

# *Employee Onboarding Success*

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*Director of  
Employer Resources*



# *Content & Goals for this Session*



New Hire Forms



Background Checks



Common Issues to Avoid



Clearance



Communication



Location of Forms

# New Hire Forms

- Applicant Data & Payroll Information Form
- I-9 Form
- W-4 Form
- MW507 Form
- Paycom Direct Deposit Form
- Employee Agreement Form
- Special Tax Exemption Form

**The Arc**  
Central Chesapeake Region

**Applicant Data & Payroll Information Form**  
Direct: 1.866.252.6871 | Fax: 1.888.272.2236  
Submission/Questions: [FMSNewHirePackets@thearc.org](mailto:FMSNewHirePackets@thearc.org)  
Open a Customer Service Ticket: [thearcselfdirection.zendesk.com/](https://thearcselfdirection.zendesk.com/)  
Website: [thearc.org/self-directed-services/](https://thearc.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.

**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 use of nicknames or shortened names. Please note: minimum age requirement is 18.**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

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

**The applicant's email and phone number are required to initiate a background check through our employee onboarding system (Pavcom). Please look for an email from us regarding this requirement.**

**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 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, you may claim fewer (or zero) exemptions, or 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 3 to further adjust your Maryland withholding based on itemized deductions, and certain other expenses that exceed your standard deduction and are not being claimed on 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:

- Last year you did not owe any Maryland income tax and had a right to a full refund of any tax withheld; AND,
- 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 entitled to claim the 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 non-residence 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 by residents of 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 line 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 sections are in place 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 income for the year. 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 been in Maryland.

**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:

- You have any reason to believe this certificate is incorrect;
- The employee claims more than 10 exemptions;
- 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;
- The employee claims an exemption from withholding on the basis of non-residence; or
- 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 this certificate, the employee must file a new certificate in effect, the employee must file a new withholding exemption certificate with the employer within 10 days after the change occurs.

**APPLICANT PURPOSE OF VISIT**

Required  CPR  First Aid  Support  Support

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

Name (Full name) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address, City, State, ZIP \_\_\_\_\_  
City of residence (Pennsylvania enter Maryland county (or Baltimore City) where you are employed) \_\_\_\_\_

Single  Married (including spouse or unmarried Head of Household) State \_\_\_\_\_ Married, but withhold at Single rate

1. Total number of exemptions you are claiming not to exceed line 1 in Personal Exemption Worksheet on page 2. \_\_\_\_\_

2. Additional withholding per pay period under agreement with employer. \_\_\_\_\_

3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above and check boxes that apply.

- Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
  - 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.) \_\_\_\_\_ (year effective) Enter "EXEMPT" here. \_\_\_\_\_

4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.

\_\_\_\_\_ District of Columbia  West Virginia

Further certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here. \_\_\_\_\_

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. \_\_\_\_\_

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. \_\_\_\_\_

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. \_\_\_\_\_

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. \_\_\_\_\_

**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.**

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_  
Employee's name and address including ZIP code (For employer use only) \_\_\_\_\_ Federal Employer Identification Number \_\_\_\_\_

COMRAD-036 05/22

**Employment Eligibility Verification**  
USCIS Form I-9  
OMB No. 1611-0047  
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 employers 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 \_\_\_\_\_

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 \_\_\_\_\_

Check one of the following boxes to attest to your citizenship or immigration status: (See page 2 and 3 of the instructions.)

- I am a citizen of the United States
- I am a noncitizen national of the United States (See Instructions.)
- I am a lawful permanent resident (Enter USCIS or A-Number.)

A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) \_\_\_\_\_

Work Item Number 4: enter one of these  
US A-Number \_\_\_\_\_ Form I-94 Admission Number \_\_\_\_\_ Foreign Passport Number and Country of Issuance \_\_\_\_\_  
Today's Date (mm/dd/yyyy) \_\_\_\_\_

**Completing Section 1:** That person MUST complete the **Prepare and/or Translator Certification** on Page 3.

**NOTE:** Employers or their authorized representative must complete and sign Section 2 within three business days, and must physically examine, or examine consistently with an alternative procedure from List A, C or a combination of documentation from List B and List C. Enter any additional information on the back of this form.

OR	LIST B	AND	LIST C

**Additional Information**

Check here if you used an alternative procedure authorized by DHS to examine documents.

