Release of Criminal Information**

I hereby authorize the above named company to proceed through LOTUS HR in requesting, obtaining, and examining any and all records that may relate to any arrest, conviction, and/or imprisonment at any time prior to this date, for any felony or misdemeanor and I expressly release and hold harmless any party providing the aforementioned criminal information requested by the above named company through LOTUS HR.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Release of Credit Information**

I hereby authorize the above name company to proceed through LOTUS HR in making inquiry into, investigating, and examining any and all records that may relate to my current or past credit worthiness; such information to include (but not limited to) a retail credit report provided by any of the commercial retail credit reporting companies. I release and hold harmless each and every person, company or other party that may provide the aforementioned credit information to the above named company through LOTUS HR.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Release of Motor Vehicle Records**

I hereby authorize the above named company to proceed through LOTUS HR in acquiring and examining a copy of my motor vehicle record and do release and hold harmless any party providing such information to the above named company through LOTUS HR.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Privacy Act Notice**

***I understand that I may request and will receive a copy of any and all information, reports or other material secured by the above named company through LOTUS HR as a result of any background check authorized above. A copy will be provided to me by LOTUS HR upon my written request.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





# LotusHR

4256 Lomac St I Montgomery, AL 36106

Phone: (334) 481-2921 I

FAX: (334) 386-9699 I

## 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	
<b>Check one:</b>  New Enrollment (Complete form, sign and date. Attach a voided check for checking account deposits or a deposit slip for savings account deposits.)  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.)  Cancel Participation – Sign and date form.			

**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)  <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Type of Account (check one)  <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Amount to deposit (check one)  <input type="checkbox"/> Entire Check <input type="checkbox"/> Portion \$ _____		Amount to deposit (check one)  <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 \_\_\_\_\_



# LotusHR

4256 Lomac St 1 Montgomery, AL 36106

Phone: (334) 481-2921 1

FAX: (334) 386-9699 1

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## Company Review Checklist to Create Personnel File

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Employee Name

Check When Completed

**Complete Leased Employee Information Form (LEI Form Rev. 4/2011)**

☐

**Complete Form I-9 and make copies of identification**

☐

**Have employee complete Form W-4**

☐

**Have employee complete the applicable state tax withholding form**

☐

**Have employee read and sign Drug Screen Consent (DSC Form Rev. 1/2012)**

☐

**Have employee read and sign Workers' Compensation Notice (WCN Form Rev. 5/2013)**

☐

**Have employee sign Background Information Release (BIR Form Rev. 6/2011)**

☐

**Show the employee where required posters are located.**

☐

\_\_\_\_\_  
Company Representative Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



# U.S. Bank Focus Card Enrollment Form

Fill out this form and return to your Manager or the HR Department. Your U.S. Bank Focus Card will be mailed to the address provided in 7-10 business days or provided to you by your Manager or HR Department.

## Employee information

First name:	Last name:	
Address:		
City:	State:	Zip code:
Phone number <sup>1</sup> :	Email address <sup>2</sup> :	
Social Security Number:	Date of Birth:	

## Two convenient options

- ☐ **Direct deposit** By choosing traditional direct deposit, your funds will be deposited directly into your checking or savings account.
- ☐ **Focus Card** With the Focus Card, your funds will be loaded onto a prepaid Visa® or Mastercard® card. Your card can be used anywhere Visa or Mastercard debit cards are accepted worldwide. It's not a credit card and there is no cost to enroll. See Fee Schedule for details.

## Account information

- Check the box on the left for each account you would like.
- Fill in the account information and the deduction amount. For each account, you may select a whole dollar amount, 100% or the remaining balance to be deposited.

**If choosing direct deposit:** Please attach a voided check or copy of check here. Do not attach a deposit slip, the routing number is not always correct.

