

Welcome to Self-Directed Services! At The Arc Central Chesapeake Region, we are excited to assist you and your team with onboarding new staff. The Self-Directed Services Onboarding Team providing Financial Management & Counseling Services (FMCS) work to ensure that employees providing self-direction services have a positive and seamless new hire experience.

The Arc knows that when you choose to self-direct, you experience greater autonomy and, at the same time, accept more responsibility. We will be with you every step of the way during this process by providing necessary documentation, support, and reporting via our website and our software, FMS Engine, which will add transparency to our services and make information easier to access. As a part of your staff onboarding process, the documentation listed below will be completed by your staff, reviewed and signed by you, and submitted to the FMCS Onboarding team for processing.

### Employee Enrollment Document Checklist

In the following example pages of the full packet:  
**yellow highlights** are for **applicants/employees** to fill out, and  
**blue highlights** are for **participant/employers** to fill out

Document Title	Document Purpose
Applicant Data Form	Provides FMCS provider with applicant demographic and training information - used to initiate criminal background process
Payroll Information Form	Provides FMCS provider with applicant service code and wage information
I-9 Form	Verifies the identity and employment authorization of individuals hired for employment in the United States
IRS Form W-4	Federal tax withholding
MW507 Form	Maryland state tax withholding
Special Tax Exemption Form	Determines employee eligibility for special tax exemptions based upon relationship to the participant, age, and residential status
Paycom Direct Deposit Authorization & Agreement form	Authorization to pay employee wages via direct deposit, pay card, or live check - include void check / bank letter
Self-Directed Services Employee Agreement	Provides terms and conditions of self-directed employment with the Employer of Record
CPR & First Aid Certifications	Verifies the completion of required certifications for employment

**Note:** All applicants must complete and submit a CPS background application to their local DSS agency and we must receive clear background results prior to issuing clearance to support a minor participant, regardless of relationship to the participant.



# Applicant Data & Payroll Information Form

Direct: 1.866.252.6871 | Fax: 1.888.272.2236

Submittal/Questions: [FMSNewHirePackets@thearcccr.org](mailto:FMSNewHirePackets@thearcccr.org)

Open a Customer Service Ticket: [thearcselfdirection.zendesk.com/](https://thearcselfdirection.zendesk.com/)

Website: [thearcccr.org/self-directed-services/](https://thearcccr.org/self-directed-services/)

**Assistance Note:** If you need assistance completing this packet, please reach out to The Arc Central Chesapeake Region at the contact info listed above. Thank you!

**Participant Name:** \_\_\_\_\_  
(Name of individual to whom you will be providing services.)

**Applicant's relationship to the Participant:** \_\_\_\_\_

**APPLICANT DEMOGRAPHICS** - *Print clearly and legibly. Use applicant's legal name and avoid use of nicknames or shortened names.*

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

Maiden name, nickname, alias (if applicable): \_\_\_\_\_

*The applicant's email and phone number are required to initiate a background screening through our employee onboarding system (Paycom). Please look for an email from Paycom to collect your personal data. Input your data to complete required screening and onboarding as soon as possible. Clearance is contingent upon background screening.*

**Email:** \_\_\_\_\_

**Primary Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Alt Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Last 4 Digits of SSN:** \_\_\_\_\_ *Needed for verification while applicant is in pre-hire status.*

Check this box if you have worked for any previous or current Self-Directed Services Employer who use The Arc as their FMCS

**EMERGENCY CONTACTS** - *Utilized only in the event that an applicant is seriously ill or injured.*

**Emergency Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**APPLICANT QUALIFICATIONS** - *Provide copies of all training certifications for the purpose of verification.*

Required for Employment:	Issue Date:	Expiration Date:
CPR Certification		
First Aid Certification		
Support Broker Certification (Support Brokers only)		





# Applicant Data & Payroll Information Form

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Website: [thearcccr.org/self-directed-services/](https://thearcccr.org/self-directed-services/)

## ACKNOWLEDGEMENT AND RELEASE

The completion of the applicant paperwork is to establish an employment relationship between the applicant and the employer, identified as Participant/Employer or their Authorized Representative, if applicable. The employment relationship is not with The Arc Central Chesapeake Region.