If I have examined the documentation presented by the above-named persons to be genuine and to relate to the employee named, and (3) to be in work in the United States.

First Day of Employment (mm/dd/yyyy) \_\_\_\_\_

Signature of Representative \_\_\_\_\_ Signature of Employer or Authorized Representative \_\_\_\_\_ Today's Date (mm/dd/yyyy) \_\_\_\_\_

Employee's Business or Organization Address, City or Town, State, ZIP Code \_\_\_\_\_


or rehired, complete Supplement B, Reverification and Rehire on Page 4.

Page 1 of 4



# Applicant Data & Payroll Form (Page 1)

- Identifies Participant Employer and Applicant
- Initiates criminal background check process
- Emergency contact information
- CPR/First Aid Training Certifications
  - In-person/hybrid training is mandatory.
  - Virtual training is not acceptable.



**The Arc**  
Central Chesapeake Region

**Applicant Data & Payroll Information Form**  
 Direct: 1.866.252.6871 | Fax: 1.888.272.2236  
 Submittal/Questions: [FMSNewHirePackets@thearcctr.org](mailto:FMSNewHirePackets@thearcctr.org)  
 Open a Customer Service Ticket: [thearcselfdirection.zendesk.com/](https://thearcselfdirection.zendesk.com/)  
 Website: [thearcctr.org/self-directed-services/](https://thearcctr.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 in order 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 Form (Page 2)

- Identifies service codes & pay rates
- Signed by applicant and Participant
- Common Errors to Avoid:
  - Incomplete full legal name (nicknames)
  - Missing legal guardian relationship
  - Illegible email address, service codes, and rates
  - Rates do not match budget
  - Rates/service codes do not match Family as Staff (FAS) form
  - Not including Holiday/PTO service codes



**Applicant Data & Payroll Information Form**  
 Direct: 1.866.252.6871 | Fax: 1.888.272.2236  
 Submittal/Questions: [FMSNewHirePackets@thearcctr.org](mailto:FMSNewHirePackets@thearcctr.org)  
 Open a Customer Service Ticket: [thearcselfdirection.zendesk.com/](https://thearcselfdirection.zendesk.com/)  
 Website: [thearcctr.org/self-directed-services/](https://thearcctr.org/self-directed-services/)

**APPLICANT PAYROLL DATA** - Check the service(s) the applicant will be authorized to provide and please indicate the hourly rate of pay for each service. Please ensure the services checked below are authorized in the approved plan and budget.

Please Check <input type="checkbox"/> if Authorized:	Self-Directed Service:	SDS Timesheet Code:	Hourly Rate: <small>(Should not exceed the approved maximum rate indicated in the plan/budget.)</small>
<input type="checkbox"/>	Community Learning/Development Serv.	CL	
<input type="checkbox"/>	Personal Supports (formerly CSLA I & II)	X	
<input type="checkbox"/>	Ongoing Job Coach (formerly Supported Employment)	OJC	
<input type="checkbox"/>	Support Broker (Staff) This form is not applicable for Vendor SBs	SB	
<input type="checkbox"/>	Respite	RS	
<input type="checkbox"/>	Day to Day Admin	Admin	
<input type="checkbox"/>	Nursing Services	NS	
<input type="checkbox"/>	please specify other:		
<input type="checkbox"/>	please specify other:		
<input type="checkbox"/>	please specify other:		

**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 completed 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: \_\_\_\_\_

# I-9 Form

- Applicant completes Section 1
- Participant completes Section 2
- It is not mandatory to submit copies of ID, but the Participant must set a standard procedure for all applicants
- Must be signed and dated by both the applicant and the Participant



**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

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.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

1. A citizen of the United States

2. A noncitizen national of the United States (See instructions.)

3. A lawful permanent resident (Enter USCIS or A-Number.)

4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., 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)	Additional Information				
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)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

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.

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.

Form I-9 Edition 08/01/23
Page 1 of 4

# I-9 Form

- Common Errors to Avoid in Section 1
  - Missing applicant SSN
  - Missing applicant DOB
  - Incomplete applicant address
  - Unchecked citizenship/immigration status box



**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

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.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

1. A citizen of the United States

2. A noncitizen national of the United States (See instructions.)

3. A lawful permanent resident (Enter USCIS or A-Number.)

4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, 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)	Additional Information				
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)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

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.