<input checked="" type="checkbox"/>	Bank Name	Account #	Routing #	Type of account	Deduction amount
Add <input type="checkbox"/> Delete <input type="checkbox"/>	U.S. Bank			Focus Card	<input type="checkbox"/> \$_____.00 <input type="checkbox"/> 100% <input type="checkbox"/> Remaining balance
Add <input type="checkbox"/> Delete <input type="checkbox"/>				<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> \$_____.00 <input type="checkbox"/> 100% <input type="checkbox"/> Remaining balance
Add <input type="checkbox"/> Delete <input type="checkbox"/>				<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> \$_____.00 <input type="checkbox"/> 100% <input type="checkbox"/> Remaining balance

By selecting the payment method indicated above and signing this document, I authorize my employer to initiate credit entries (deposits or loads) and debit entries and adjustments for any credit entries made in error to the bank account and/or Focus Card as indicated above. This authorization will remain in effect until cancelled by me with written notification to my employer.

## Important Information About Procedures For Opening A New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**I acknowledge receipt of the Pre-Acquisition Disclosure, the Fee Schedule, and the Pre-Enrollment Disclosures, as evidenced by my signature below.**

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

1. By providing us with a telephone number for a cellular phone or other wireless device, including a number that you later convert to a cellular number, you are expressly consenting to receiving communications— including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system—from us and our affiliates and agents at that number. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls for non-marketing purposes. Calls and messages may incur access fees from your cellular provider. 2. An email address is required for all requests. We use email to communicate information about your request. Confidential, personal or financial information will never be sent or requested in an email from U.S. Bank.

The Focus Card is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. or Mastercard International Incorporated. Mastercard is a registered trademark and the circles design is a trademark of Mastercard International Incorporated. ©2022 U.S. Bank. Member FDIC.

U.S. Bank Focus Card Pre-Acquisition Disclosure  
Program Number: 87265213

You have options as to how you receive your payments, including direct deposit to your bank account or this prepaid card. Ask your employer for available options and select your option.			
Monthly fee	Per purchase	ATM withdrawal	Cash reload
<b>\$0</b>	<b>\$0</b>	<b>\$0</b> in-network <b>\$2.00</b> out-of-network	<b>\$5.95*</b>
ATM Balance Inquiry (in-network or out-of-network)			\$0 or \$1.00
Customer Service (automated or live agent)			\$0 per call
Inactivity (after 90 days with no transactions)			\$2.00* per month
<b>We charge 4 other types of fees.</b>			
<p>*This fee can be lower or charged differently depending on how and where this card is used and your state of employment or residence.</p> <p>See the accompanying Fee Schedule for free ways to access your funds and balance information.</p> <p><b>No overdraft/credit feature.</b> Your funds are eligible for FDIC insurance.</p> <p>For general information about prepaid accounts, visit <a href="https://cfpb.gov/prepaid">cfpb.gov/prepaid</a>. Find details and conditions for all fees and services inside the card package or call <b>1-877-474-0010</b> or visit <b>usbankfocus.com</b>.</p>			



U.S. Bank Focus Card Fee Schedule

Program Number: 87265213

All fees	Amount	Details
Add money		
Check Reload	5% or \$5.00 min.	This is not our fee and is subject to change. Fee of up to 5% of check value may apply when cashing a check to load your card at Ingo Money. Money in Minutes - 2% (pre-printed payroll or gov't checks) or 5% (all other checks), minimum \$5.00. Money in 10 Days - no fee. Fee is deducted from check value. Go to <a href="http://ingomoney.com">ingomoney.com</a> for more information.
Cash Reload – Visa Readylink	Varies by retailer	Third party fee may apply when reloading your card at a Visa Readylink network. Fee is paid to third party at the time of reload. Go to <a href="http://usa.visa.com/pay-with-visa/cards/services-locator.html">usa.visa.com/pay-with-visa/cards/services-locator.html</a> for locations.
Cash Reload - GreenDot®	\$5.95	This is not our fee and is subject to change. Fee of up to \$5.95 may apply when reloading your card at GreenDot. Fee is paid to third party at the time of reload. Go to <a href="http://greendot.com">greendot.com</a> for more information.
Get cash		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. “In-network” refers to the U.S. Bank or MoneyPass® or Allpoint® ATM networks. Locations can be found at <a href="http://usbank.com/locations">usbank.com/locations</a> or <a href="http://moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> or <a href="http://allpointnetwork.com">allpointnetwork.com</a> .
ATM Withdrawal (out-of-network)	\$2.00	This is our fee per withdrawal. “Out-of-network” refers to all the ATMs outside of the U.S. Bank or MoneyPass or Allpoint ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash from your card from a teller at a bank or credit union that accepts Visa®.
Information		
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. “In-network” refers to the U.S. Bank or MoneyPass or Allpoint ATM networks. Locations can be found at <a href="http://usbank.com/locations">usbank.com/locations</a> or <a href="http://moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> or <a href="http://allpointnetwork.com">allpointnetwork.com</a> .
ATM Balance Inquiry (out-of-network)	\$1.00	This is our fee per inquiry. “Out-of-network” refers to all the ATMs outside of the U.S. Bank or MoneyPass or Allpoint ATM networks. You may also be charged a fee by the ATM operator.
Using your card outside the U.S.		
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose. For Connecticut, Illinois, New York, and Pennsylvania workers, all international purchase fees are waived.
International ATM Withdrawal	\$3.00	This is our fee per withdrawal. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
International ATM Balance Inquiry	\$1.00	This is our fee per inquiry. You may also be charged a fee by the ATM operator.
Other		