By signing below, you acknowledge that you may not be paid for work by The Arc Central Chesapeake Region until all the required application forms and materials have been submitted and processed, and The Arc issues the Participant/ Employer or their Authorized Representative a clearance form for the applicant to begin working. You understand that your employment remains conditional until the clearance form is issued.

By signing below, you acknowledge that all information provided within the employment packet is true and accurate. Further, you agree that a facsimile (fax), electronic or photographic copy of the employment packet documents shall be as valid as the original documents.

Clearance is contingent upon receipt of fully complete new hire paperwork, fulfillment of training requirements, and receipt of clear background screening results.

Applicant Name (please print): \_\_\_\_\_

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

Participant/Authorized Representative (please print): \_\_\_\_\_

Participant/Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_



# Self-Directed Services Service Codes

Phone: 1.866.252.6871 | Fax: 1.888.272.2236

Website: [thearccc.org/self-directed-services](http://thearccc.org/self-directed-services)

Open a Customer Service Ticket: [thearccselfdirected.zendesk.com](https://thearccselfdirected.zendesk.com)

## Service Codes

Please note only codes authorized in an approved annual PCP and budget can be added to an Employee's Evvie account.

### Personal Supports:

- PS - Staff 1:1 Wages
- PS - Staff 2:1 Wages
- PS - Training Wages
- PS - Paid Time Off
- PS - Paid Holidays Off
- PS - Overnight Staff 1:1 Wages
- PS - Overnight Staff 2:1 Wages
- PS - Staff 1:1 Working Holiday Hours 1.5x
- PS - Staff 2:1 Working Holiday Hours 1.5x
- PS - Staff 1:1 Working Holiday Hours 2.0x
- PS - Staff 2:1 Working Holiday Hours 2.0x
- PS - Sick & Safe Wages

### Personal Supports Enhanced:

- PS Enhanced - Staff 1:1 Wages
- PS Enhanced - Staff 2:1 Wages
- PS Enhanced - Training Wages
- PS Enhanced - Paid Time Off
- PS Enhanced - Paid Holidays Off
- PS Enhanced - Overnight Staff 1:1 Wages
- PS Enhanced - Overnight Staff 2:1 Wages
- PS Enhanced - Staff 1:1 Working Holiday Hours 1.5x
- PS Enhanced - Staff 1:1 Working Holiday Hours 2.0x
- PS Enhanced - Staff 2:1 Working Holiday Hours 1.5x
- PS Enhanced - Staff 2:1 Working Holiday Hours 2.0x
- PS Enhanced - Sick & Safe Wages

### Community Development Services:

- CDS - Staff 1:1 Wages
- CDS - Staff 2:1 Wages
- CDS - Training Wages
- CDS - Paid Time Off
- CDS - Paid Holidays Off
- CDS - Staff 1:1 Working Holiday Hours 1.5x
- CDS - Staff 1:1 Working Holiday Hours 2.0x
- CDS - Staff 2:1 Working Holiday Hours 1.5x
- CDS - Staff 2:1 Working Holiday Hours 2.0x
- CDS - Sick & Safe Wages

### Employment Services:

ES - Ongoing Job Supports - Staff Wages  
ES - Training Wages  
ES - Paid Time Off  
ES - Paid Holidays Off  
ES - Staff Working Holiday Hours 1.5x  
ES - Staff Working Holiday Hours 2.0x  
ES - Sick & Safe Wages

