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Here is a Master Copy of our New Employee and Employee Management forms for your future use. Please copy as needed.

Here are some helpful tips when completing these forms:

All forms must be complete and legible

Employees must sign where required.

Always make sure employee properly completed I-9 with the appropriate pieces of identification in the correct column (A, B or C) on the form.

Always include a copy of new employees Drivers license, Government issued photo ID, or other forms of ID used on the I-9 form.

There must be an entry in line 5 of the W4. "Exempt" is usually not applicable.

A copy of the employee's social security card must be provided prior to the first payroll being issued.

Once completed you can FAX forms to our office at 480-967-7114.

As always, if you have any questions, please call our office for assistance.

Formulario W-4(SP) (2008)

Propósito. Llene el Formulario W-4(SP) para que su empleador pueda retenerle la cantidad correcta del impuesto federal sobre el ingreso de su paga. Considere el llenar un nuevo Formulario W-4(SP) cada año y cuando su situación personal o financiera cambia.

Exención de la retención. Si está exento, llene sólo las líneas 1, 2, 3, 4 y 7 y firme el formulario para validarlo. Su exención para 2008 vence el 16 de febrero de 2009. Vea la Pub. 505, *Tax Withholding and Estimated Tax* (Retención del impuesto e impuesto estimado), en inglés.

Nota: No puede reclamar la exención de la retención si: (a) su ingreso excede de \$900 e incluye más de \$300 de ingreso no derivado del trabajo (por ejemplo, intereses y dividendos) y (b) otra persona puede reclamarlo a usted como dependiente en su declaración de impuestos.

Instrucciones básicas. Si no está exento, llene la Hoja de Trabajo para Descuentos Personales, a continuación. Las hojas de trabajo en la página 2 ajustan sus descuentos de la retención basados en las deducciones detalladas, ciertos créditos, ajustes al ingreso o situaciones de dos asalariados/múltiples empleos. Llene todas las hojas de trabajo que le

correspondan. Sin embargo, puede reclamar menos (o cero) descuentos.

Cabeza de familia. Por lo general, puede reclamar el estado de cabeza de familia para efectos de la declaración de impuesto sólo si no está casado y paga más del 50% de los costos de mantener el hogar para usted y para su(s) dependiente(s) u otros individuos calificados. Vea la Pub. 501, *Exemptions, Standard Deduction, and Filing Information* (Exenciones, deducción estándar e información sobre la presentación), en inglés, para más información.

Créditos tributarios. Puede tomar en cuenta créditos tributarios previstos al calcular su número permisible de descuentos de la retención. Los créditos por gastos del cuidado de hijos o de dependientes y el crédito tributario por hijos pueden ser reclamados usando la Hoja de Trabajo para Descuentos Personales, a continuación. Vea la Pub. 919, *How Do I Adjust My Tax Withholding?* (¿Cómo ajusto la retención de mi impuesto?), en inglés, para obtener información sobre la conversión de sus otros créditos en descuentos de la retención.

Ingreso que no proviene de salarios. Si tiene una suma cuantiosa de ingreso que no proviene de salarios, tal como de intereses o dividendos, considere hacer pagos de impuesto estimado usando el Formulario 1040-ES, *Estimated Tax for Individuals*

(Impuesto estimado para individuos), en inglés. De lo contrario, podría deber impuesto adicional. Si recibió ingreso por concepto de pensión o anualidad, vea la Pub. 919 para saber si tiene que ajustar su impuesto retenido en el Formulario W-4(SP) o W-4P, en inglés.

Dos asalariados o múltiples empleos. Si tiene un cónyuge que trabaja o si tiene más de un empleo, calcule el número total de exenciones al cual tiene derecho de reclamar en todos los empleos usando las hojas de trabajo de sólo un Formulario W-4(SP). Su retención usualmente será la más precisa cuando todos los descuentos son reclamados en el Formulario W-4(SP) para el empleo que paga más y cero descuentos son reclamados en los otros empleos. Vea la Pub. 919, en inglés, para más detalles.