Card Replacement	\$5.00	This is our fee per replacement of your card, whether mailed to you with standard delivery (up to 10 business days) or provided to you by your employer/sponsor. This fee is waived for your first card replacement in a 12-month period. This fee will be charged for each additional replacement during the same 12 months. For Connecticut, Hawaii and Pennsylvania workers, this fee is waived.
Card Replacement Expedited Delivery	\$10.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Card Replacement Overnight Delivery	\$20.00	This is our fee for overnight delivery charged in addition to any Card Replacement fee.
Inactivity	\$2.00	This is our fee charged each month after you have not completed a transaction using your card for 90 consecutive days. For Connecticut, Illinois, and Pennsylvania workers, this fee will be waived for the first 12 months of inactivity (based on cardholder-initiated balance changing transactions). For Texas residents, this fee will not be charged after one year of inactivity. For Minnesota, New York and Montana workers this fee is waived. For Hawaii workers, accounts with a balance of \$0.00 and no activity for more than 6 months may be closed.
Other Third Party Fees	Varies by provider	Some third-party service providers like person-to-person payment services or mobile wallet providers may charge you a fee for using your card to make payments.

Your funds are eligible for FDIC insurance up to \$250,000. FDIC insurance protects deposits from loss due to bank insolvency. See [fdic.gov/deposit/deposits/prepaid.html](https://www.fdic.gov/deposit/deposits/prepaid.html) for details.

No overdraft/credit feature.  
Contact Cardholder Services by calling **1-877-474-0010**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit [usbankfocus.com](https://usbankfocus.com).

For general information about prepaid accounts, visit [cfpb.gov/prepaid](https://cfpb.gov/prepaid). If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit [cfpb.gov/complaint](https://cfpb.gov/complaint).

Important information: Fee waivers for workers of a particular state are applied based on information from the sponsoring employer regarding your state of employment.

CR-21506268

Divulgación Previa a la Adquisición de la Tarjeta U.S. Bank Focus  
Número de Programa: 87265213

Los servicios pueden estar disponibles solamente en inglés.

Usted tiene opciones con respecto a cómo recibir sus pagos, incluidos el depósito directo en su cuenta bancaria o esta tarjeta prepagada. Consulte a su empleador sobre las opciones disponibles y seleccione su opción.			
Cargo mensual <b>\$0</b>	Por compra <b>\$0</b>	Retiro de fondos en ATM <b>\$0</b> dentro de la red <b>\$2.00</b> fuera de la red	Recarga de efectivo <b>\$5.95*</b>
Consulta de Saldo en ATM (dentro o fuera de la red)			\$0 o \$1.00
Servicio de Atención al Cliente (automatizado o representante en vivo)			\$0 por llamada
Inactividad (después de 90 días sin transacciones)			\$2.00* por mes
<b>Cobramos otros 4 tipos de cargos.</b>			
<p>*Este cargo puede ser menor o puede cobrarse de manera diferente, dependiendo de cómo y dónde se utilice esta tarjeta y del estado en el que resida o trabaje.</p> <p>Consulte la Lista de Cargos para conocer maneras gratuitas de acceder a sus fondos e información sobre su saldo.</p> <p><b>Sin prestación de sobregiro/crédito.</b> Sus fondos son elegibles para el seguro FDIC.</p> <p>Para obtener información general sobre cuentas prepagadas, visite <a href="http://cfpb.gov/prepaid">cfpb.gov/prepaid</a> (en inglés). Encuentre detalles y condiciones de todos los cargos y servicios consultando el paquete de la tarjeta, llamando al <b>1-877-474-0010</b> o visitando <b>usbankfocus.com</b> (en inglés).</p>			