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.

Form I-9 Edition 08/01/23
Page 1 of 4

# I-9 Form

- Common Errors to Avoid in Section 2
  - Incomplete/inaccurate documentation in List A or B and C
    - Employer should use page 2 of the I-9 as a guide to acceptable documentation
  - First Day of Employment must be BLANK
  - If legal guardian, notate relationship on all signed documents
  - Expired I-9 form —current form expires 7/31/26



**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](#).

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**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

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.

Check one of the following boxes to attest to your citizenship or immigration status. (See page 2 and 3 of the instructions.)

1. A citizen of the United States

2. A noncitizen national of the United States (See Instructions.)

3. A lawful permanent resident (Enter USCIS or A-Number.)

4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., 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)	Additional Information				
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)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

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.

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.

Form I-9 Edition 08/01/23
Page 1 of 4



# W-4 Form

- Applicant completes Steps 1-4 as applicable, then signs and dates
- Participant completes the blue highlighted section at the bottom of the form.

Form <b>W-4</b>		Employee's Withholding Certificate		OMB No. 1545-0074
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.		<b>2024</b>
<b>Step 1:</b>	(a) First name and middle initial	Last name	(b) Social security number	
<b>Enter Personal Information</b>	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.sss.gov">www.sss.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 <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> .				
<b>Step 2:</b>	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.			
<b>Multiple Jobs or Spouse Works</b>	Do only one of the following.			
	(a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> 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 <input type="checkbox"/>			
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>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
<b>Claim Dependent and Other Credits</b>	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):</b>	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a)	\$
<b>Other Adjustments</b>	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c)	\$
<b>Step 5:</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.			
<b>Sign Here</b>	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)
For Privacy Act and Paperwork Reduction Act Notice, see page 3.		Cat. No. 10220Q		Form <b>W-4</b> (2024)

# W-4 Form

- Common Errors to Avoid
  - Incomplete full legal name (nicknames)
  - Missing SSN
  - Incomplete address
  - No marital status selected
  - Entering a # of dependents instead of a dollar value in Step 3
  - Entering exempt dollar value AND claiming exempt
    - Applicants can only choose one of these options!
  - Expired form —use current year!

Form <b>W-4</b>		Employee's Withholding Certificate		OMB No. 1545-0074
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.		<b>2024</b>
<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial Last name	(b) Social security number		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.sss.gov">www.sss.gov</a> .
	Address 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 <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> .				
<b>Step 2:</b> 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 <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> 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 <input type="checkbox"/>			
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> Claim Dependent and Other Credits	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):</b> Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .		<b>4(a)</b>	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .		<b>4(b)</b>	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . . . .		<b>4(c)</b>	\$ _____
<b>Step 5:</b> 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)	
For Privacy Act and Paperwork Reduction Act Notice, see page 3. <span style="float: right;">Cat. No. 10220Q <b>Form W-4</b> (2024)</span>				

# MW507 Form

- Applicant completes the top section and questions 1-8 as applicable, then signs and dates
- Participant completes the bottom blue section

**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:

- Last year you did not owe any Maryland Income tax and had a right to a full refund of any tax withheld; AND,
- 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 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:

- You have any reason to believe this certificate is incorrect;
- The employee claims more than 10 exemptions;
- 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;
- The employee claims an exemption from withholding on the basis of nonresidence; or
- 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.

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

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

- Total number of exemptions you are claiming not to exceed line F in Personal Exemption Worksheet on page 2. .... 1. ....
- Additional withholding per pay period under agreement with employer. .... 2. ....
- I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above and check boxes that apply.
  - Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
  - 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. ....
- I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.
 

<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Virginia	<input type="checkbox"/> West Virginia
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 I further certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here. .... 4. ....
- 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. ....
- 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. ....
- 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. ....
- 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.

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

COM/RAD-036 05/22

# MW507 Form

- Common Errors to Avoid
  - Incomplete full legal name (nicknames)
  - Missing SSN
  - Incomplete address
  - Missing county of residence
  - No marital status selected
  - Entering a # of dependents in line 1 AND claiming exempt
    - Applicants can only choose one of these options!
  - Expired form – use the version posted on our website!