### Day-to-Day Administrator:

Day-to-Day Admin - Wages  
Day-to-Day Admin - Training Wages  
Day-to-day Admin - Paid Time Off  
Day-to-day Admin - Paid Holiday Off  
Day-to-Day Admin - Staff Working Holiday Hours 1.5x  
Day-to-Day Admin - Staff Working Holiday Hours 2.0x  
Day-to-Day Admin - Sick & Safe Wages

### Nursing Support Services:

Nursing - Staff Wages  
Nursing - Paid Time Off  
Nursing - Paid Holidays Off  
Nursing - Staff Working Holiday Hours 1.5x  
Nursing - Staff Working Holiday Hours 2.0x  
Nursing - Sick & Safe Wages

### Respite:

Respite - Staff 1:1 Wages  
Respite - Staff Training Wages  
Respite - Paid Time Off  
Respite - Paid Holidays Off  
Respite - Staff 1:1 Working Holiday Hours 1.5x  
Respite - Staff 1:1 Working Holiday Hours 2.0x  
Respite - Sick & Safe - Wages

### Support Broker:

SB - Staff Wages  
SB - Training Wages  
SB - Paid Time Off  
SB - Paid Holidays Off  
SB - Staff Working Holiday Hours 1.5x  
SB - Staff Working Holiday Hours 2.0x  
SB - Sick & Safe Wages



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**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		Employee's Email Address			Employee's Telephone Number				
<p><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></p>		<p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</p> <p><input type="checkbox"/> 1. A citizen of the United States</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)</p> <p><input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)</p> <p><input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)</p>									
		<p>If you check <b>Item Number 4.</b>, enter one of these:</p>									
		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)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
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)					

**Certification:** 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.

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>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <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>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<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>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*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 07/31/2026

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 07/31/2026

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle initial (if any) from Section 1.
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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 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** 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> )
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** 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> )
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** 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> )
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

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.

# 2024

<b>Step 1:</b> <b>Enter Personal Information</b>	(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.)		

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 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 Dependent and Other 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 (optional): Other 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 pay period		<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**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 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 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**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. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

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

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 2024 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.

- 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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2024 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
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

**MARYLAND  
FORM  
MW507**

**Purpose.** Complete Form MW507 so that your employer can withhold the correct Maryland income tax from your pay. Consider completing a new Form MW507 each year and when your personal or financial situation changes.

**Basic Instructions.** Enter on line 1 below, the number of personal exemptions you will claim on your tax return. However, if you wish to claim more exemptions, or if your adjusted gross income will be more than \$100,000 if you are filing single or married filing separately (\$150,000, if you are filing jointly or as head of household), you must complete the Personal Exemption Worksheet on page 2. Complete the Personal Exemption Worksheet on page 2 to further adjust your Maryland withholding based on itemized deductions, and certain other expenses that exceed your standard deduction and are not being claimed at another job or by your spouse. However, you may claim fewer (or zero) exemptions.

**Additional withholding per pay period under agreement with employer.** If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

**Exemption from withholding.** You may be entitled to claim an exemption from the withholding of Maryland income tax if:

- a. Last year you did not owe any Maryland Income tax and had a right to a full refund of any tax withheld; AND,
- b. This year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.

If you are eligible to claim this exemption, complete Line 3 and your employer will not withhold Maryland income tax from your wages.

Students and Seasonal Employees whose annual income will be below the minimum filing requirements should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

**Certification of nonresidence in the State of Maryland.** Complete Line 4. This line is to be completed by residents of the District of Columbia, Virginia or West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more.

Residents of Pennsylvania who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more, should complete line 5 to exempt themselves from the state portion of the withholding tax. These employees are still liable for withholding tax at the rate in effect for the Maryland county in which they are employed, unless they qualify for an exemption on either line 6 or line 7. Pennsylvania residents of York and Adams counties may claim an exemption from the local withholding tax by completing line 6. Pennsylvania residents living in other local jurisdictions which do not impose an earnings or income tax on Maryland residents may claim an exemption by completing line 7. Employees qualifying for exemption under 6 or 7, should also write "EXEMPT" on line 4.