Lista de Cargos de la Tarjeta U.S. Bank Focus

Número de Programa: 87265213

Todos los cargos	Monto	Detalles
Agregar dinero		
Recarga con Cheque	5% o mínimo de \$5.00	Este cargo no es nuestro y está sujeto a cambios. Se puede aplicar un cargo de hasta el 5% del valor del cheque cuando cobre un cheque para depositarlo en su tarjeta en Ingo Money. Money in Minutes: 2% (cheques preimpresos de nómina o de gobierno) o 5% (todos los demás cheques), mínimo de \$5.00. Dinero en 10 Días: sin cargo. El cargo se deduce del valor del cheque. Visite <a href="http://ingomoney.com">ingomoney.com</a> (en inglés) para obtener más información.
Recarga de Efectivo – Visa Readylink	Según el comercio minorista	Es posible que se apliquen cargos de terceros cuando recargue su tarjeta en una red Visa Readylink. Este cargo se paga a un tercero en el momento de la recarga. Visite <a href="http://usa.visa.com/pay-with-visa/cards/services-locator.html">usa.visa.com/pay-with-visa/cards/services-locator.html</a> (en inglés) para encontrar ubicaciones.
Recarga de Efectivo – GreenDot®	\$5.95	Este cargo no es nuestro y está sujeto a cambios. Es posible que se aplique un cargo de \$5.95 cuando recargue su tarjeta en GreenDot. Este cargo se paga a un tercero en el momento de la recarga. Visite <a href="http://greendot.com">greendot.com</a> (en inglés) para obtener más información.
Retiros de efectivo		
Retiro de Fondos en ATM (dentro de la red)	\$0	Este es nuestro cargo por cada retiro de fondos. “Dentro de la red” se refiere a las redes de ATM de U.S. Bank, MoneyPass® y Allpoint®. Puede encontrar ubicaciones en <a href="http://usbank.com/locations">usbank.com/locations</a> (en inglés), <a href="http://moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> (en inglés) y <a href="http://allpointnetwork.com">allpointnetwork.com</a> (en inglés).
Retiro de Fondos en ATM (fuera de la red)	\$2.00	Este es nuestro cargo por retiro de fondos. “Fuera de la red” se refiere a todos los ATM que se encuentran fuera de las redes de ATM de U.S. Bank, MoneyPass y Allpoint. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción.
Retiro de Efectivo con Personal de Ventanilla	\$0	Este es nuestro cargo por realizar un retiro de efectivo desde su tarjeta con la ayuda del personal de ventanilla en un banco o cooperativa de crédito que acepte Visa®.
Información		
Consulta de Saldo en ATM (dentro de la red)	\$0	Este es nuestro cargo por cada consulta. “Dentro de la red” se refiere a las redes de ATM de U.S. Bank, MoneyPass y Allpoint. Puede encontrar ubicaciones en <a href="http://usbank.com/locations">usbank.com/locations</a> (en inglés), <a href="http://moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> (en inglés) y <a href="http://allpointnetwork.com">allpointnetwork.com</a> (en inglés).
Consulta de Saldo en ATM (fuera de la red)	\$1.00	Este es nuestro cargo por cada consulta. “Fuera de la red” se refiere a todos los ATM que se encuentran fuera de las redes de ATM de U.S. Bank, MoneyPass y Allpoint. El operador del ATM también puede cobrarle un cargo.
Uso de su tarjeta fuera de los EE. UU.		