**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:

- Last year you did not owe any Maryland income tax and had a right to a full refund of any tax withheld; AND,
- 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 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 armed 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:

- You have any reason to believe this certificate is incorrect;
- The employee claims more than 10 exemptions;
- 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;
- The employee claims an exemption from withholding on the basis of nonresidence; or
- 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**

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

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.

- Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
- 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.**

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

COM/RAD-036 05/22

# Paycom Direct Deposit Form

- All applicants must complete this form
- If direct deposit is waived, applicants should complete the bottom portion, sign, date, and indicate “waive” on the form
- Multiple direct deposit accounts are acceptable
- Direct deposit is HIGHLY recommended!

  
**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) – <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Account (Check one)</b>	
Acct # _____	
ACH Routing # / _____	
Bank Name _____	

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


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

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

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

# Paycom Direct Deposit Form

- Common Errors to Avoid
  - Not selecting “Checking” or “Savings”
  - Account #/Routing # on incorrect lines
  - Missing Bank Name
  - Illegible account information
  - Missing signature/date



**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) – <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Account (Check one)</b> Acct # _____ ACH Routing # / _____ Bank Name _____	
Additional Account - <input type="checkbox"/> Checking or <input type="checkbox"/> Savings (Check one) Acct # _____ ACH Routing # / _____ Dollar Amount or Percentage _____ Bank Name _____	Additional Account - <input type="checkbox"/> Checking or <input type="checkbox"/> Savings (Check one) Acct # _____ ACH Routing # / _____ Dollar Amount or Percentage _____ Bank Name _____
Additional Account <input type="checkbox"/> Checking or <input type="checkbox"/> Savings (Check one) Acct # _____ ACH Routing # / _____ Dollar Amount or Percentage _____ Bank Name _____	Additional Account - <input type="checkbox"/> Checking or <input type="checkbox"/> Savings (Check one) Acct # _____ ACH Routing # / _____ Dollar Amount or Percentage _____ Bank Name _____
Employee Name _____ Employee SS # _____ Address _____ City _____ State _____ Zip _____	
EMPLOYEE SIGNATURE: _____ DATE: _____	

# Employee Agreement Form (Page 3)

- Must be signed/dated by applicant
- Must be signed/dated by Participant or legal guardian as documented in our records



**Self-Directed Services Employee Agreement**  
Direct: 1.866.252.6871 | Fax: 1.888.272.2236  
Submittal/ Questions: [FMSNewHirePackets@thearcctr.org](mailto:FMSNewHirePackets@thearcctr.org)  
Open a Customer Service Ticket: [thearcselfdirection.zendesk.com/](https://thearcselfdirection.zendesk.com/)  
Website: [thearcctr.org/self-directed-services/](https://thearcctr.org/self-directed-services/)

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

# Employee Agreement Form (Page 3)

- Common Errors to Avoid
  - No documentation of legal guardianship
  - Applicant cannot sign as both applicant and legal guardian/representative
  - Incomplete full legal name (nicknames)
  - If legal guardian, notate relationship on all signed documents



**Self-Directed Services Employee Agreement**  
Direct: 1.866.252.6871 | Fax: 1.888.272.2236  
Submittal/ Questions: [FMSNewHirePackets@thearcctr.org](mailto:FMSNewHirePackets@thearcctr.org)  
Open a Customer Service Ticket: [thearcselfdirection.zendesk.com/](https://thearcselfdirection.zendesk.com/)  
Website: [thearcctr.org/self-directed-services/](https://thearcctr.org/self-directed-services/)

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



# Special Tax Exemption Form (Page 1)

- Required for all applicants
- Question 1 is for parents and step-parents
- Benefits – employment tax exemption
  - Medicare Exempt
  - Social Security Exempt



**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: [thearcselfdirection.zendesk.com/](https://thearcselfdirection.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.

Revised 5/11/2023      THIS FORM IS A REQUIREMENT FOR ALL NEW EMPLOYEES      Page 1 of 3

# Special Tax Exemption Form (Page 2)

- Question 2 is for children/step-children of the participant who are under age 21
- Benefits – employment tax exempt until age 21
  - Medicare Exempt
  - Social Security Exempt



**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: [thearcselfdirection.zendesk.com/](https://thearcselfdirection.zendesk.com/)  
Website: [thearcCCR.org/self-directed-services/](https://thearcCCR.org/self-directed-services/)

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

**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.*

Revised 5/11/2023      THIS FORM IS A REQUIREMENT FOR ALL NEW EMPLOYEES      Page 2 of 3