Line 4 is **NOT** to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from

their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law. If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.

Under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Maryland income tax on your wages if (i) your spouse is a member of the armed forces present in Maryland in compliance with military orders; (ii) you are present in Maryland solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA enter your state of domicile (legal residence) on Line 8; enter "EXEMPT" in the box to the right on Line 8; and attach a copy of your spousal military identification card to Form MW507. **In addition, you must also complete and attach Form MW507M.**

**Duties and responsibilities of employer.** Retain this certificate with your records. You are required to submit a copy of this certificate and accompanying attachments to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201, when received if:

- 1. You have any reason to believe this certificate is incorrect;
- 2. The employee claims more than 10 exemptions;
- 3. The employee claims an exemption from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed \$200 a week;
- 4. The employee claims an exemption from withholding on the basis of nonresidence; or
- 5. The employee claims an exemption from withholding under the Military Spouses Residency Relief Act.

Upon receipt of any exemption certificate (Form MW507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the Comptroller, the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 above, a new exemption certificate must be filed by February 15th of the following year.

**Duties and responsibilities of employee.** If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee must file a new withholding exemption certificate with the employer within 10 days after the change occurs.

**FORM MW507 Employee's Maryland Withholding Exemption Certificate**

<b>Print full name</b>	<b>Social Security Number</b>
<b>Street Address, City, State, ZIP</b>	<b>County of residence (Nonresidents enter Maryland county (or Baltimore City) where you are employed.)</b>
<input type="checkbox"/> <b>Single</b> <input type="checkbox"/> <b>Married (surviving spouse or unmarried Head of Household) Rate</b> <input type="checkbox"/> <b>Married, but withhold at Single rate</b>	

1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. . . . . 1. \_\_\_\_\_
2. Additional withholding per pay period under agreement with employer. . . . . 2. \_\_\_\_\_
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above and check boxes that apply.
  - a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
  - b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirements).  
If both a and b apply, enter year applicable \_\_\_\_\_ (year effective) Enter "EXEMPT" here . . . . . 3. \_\_\_\_\_
4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.
  - District of Columbia       Virginia       West Virginia
  - I further certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here. . . . . 4. \_\_\_\_\_
5. I claim exemption from Maryland **state** withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here. . . . . 5. \_\_\_\_\_
6. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507. . . . . 6. \_\_\_\_\_
7. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507. . . . . 7. \_\_\_\_\_
8. I certify that I am a legal resident of the state of \_\_\_\_\_ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here. . . 8. \_\_\_\_\_

**Under the penalty of perjury,** I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.

<b>Employee's signature</b>	<b>Date</b>
<b>Employer's name and address including ZIP code (For employer use only)</b>	Federal Employer Identification Number

**Personal Exemptions Worksheet**

**Line 1**

- a. Multiply the number of your personal exemptions by the value of each exemption from the table below. (Generally the value of your exemption will be \$3,200; however, if your federal adjusted gross income is expected to be over \$100,000, the value of your exemption may be reduced. **Do not claim any personal exemptions you currently claim at another job, or any exemptions being claimed by your spouse.** To qualify as your dependent, you must be entitled to an exemption for the dependent on your federal income tax return for the corresponding tax year. **NOTE:** Dependent taxpayers may not claim themselves as an exemption. . . . . a. \_\_\_\_\_
- b. Multiply the number of additional exemptions you are claiming for dependents age 65 or over by the value of each exemption from the table below. . . . . b. \_\_\_\_\_
- c. Enter the estimated amount of your itemized deductions (excluding state and local income taxes) that exceed the amount of your standard deduction, alimony payments, allowable childcare expenses, qualified retirement contributions, business losses and employee business expenses for the year. Do not claim any additional amounts you currently claim at another job or any amounts being claimed by your spouse. **NOTE:** Standard deduction allowance is 15% of Maryland adjusted gross income with a minimum of \$1,600 and a maximum of \$2,400. . . . . c. \_\_\_\_\_
- d. Enter \$1,000 for additional exemptions for taxpayer and/or spouse age 65 or over and/or blind. . . . . d. \_\_\_\_\_
- e. Add total of lines a through d . . . . . e. \_\_\_\_\_
- f. Divide the amount on line e by \$3,200. **Drop any fraction. Do not round up.** This is the **maximum** number of exemptions you may claim for withholding tax purposes. . . . . f. \_\_\_\_\_