Transacción Internacional	3%	Este es el cargo que cobramos y que se aplica al uso de su tarjeta para compras en comercios extranjeros y por retiros de efectivo en ATM extranjeros y es un porcentaje del monto en dólares de la transacción después de cualquier conversión de moneda. Algunas transacciones, aunque usted y/o el comercio o ATM estén ubicados en los Estados Unidos, se consideran transacciones en el extranjero conforme a las reglas aplicables de la red, y nosotros no tenemos control sobre cómo se clasifican estos comercios, ATM y transacciones para este fin. Los cargos por compras internacionales no se cobran a los trabajadores de Connecticut, Illinois, New York y Pennsylvania.
Retiro de Fondos en ATM Internacional	\$3.00	Este es nuestro cargo por cada retiro de fondos. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción.
Consulta de Saldo en ATM Internacional	\$1.00	Este es nuestro cargo por cada consulta. El operador del ATM también puede cobrarle un cargo.
Otros		
Reemplazo de Tarjeta	\$5.00	Este es nuestro cargo por el reemplazo de su tarjeta, ya sea con servicio de entrega estándar (hasta 10 días hábiles) o si se la proporciona su empleador/patrocinador. No cobramos este cargo por el primer reemplazo de su tarjeta en un período de 12 meses. Este cargo se cobrará por cada reemplazo adicional durante los mismos 12 meses. Este cargo no se cobra a los trabajadores de Connecticut, Hawaii y Pennsylvania.
Reemplazo de Tarjeta con Entrega Expresa	\$10.00	Este es nuestro cargo por entrega expresa (hasta 3 días hábiles), adicional a cualquier cargo por Reemplazo de Tarjeta.
Reemplazo de Tarjeta con Entrega al Día Siguiente	\$20.00	Este es nuestro cargo por entrega al día siguiente, adicional a cualquier cargo por Reemplazo de Tarjeta.
Inactividad	\$2.00	Este es nuestro cargo por mes si no ha completado una transacción con su tarjeta durante 90 días consecutivos. Para los trabajadores de Connecticut, Illinois y Pennsylvania, este cargo no se cobrará por los primeros 12 meses de inactividad (de acuerdo con transacciones iniciadas por el titular de tarjeta que modifiquen el saldo). Para residentes de Texas, este cargo no se cobrará después de un año de inactividad. Este cargo no se cobra a los trabajadores de Minnesota, New York y Montana. Para los trabajadores de Hawaii, las cuentas que tengan un saldo de \$0.00 y que no tengan actividad durante más de 6 meses se cerrarán.
Otros Cargos de Terceros	Según el proveedor	Algunos proveedores de servicios externos, como los servicios de pago entre personas o los proveedores de billetera móvil, pueden cobrarle un cargo por utilizar su tarjeta para realizar pagos.

Si bien esta comunicación de U.S. Bank se ofrece en español, las futuras comunicaciones de U.S. Bank y los documentos relacionados con sus acuerdos contractuales, divulgaciones, notificaciones y estados de cuenta, así como los servicios en Internet y de la banca móvil, pueden estar disponibles solamente en inglés. Usted debe poder leer y comprender estos documentos o tener asistencia en su traducción para poder entender y utilizar este producto o servicio. Los documentos en inglés están disponibles a petición suya.

Sus fondos son elegibles para el seguro FDIC hasta \$250,000. El seguro FDIC protege a los depósitos de pérdida ocasionada por insolvencia bancaria. Consulte [fdic.gov/deposit/deposits/prepaid.html](https://www.fdic.gov/deposit/deposits/prepaid.html) (en inglés) para obtener detalles.

Sin prestación de sobregiro/crédito.  
Comuníquese con Servicios para Titulares de Tarjetas, llamando al **1-877-474-0010**, por correo a Cardholder Services P.O. Box 551617, Jacksonville, FL 32255 o visite [usbankfocus.com](https://usbankfocus.com) (en inglés).

Para obtener información general sobre cuentas prepagadas, visite [cfpb.gov/prepaid](https://cfpb.gov/prepaid) (en inglés). Si tiene alguna queja sobre una cuenta prepagada, llame a la Oficina para la Protección Financiera del Consumidor (Consumer Financial Protection Bureau) al 1-855-411-2372, o visite [cfpb.gov/complaint](https://cfpb.gov/complaint) (en inglés).