Extranjero no residente. Si es extranjero no residente, vea las *Instructions for Form 8233* (Instrucciones para el Formulario 8233), disponibles en inglés, antes de llenar este Formulario W-4(SP).

Revise su retención. Después de que su Formulario W-4(SP) entre en vigencia, use la Pub. 919, en inglés, para saber cómo la cantidad en dólares que se le rellene se compara con su cantidad total de impuestos prevista para 2008. Vea la Pub. 919, especialmente si sus ingresos exceden de \$130,000 (Soltero) o de \$180,000 (Casado).

Hoja de Trabajo para Descuentos Personales (Guárdela para su archivo).

A Anote "1" para usted mismo si nadie más lo puede reclamar como dependiente A _____

B Anote "1" si:
 • Usted es soltero y tiene sólo un empleo; o
 • Usted es casado, tiene sólo un empleo y su cónyuge no trabaja; o
 • Sus sueldos o salarios de un segundo empleo o los de su cónyuge (o el total de los dos) son de \$1,500 o menos. B _____

C Anote "1" para su cónyuge. Pero, puede escoger anotar "-0-" si es casado y tiene un cónyuge que trabaja o si tiene más de un empleo. (Anotando "-0-" puede ayudarle a evitar que le retengan una cantidad de impuesto demasiado baja). C _____

D Anote el número de dependientes (que no sean su cónyuge o usted mismo) que reclamará en su declaración de impuestos D _____

E Anote "1" si presentará como cabeza de familia en su declaración de impuestos (vea las condiciones bajo **Cabeza de familia**, anteriormente) E _____

F Anote "1" si tiene por lo menos \$1,500 en gastos del cuidado de hijos o dependientes por los cuales piensa reclamar un crédito F _____

(Nota: No incluya pagos de pensión para hijos menores. Vea la Pub. 503, *Child and Dependent Care Expenses* (Gastos del cuidado de hijos menores y dependientes), en inglés, para más detalles).

G Crédito tributario por hijos (incluyendo el crédito tributario adicional por hijos). Vea la Pub. 972, *Child Tax Credit* (Crédito tributario por hijos), en inglés, para mayor información.
 • Si su ingreso total será menor de \$58,000 (\$86,000 si es casado), anote "2" para cada hijo que reúna los requisitos.
 • Si su ingreso total será de entre \$58,000 y \$84,000 (\$86,000 y \$119,000 si es casado), anote "1" para cada hijo que reúna los requisitos más "1" adicional si tiene cuatro o más hijos que reúnen los requisitos. G _____

H Sume las líneas desde la A a la G, inclusive, y anote el total aquí. (Nota: Esto puede ser distinto del número de exenciones que usted reclame en su declaración de impuestos). H _____

Para que sea lo más exacto posible, complete todas las hojas de trabajo que le correspondan.
 • Si piensa detallar sus deducciones o reclamar ajustes a su ingreso y desea reducir su impuesto retenido, vea la Hoja de Trabajo para Deducciones y Ajustes, en la página 2.
 • Si tiene más de un empleo o es casado y tanto usted como su cónyuge trabajan y sus remuneraciones combinadas de todos los empleos exceden de \$40,000 (\$25,000 si es casado), vea la Hoja de Trabajo para Dos Asalariados/Múltiples Empleos en la página 2 a fin de evitar la retención insuficiente de los impuestos.
 • Si ninguna de las condiciones anteriores le corresponde, deténgase aquí y anote en la línea 5 del Formulario W-4(SP), a continuación, la cantidad de la línea H.

Corte aquí y entregue su Formulario W-4(SP) a su empleador. Guarde la parte de arriba en sus archivos.