If your federal AGI is		If you will file your tax return	
		Single or Married Filing Separately <b>Your Exemption is</b>	Joint, Head of Household or Qualifying Widow(er) <b>Your Exemption is</b>
<b>\$100,000 or less</b>		<b>\$3,200</b>	<b>\$3,200</b>
<b>Over</b>	<b>But not over</b>		
<b>\$100,000</b>	<b>\$125,000</b>	<b>\$1,600</b>	<b>\$3,200</b>
<b>\$125,000</b>	<b>\$150,000</b>	<b>\$800</b>	<b>\$3,200</b>
<b>\$150,000</b>	<b>\$175,000</b>	<b>\$0</b>	<b>\$1,600</b>
<b>\$175,000</b>	<b>\$200,000</b>	<b>\$0</b>	<b>\$800</b>
<b>In excess of \$200,000</b>		<b>\$0</b>	<b>\$0</b>

**FEDERAL PRIVACY ACT INFORMATION**

Social Security numbers must be included. The mandatory disclosure of your Social Security number is authorized by the provisions set forth in the Tax-General Article of the Annotated Code of Maryland. Such numbers are used primarily to administer and enforce the individual income tax laws and to exchange income tax information with the Internal Revenue Service, other states and other tax officials of this state. Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having statutory right to obtain it.





**Direct Deposit Authorization and Agreement**

The undersigned (hereafter referred to as the “employee”) hereby authorizes and requests Paycom Payroll, LLC (“Paycom”) to make credits and/or debits from time to time in the account(s) identified below and authorizes the bank and any other financial institution to process such credits and/or debits. It is agreed that these credits and/or debits may be made electronically and under the Rules of the National Automated Clearing House Association (NACHA). It is agreed that Paycom is only responsible for the direct deposit of funds actually received, maintained and retained from employee’s employer, hereafter referred to as the “employer.” Employer’s instructions to Paycom and employer’s use of Paycom’s services shall not violate the NACHA rules or the laws of the United States.

*NSF’s or Employer Withdrawals:* In the event Paycom fails to receive and retain funds from the employer or in the event funds are withdrawn from Paycom’s account by reason of insufficient funds, reversal, failure to authorize or otherwise, the undersigned employee hereby authorizes Paycom to reverse or withdraw funds from employee’s bank account(s) designated below or any other bank utilized by employee as reimbursement to Paycom. In any such event, employee shall be liable to Paycom for all amounts paid to employee by Paycom, which have not been actually paid to and received by Paycom (and not in any way reversed) from employee’s employer. Employee agrees to be liable for and to reimburse Paycom for any amounts Paycom credits to employee’s account that are not actually received and retained by Paycom from employer. Employee hereby agrees that Paycom is not his/her employer but instead a mere intermediary and that in the event the employer fails to fully fund its payroll obligations, employee shall be liable to Paycom for any amounts Paycom credited from Paycom’s accounts to employee’s account. Employee agrees that Paycom reserves the right to reverse direct deposit of funds paid in error. It is the employee’s responsibility to verify funds deposited into such account(s) before performing transactions on those funds. Under no circumstances shall Paycom be responsible for insufficient funds charges or any other charges posted to employee’s account(s). By signing below, Employee agrees to the above terms. Employee further agrees to any Paycom Terms of Use for Direct Deposit Services, as may be amended from time to time.