Información importante: Las exenciones de cargos para empleados de un estado en particular se aplican según la información proporcionada por su empleador patrocinator respecto al estado en el cual ha sido empleado.

CR-21506268

## State-Specific Pre-Enrollment Disclosure

The following is important information about the U.S. Bank Focus Card program offered by your employer to you. If you are employed in Connecticut, Hawaii, Illinois, Minnesota, New Hampshire, New York, Pennsylvania, or Vermont, the following disclosures are applicable. Additionally, please review the U.S. Bank Focus Cardholder Agreement and Fee Schedule provided with this document for a complete list of terms and fees associated with the card.

**Payroll Options.** You have several options for receiving your pay, including the Focus Card direct deposit to another account, or a check. Use of the Focus Card is voluntary. You are not required to accept your wages on the Focus Card. You may change the method by which you receive your pay at any time. Please see your employer for details.

**Access to Your Wages at No Charge.** You own wages and other funds loaded to your payroll card. There are several ways to access your pay loaded to the Focus Card without incurring fees. Domestic withdrawals at any in-network ATM, as indicated on your Fee Schedule, are always at no cost. In addition, there is no cost for domestic teller assisted cash withdrawals of up to your full net wages at any bank that is a member of the network indicated on the front of your card (either Visa® or Mastercard®). You also may use your card to make purchases and pay bills wherever Visa or Mastercard cards are accepted, and many merchants provide cash back with purchases without fees. Foreign transactions may carry fees. Please note, there are transaction limits (including limits on withdrawals) on the Focus Card which protect you from potential fraud. In the event your balance exceeds the daily withdrawal limits and you would like to withdraw all your funds, please contact Cardholder Services at 877-474-0010.

**Fees.** The Focus Card offers many transactions and services at no cost. There are no fees for enrolling and participating in the program, receiving and activating your first payroll card or accessing your wages as specified above. *Some transactions, services and methods of cash access may have fees.* The Fee Schedule provided to you together with this disclosure contains a list of all fees that may be incurred when using your card. Please retain the Fee Schedule so you can refer to it. You may not be charged any fees by the card issuer other than those listed on the Fee Schedule. Your employer may not charge you fees for the payroll card. *Third-parties, like ATM operators and mobile carriers, may charge you additional fees when you use their services.*

**How to Access Your Account Balance.** You can access your account balance online at [www.usbankfocus.com](http://www.usbankfocus.com) or by calling Cardholder Services at 877-474-0010. You can use these services 24 hours a day, 7 days a week without cost. You also can sign up to receive email or text alerts with information about your account balance. Log into [www.usbankfocus.com](http://www.usbankfocus.com) and select the "ALERTS" option to sign up for these services.

**How to Access Transaction Histories.** You may view a 12-month history of your payroll card transactions electronically at [www.usbankfocus.com](http://www.usbankfocus.com). You also may request a 24-month written history, or elect to receive monthly written transaction histories, at no cost, by calling 877-474-0010 or writing us at Focus Card Services, P.O. Box 9127, Minneapolis, MN 55480.

**Closing Your Payroll Card Account.** You may close your payroll card account by calling Cardholder Services at 877-474-0010. When you close your account, you may request the remaining balance in the Focus Card account be paid to you by check. You will not be charged a fee for closing the account or receiving your balance by check. However, you will be responsible for applicable fees associated with transactions you authorized prior to closing the account.

**Link to Credit.** There are no overdraft fees associated with the Focus Card, and the card cannot be linked to any type of credit.

**Replacement Card Prior to Expiration Date.** U.S. Bank will send you a replacement card at no cost before the expiration date listed on your card. Funds loaded to your card do not expire.

**Important Information:** Fee waivers for workers of a particular state are applied based on information regarding your state of employment received during the registration process. Changes may only be made by your sponsoring employer.

### Additional Disclosures Required for Minnesota Employees

**Consent.** You should receive a copy of the signed written consent from your employer, and the consent must include the terms and conditions of the payroll card account option.