# Special Tax Exemption Form (Page 3)

- Question 3 is for applicants whose full-time legal residential address is shared with the Participant, regardless of relationship to the Participant
- Benefits – Difficulty of Care income tax exemption
  - Federal Tax Exempt
  - State Tax Exempt



**Employee Special Tax Exemption Information & Declaration**  
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Open a Customer Service Ticket: [thearcselfdirection.zendesk.com/](https://thearcselfdirection.zendesk.com/)  
Website: [thearc.org/self-directed-services/](https://thearc.org/self-directed-services/)

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

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

PLEASE MARK THE APPROPRIATE BOX		
YES	<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.
NO	<input type="checkbox"/>	I <u>do not</u> 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: \_\_\_\_\_

Revised 5/11/2023 THIS FORM IS A REQUIREMENT FOR ALL NEW EMPLOYEES Page 3 of 3

# Special Tax Exemption Form

- Common Errors to Avoid on All Pages
  - Unanswered questions
  - Missing applicant signature/date
  - Missing Participant signature/date
  - Incomplete full legal name (nicknames)
  - Applicant must not sign as applicant and legal guardian/representative
  - If legal guardian, notate relationship on all signed documents
  - Incorrect version of form – use the form on our website!



**The Arc**  
Central Chesapeake Region

**Employee Special Tax Exemption Information & Declaration**  
Direct: 1.866.252.6871 | Fax: 1.888.272.2236  
Submittal/Questions: [FMSNewHirePackets@thearc.org](mailto:FMSNewHirePackets@thearc.org)  
Open a Customer Service Ticket: [thearcselfdirection.zendesk.com/](https://thearcselfdirection.zendesk.com/)  
Website: [thearc.org/self-directed-services/](https://thearc.org/self-directed-services/)

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

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

PLEASE MARK THE APPROPRIATE BOX		
YES	<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.
NO	<input type="checkbox"/>	I <u>do not</u> 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: \_\_\_\_\_

Revised 5/11/2023 THIS FORM IS A REQUIREMENT FOR ALL NEW EMPLOYEES Page 3 of 3

*“How can we expedite the onboarding experience?”*

***Communication!***



# Communication

- A team representative is assigned to each individual New Hire Packet.
- Representatives email the team to request updated or additional documentation and information as applicable.
- If the team feels additional assistance is needed, we encourage them to request a virtual meeting to review instructions for completion of the paperwork.
- New Participants are encouraged to request a one-time in-person onboarding meeting for their first applicant.

# *Criminal Background Check Process*

- Criminal background checks must be run on all applicants.
- Upon receipt of the New Hire Packet, an invitation is sent through Paycom to the applicant.
- We will also email the team to remind them that the applicant has 6 days to respond before the link expires.
- Completing the background check quickly expedites this portion of onboarding.

# *CPS Background Check Process*

- Applicants applying to support a Participant who is a minor must complete and submit a CPS background check application in addition to the routine criminal background check.
- The application and instructions are located on our website.
- Please note that the form must be typed and notarized. Submit to [FMSEmployeeRelations@thearcccr.org](mailto:FMSEmployeeRelations@thearcccr.org).
- Results can take up to 6 weeks to receive.



# Clearance

- Applicants are not permitted to start working until a written clearance authorization form is received by the team via email with an official start date.
- One team representative will guide the Participant and their team throughout the onboarding process.
- We encourage questions and aim to work collaboratively to ensure a seamless onboarding experience.

# Location of Forms

- All forms and resources are conveniently located on our website: [www.thearcccr.org/fms-forms-resources/](http://www.thearcccr.org/fms-forms-resources/)
- The complete fillable New Hire Packet is available on our website: [www.thearcccr.org/wp-content/uploads/2023/08/SDS-New-Hire-Packet-Highlighted-Guide-8-02-23.pdf](http://www.thearcccr.org/wp-content/uploads/2023/08/SDS-New-Hire-Packet-Highlighted-Guide-8-02-23.pdf)
- All New Hire Packet paperwork should be submitted via email to [FMSNewHirePackets@thearcccr.org](mailto:FMSNewHirePackets@thearcccr.org)
- Turnaround time for processing is 4-6 days, depending on the length of time it takes to receive criminal background results and fully completed New Hire Packet documentation.



*Questions?*