**Attach a voided check or copy of a check for each account. (No deposit slips please). Indicate whether it is a checking or savings account by circling the appropriate type of account.**

**Please call your bank and confirm the ACH Routing Number(s) and Account numbers for Checking and/or Savings.**

<b>Main Account (Net Pay) -</b> <input type="checkbox"/> <b>Checking</b> or <input type="checkbox"/> <b>Savings Account</b> <i>(Check one)</i> Acct # _____ ACH Routing # / ___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___ Bank Name _____	
--	--

Additional Account - <input type="checkbox"/> <b>Checking</b> or <input type="checkbox"/> <b>Savings</b> <i>(Check one)</i> Acct # _____ ACH Routing # / ___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___ Dollar Amount or Percentage _____ Bank Name _____	Additional Account - <input type="checkbox"/> <b>Checking</b> or <input type="checkbox"/> <b>Savings</b> <i>(Check one)</i> Acct # _____ ACH Routing # / ___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___ Dollar Amount or Percentage _____ Bank Name _____
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Additional Account <input type="checkbox"/> <b>Checking</b> or <input type="checkbox"/> <b>Savings</b> <i>(Check one)</i> Acct # _____ ACH Routing # / ___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___ Dollar Amount or Percentage _____ Bank Name _____	Additional Account - <input type="checkbox"/> <b>Checking</b> or <input type="checkbox"/> <b>Savings</b> <i>(Check one)</i> Acct # _____ ACH Routing # / ___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___ Dollar Amount or Percentage _____ Bank Name _____
--	--

**Employee Name** \_\_\_\_\_ **Employee SS #** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## Employee Special Tax Exemption Information & Declaration

Direct: 1.866.252.6871 | Fax: 1.888.272.2236

Submittal/Questions: [FMSNewHirePackets@thearcccr.org](mailto:FMSNewHirePackets@thearcccr.org)

Open a Customer Service Ticket: [thearcccr.zendesk.com/](https://thearcccr.zendesk.com/)

Website: [thearcccr.org/self-directed-services/](https://thearcccr.org/self-directed-services/)

### Employee Special Tax Exemption Information and Declaration

Employees providing domestic services, like those employees hired directly by participants self-directing their services, may be exempt from paying certain federal and state taxes that are normally paid by employers and employees. These special tax exemptions are based on an employee's relationship with the employer, their age, or their residential status. The Arc Central Chesapeake Region uses this form to identify if an employee meets the federal and state special tax exemptions criteria.

**EMPLOYMENT TAX EXEMPTIONS ARE NOT OPTIONAL.** If employees qualify for exemptions, the exemptions must be honored. Please note that if an employee's wages are tax exempt, they may not be eligible for unemployment benefits and their future FICA benefits (Social Security and Medicare) may be affected because of the lack of contribution.

**PLEASE ANSWER EACH QUESTION BELOW TO ENSURE ACCURACY IN PAYROLL.** The questions below are intended to be asked of an employee of the participant/employer to determine special tax exemption status. If you have questions about a unique employee/employer relationship, please contact The Arc Central Chesapeake Region to discuss the possibility of applicable FICA/FUTA/SUTA exemptions.

#### 1. TAX EXEMPTIONS FOR A PARENT EMPLOYED BY HIS/HER OWN CHILD/STEP-CHILD

Are you the parent of the participant/employer?

PLEASE MARK THE APPROPRIATE BOX	
YES	<input type="checkbox"/> I am an employee in the self-directed program and the employer/participant is my child or step-child.
NO	<input type="checkbox"/> The employer/participant is <u>not</u> my child or step-child.

**Employment Tax Exemption:** *If the answer is yes, then the employer and employee are both exempt from paying FICA (Social Security and Medicare) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee. The employer may also be exempt from paying State Unemployment Insurance Tax, depending on the rules in the state. Currently the state of MD follows the Federal Rules.*

**2. TAX EXEMPTIONS FOR A CHILD/STEP-CHILD EMPLOYED BY HIS/HER OWN PARENT/STEP-PARENT**

Are you the child/step-child of the employer/participant?