**Language Requirements.** If your employer offers a payroll card to you using materials in a language other than English, all disclosures, written consent, and payroll card account agreements must be in that other language.

**Change in Payment Option.** You may request to be paid using another method allowed by law, using a form your employer must provide you. Your employer must begin payment using the new method within 14 days of receiving your request.

**Personal Information.** Unless you consent in writing, information generated by your possession or use of the Focus Card or card account may only be used to process transactions and administer the card and card account.

### Additional Disclosures Required for New Hampshire Employees

**Consent.** The written consent must include the terms and conditions of the payroll card account option.

**Change in Terms.** Your employer must provide written notice of any changes to the terms and conditions of the payroll card, including the itemized list of fees, and obtain written assent from you to continue paying your wages to the payroll card after the change. Your employer is responsible for any increase in fees charged to you before written notice of the change is provided to you.

The Focus Card is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. or Mastercard International Incorporated. Mastercard is a registered trademark and the circles design is a trademark of Mastercard International Incorporated.

## Divulgación Previa a la Inscripción Específica para Ciertos Estados

La siguiente es información importante acerca del programa de la Tarjeta U.S. Bank Focus que le ofrece su empleador. Si usted está empleado en Connecticut, Hawái, Illinois, Minnesota, New Hampshire, New York, Pennsylvania, o Vermont, corresponden las siguientes divulgaciones. Además, revise el Contrato para Titulares de Tarjetas U.S. Bank Focus y la Lista de Cargos proporcionados con este documento para encontrar una lista completa de términos y cargos relacionados con la tarjeta.

**Opciones de Nómina.** Usted tiene varias opciones para recibir sus pagos, incluido un cheque o el depósito directo de la Tarjeta Focus a otra cuenta. El uso de la Tarjeta Focus es voluntario. Usted no está obligado a recibir sus sueldos en la Tarjeta Focus. Puede cambiar en cualquier momento el método mediante el cual recibe su paga. Consulte con su empleador para obtener detalles.

**Acceda a Sus Sueldos Sin Cargo.** Usted es dueño de los sueldos y otros fondos cargados a su tarjeta de nómina. Existen varias maneras de acceder a su pago cargado a la Tarjeta Focus sin incurrir en cargos. Los retiros de fondos dentro del país en cualquier ATM dentro de la red nunca tienen costo, según lo indica su Lista de Cargos. Además, no hay ningún cargo por retiros de efectivo con personal de ventanilla hasta el total de su sueldo neto en cualquier banco que sea miembro de la red indicada en el frente de su tarjeta (ya sea Visa® o Mastercard®). También puede utilizar su tarjeta para realizar compras y pagar cuentas en cualquier lugar que acepte tarjetas Visa o Mastercard. Además, muchos comercios permiten retirar efectivo sin cargo al realizar sus compras. Es posible que las transacciones en el extranjero incurran en cargos. Tome en cuenta que existen límites de transacciones (incluidos límites en retiros de fondos) en la Tarjeta Focus que lo protegen de posibles fraudes. En caso de que su saldo exceda los límites diarios de retiros de fondos y que desee retirar todos sus fondos, contacte a Servicios para Titulares de Tarjetas al 877-474-0010.

**Cargos.** La Tarjeta Focus ofrece varias transacciones y servicios sin costo. No existen cargos por inscribirse y participar en el programa, por recibir y activar su primera tarjeta de nómina o por acceder a su sueldo como se especifica anteriormente. *Es posible que algunas transacciones, servicios y métodos para acceder a dinero en efectivo incurran en cargos.* La Lista de Cargos que se le entregó junto con esta divulgación contiene la lista de todos los cargos en los que puede incurrir con el uso de su tarjeta.