PLEASE MARK THE APPROPRIATE BOX	
YES	<input type="checkbox"/>
<p>I am an employee in the self-directed program and the employer/participant is my parent <b>AND...</b> I am under the age of 21.            Note: <u>The entire statement must be true to mark 'yes' and be exempt.</u></p>	
NO	<input type="checkbox"/>
<p><b>Employee's date of birth for confirmation</b> ____/____/____.</p> <p>My employer is <u>not</u> my parent. OR            My employer is my parent, but I am age 21 or over.</p>	

**Employment Tax Exemption:** *If the answer is yes and the child employee is under 21 during the entire tax year, then the employer and employee are both exempt from paying \*FICA (Social Security and Medicare) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee. When the employee reaches age 21, the payments are subject to both FICA and FUTA tax. The employer may also be exempt from paying State Unemployment Insurance Tax, depending on the rules in the state. Currently the state of MD follows the Federal Rules.*



# Employee Special Tax Exemption Information & Declaration

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### 3. TAX EXEMPTIONS FOR A LIVE-IN CAREGIVER

Do you share the same residence (legal address) as the care recipient?

<b>PLEASE MARK THE APPROPRIATE BOX</b>	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

I am the employee in the self-directed program and I reside in the same legal residence as my employer (it does not matter who owns or rents the home nor if we're related). I do not maintain any other legal residence. The shared residence is a home where I reside full time and regularly perform the routines of private life.

I do not reside full-time in the same legal residence as my employer.

**Income Tax Exemption:** *If the answer is yes to all qualifying statements, then the employee's income is excluded from federal and state income tax based on the difficulty of care income tax exclusion. Per IRS Notice 2014-7, payments to a care provider for services to a Medicaid Waiver eligible individual sharing a home with the provider are excluded from federal income tax as they are considered difficulty of care payments. See linked resources for more info.*

### ATTESTATION STATEMENT:

Under penalties of perjury, I declare that I am an individual care provider receiving payments under a state Medicaid Home and Community-Based Services waiver program for services I provide to the Employer/Participant signing below.

The information I've provided is true and accurate. **I understand my responsibility to inform the SDS if my circumstances change.** I understand that if these statements turn out to be false, I may personally owe federal income tax and be subject to IRS penalty. I will contact my tax accountant for additional information and guidance, as needed. **I understand that the earliest possible tax exemption effective date is the date this completed documentation is received by the SDS. Retroactive tax exemptions cannot be processed. We recommend speaking with a tax professional should you have any questions about the impact of declaring tax exemptions.**

**Employee Name (please print):** \_\_\_\_\_

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

**Participant/Employer Name (please print):** \_\_\_\_\_

**Participant/Employer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Self-Directed Services Employee Agreement

### EMPLOYMENT TERMS AND CONDITIONS:

1. The Participant/Representative has elected to hire me to perform services for them in accordance with the Maryland Department of Health, Developmental Disabilities Administration (Maryland DDA) Self-Directed Services program. I understand that The Arc Central Chesapeake Region (The Arc) is the Self-Directed Services provider (SDS) assisting the employer with employer-related tasks and *IS NOT* my employer.
2. The Participant or Representative (if applicable) is my employer. The Participant/Representative is responsible for recruiting, hiring, training, managing and supervising me and controlling my workplace activities. The Participant/Representative is solely responsible for the decisions to hire and retain or not retain me.
3. I understand that I am an Employee of the Participant/Representative and am not the Employee of The Arc or the State of Maryland. As a result, I am not entitled to employment benefits issued by The Arc nor the State of Maryland.
4. The Participant/Representative shall set the conditions of employment; termination of employment shall be the prerogative of the Participant/Representative.
5. I understand that the Participant/Representative can immediately dismiss my employment based on any of the following criteria:
  - a. I have been placed on an Employee Disqualification Registry or List,
  - b. I have committed substantiated abuse, neglect, or misuse of funds or property of a Participant receiving services,
  - c. I have committed fraud or violated the terms of this Agreement.
6. I understand that I am an at-will employee. This Agreement does not guarantee me a specific number of hours of work, nor does it limit the Participant/Representative from hiring other Employees under the Self-Directed Services program.
7. This Agreement does not prohibit me from working for more than one Participant/Representative under the Self-Directed Services program.

### ACKNOWLEDGEMENT

I agree to fulfill the requirements of an Employee of a Self-Directed Services Participant, which shall include, but is not limited to, the following:

1. Agree to complete and provide information for a new hire packet, which will include a criminal background screening facilitated by The Arc prior to employment, the results of which may be shared with the Maryland Department of Health - Developmental Disabilities Administration (Maryland DDA) and/or the Participant/Representative for whom I work, their Coordinator of Community Services (CCS) and their Support Broker, if applicable.
2. Achieve and maintain all training certifications and other requirements as outlined in this application in order to be eligible for payment for services.

## Self-Directed Services Employee Agreement

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3. Know that I am not authorized to begin employment until my new hire document have been completed and submitted in full and the results of the background screening have been received and approved. All new hire documentation must be completed in submitted in full to The Arc and The Arc must provide my employer a notice of clearance to start working. No payments can be provided prior to the date of clearance.
4. Read the Self-Directed Services Employee Handbook and inquire about any aspects requiring clarification, as I will be held accountable for understanding this shared information.
5. Complete and submit timekeeping records and mileage reimbursement forms in a timely manner to my employer for their review and approval; please see The Arc's processing calendars. The Arc will provide payment for services on behalf of the Participant/Representative following the submission of accurate and approved payment requests, within the constraints of the Participant's Person-Centered Plan and Budget. I understand that payment will be for typical services rendered as assigned by the Participant/Representative and as outlined in the Participant's Person-Centered Plan and Budget.
6. Carry out all assigned duties and responsibilities explained by the Participant/ Representative as outlined in the Participant's Person-Centered Plan and Budget.
7. Understand that I can be held liable if I submit fraudulent records that result in over-billing or unjustly billing Medicaid.
8. Cooperate with the Participant/Representative to inform The Arc within 24 hours of the occurrence, in the event that I am injured while providing services to the Participant. I will complete and submit the required worker injury reporting documentation to the Participant/Representative and The Arc within 48 hours. I understand that I will be covered by workers' compensation insurance and unemployment insurance provided by the Participant/Representative.
9. Recognize that I am a mandated reporter and must immediately report:
  - a. Any suspected Medicaid fraud to the Maryland Department of Health OIG Fraud Hotline at 866-770-7175.
  - b. Any suspected abuse, neglect and exploitation to the appropriate authorities.
10. Notify the Participant/Representative if/when my address or personal information changes or if I wish to change my payment and tax withholding preferences. Those updates must be communicated to The Arc within 5 business days for the purposes of payroll and employee record updates.
11. Contact The Arc directly for my employment verification needs, which may require upto 3 business days for processing.
12. Understand that I am welcomed to and encouraged to communicate with The Arc directly regarding my personnel and payment matters, but that I should do so after advising the Participant/Representative as well.



# Self-Directed Services Employee Agreement

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## SIGNATURES:

By signing below, I attest that I have read and understand the statements outlined on this Acknowledgment and I agree to abide by the terms and conditions of employment by the Participant identified below receiving Self Directed Services provided by The Arc Central Chesapeake Region.

Employee Name (please print): \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant (please print): \_\_\_\_\_

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative - *if applicable* (please print): \_\_\_\_\_

Representative signature: \_\_\_\_\_ Date: \_\_\_\_\_