Conserve la Lista de Cargos para poder consultarla posteriormente. El emisor de la tarjeta no puede cobrarle otros cargos que no aparezcan en la Lista de Cargos. Su empleador no puede cobrarle cargos por la tarjeta de nómina. *Los terceros, como los operadores de ATM y los proveedores de telefonía móvil, pueden cobrarle cargos adicionales cuando utilice sus servicios.*

**Cómo Acceder al Saldo de Su Cuenta.** Puede acceder al saldo de su cuenta en línea en [www.usbankfocus.com](http://www.usbankfocus.com) (en inglés) o llamando a Servicios para Titulares de Tarjetas al 877-474-0010. Puede utilizar estos servicios gratuitamente las 24 horas del día, los 7 días de la semana. También puede inscribirse para recibir alertas por correo electrónico o por mensajes de texto con información acerca del saldo de su cuenta. Inicia sesión en [www.usbankfocus.com](http://www.usbankfocus.com) (en inglés) y seleccione la opción "ALERTAS" para inscribirse en estos servicios.

**Cómo Acceder a Historiales de Transacciones.** Puede ver un historial de 12 meses de las transacciones de su tarjeta de nómina de manera electrónica en [www.usbankfocus.com](http://www.usbankfocus.com) (en inglés). También puede solicitar un historial impreso de 24 meses, o elegir recibir gratuitamente historiales de transacciones impresos mensualmente, llamando al 877-474-0010 o escribiéndonos a: Focus Card Services, P.O Box 9127, Minneapolis MN 55480.

**Cierre de Su Cuenta de Tarjeta de Nómina.** Puede cerrar su cuenta de tarjeta de nómina llamando a Servicios para Titulares de Tarjetas al 877-474-0010. Al cerrar su cuenta, puede solicitar que se le pague el saldo restante en su Tarjeta Focus a través de un cheque. No se le cobrará ningún cargo por cerrar la cuenta o por recibir su saldo a través de un cheque. Sin embargo, usted será responsable de los cargos correspondientes asociados con las transacciones que autorizó previamente al cierre de la cuenta.

**Vínculo a Crédito.** No existen cargos por sobregiros relacionados con la Tarjeta Focus, y la tarjeta no puede vincularse a ningún tipo de crédito.

**Reemplazo de Tarjeta Previo a la Fecha de Vencimiento.** U.S. Bank le enviará una tarjeta de reemplazo sin costo antes de la fecha de vencimiento que aparece en su tarjeta. Los fondos cargados a su tarjeta no tienen vencimiento.

**Información Importante:** Las exenciones de cargos para empleados de un estado en particular se aplican según la información sobre el estado en el que usted está empleado recibida durante el proceso de inscripción. Los cambios solo pueden ser realizados por su empleador patrocinador.

### Divulgaciones Adicionales Requeridas para Empleados de Minnesota

**Consentimiento.** Su empleador debe proporcionarle una copia del consentimiento escrito firmado y este debe incluir los términos y condiciones de la opción de la cuenta de tarjeta de nómina.

**Requisitos de Idioma.** Si su empleador le ofrece una tarjeta de nómina utilizando materiales en otro idioma que no sea inglés, todas las divulgaciones, el consentimiento escrito y los contratos de la cuenta de la tarjeta de nómina deben ser en ese otro idioma.

**Cambio de Opción de Pago.** Usted puede solicitar que se le pague a través de otro método permitido por la ley, utilizando un formulario que su empleador le proporcione. Su empleador debe iniciar los pagos utilizando el nuevo método dentro de 14 días de recibida su petición.

**Información Personal.** A menos que usted lo consienta por escrito, la información generada por su posesión o uso de la Tarjeta Focus o la cuenta de tarjeta solo puede utilizarse para procesar transacciones y administrar la tarjeta y la cuenta de la tarjeta.

### Divulgaciones Adicionales Requeridas para Empleados de New Hampshire

**Consentimiento.** El consentimiento escrito debe incluir los términos y condiciones de la opción de cuenta de tarjeta de nómina.

**Cambios en los Términos.** Su empleador debe proporcionar una notificación por escrito de cualquier cambio a los términos y condiciones de la tarjeta de nómina, incluida una lista detallada de los cargos, y obtener de usted una estipulación por escrito para continuar recibiendo sus sueldos en la tarjeta de nómina una vez efectuado el cambio. Su empleador es responsable de cualquier incremento en cargos que se le hayan cobrado antes de que se le proporcione la notificación por escrito acerca del cambio.

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