Formulario W-4(SP) Department of the Treasury Internal Revenue Service		Certificado de Exención de la Retención del Empleado ► Su derecho a reclamar un cierto número de descuentos o a declararse exento de la retención de impuestos está sujeto a examen por el IRS. Su empleador puede tener que enviar una copia de este formulario al IRS.		OMB No. 1545-0074 2008
1 Escriba a máquina o en letra de imprenta su primer nombre e inicial del segundo. Apellido		2 Su número de seguro social		
Dirección (número de casa y calle o ruta rural)		3 <input type="checkbox"/> Soltero <input type="checkbox"/> Casado <input type="checkbox"/> Casado, pero retiene con la tasa mayor de Soltero Nota: Si es casado, pero está legalmente separado, o si su cónyuge es un extranjero no residente, marque el recuadro para "Soltero".		
Ciudad o pueblo, estado y código postal (ZIP)		4 Si su apellido es distinto al que aparece en su tarjeta de seguro social, marque este recuadro. Debe llamar al 1-800-772-1213 para una tarjeta de reposición. <input type="checkbox"/>		
5 Número total de exenciones que reclama (de la línea H, arriba, o de la hoja de trabajo que le corresponda en la página 2)		5		
6 Cantidad adicional, si hay alguna, que quiere que le retengan de su cheque de pago		6 \$		
7 Yo reclamo exención de la retención para 2008 y certifico que cumplo con ambas de las siguientes condiciones para la exención: • El año pasado tuve derecho a un reembolso de todos los impuestos federales sobre el ingreso retenidos porque no tenía ninguna obligación tributaria y • Este año tengo previsto un reembolso de todos los impuestos federales sobre el ingreso retenidos porque tengo previsto el no tener una obligación tributaria. Si cumple con ambas condiciones, escriba "Exempt" (Exento) aquí. ►		7		
Bajo pena de perjurio, yo declaro que he examinado este certificado y que a mi leal saber y entender, es verídico, correcto y completo.				
Firma del empleado (El formulario no es válido a menos que usted lo firme). ►		Fecha ►		
8 Nombre y dirección del empleador. (Empleador: Llene las líneas 8 y 10 sólo si envía este certificado al IRS).		9 Código de oficina (opcional)	10 Número de identificación patronal (EIN)	

Hoja de Trabajo para Deducciones y Ajustes

Nota: Utilice esta hoja de trabajo *únicamente* si piensa detallar las deducciones, reclamar ciertos créditos o hacer ajustes al ingreso en su declaración de impuestos para 2008.

- 1 Anote un estimado de sus deducciones detalladas para 2008. Estas incluyen los intereses hipotecarios calificados, donaciones caritativas, impuestos estatales y locales, gastos médicos que exceden del 7.5% de su ingreso y ciertas deducciones misceláneas. (Para 2008, quizás tenga que reducir sus deducciones detalladas si su ingreso excede de \$159,950 (\$79,975 para los casados que presentan la declaración por separado). Vea la **Worksheet 2** (Hoja de Trabajo 2), en la Pub. 919 para más detalles) 1 \$ _____
- 2 Anote: $\left\{ \begin{array}{l} \$10,900 \text{ si es casado que presenta una declaración conjunta o es} \\ \text{viudo calificado} \\ \$8,000 \text{ si es cabeza de familia} \\ \$5,450 \text{ si es soltero o casado que presenta la declaración por} \\ \text{separado} \end{array} \right\}$ 2 \$ _____
- 3 Reste la cantidad de la línea 2 de la cantidad de la línea 1. Si es cero o menos, anote "-0-" 3 \$ _____
- 4 Anote un estimado de sus ajustes al ingreso para 2008, incluyendo la pensión alimenticia para cónyuges divorciados, aportaciones deducibles a una cuenta *IRA* e intereses de un préstamo estudiantil 4 \$ _____
- 5 Sume las líneas 3 y 4 y anote el resultado. (Incluya toda cantidad de créditos de la **Worksheet 8** (Hoja de Trabajo B) en la Pub. 919) 5 \$ _____
- 6 Anote un estimado de sus ingresos no derivados del trabajo para 2008 (por ejemplo, los dividendos o intereses) 6 \$ _____
- 7 Reste la cantidad de la línea 6 de la cantidad de la línea 5. Si es cero o menos, anote "-0-" 7 \$ _____
- 8 Divida la cantidad de la línea 7 por \$3,500 y anote el resultado aquí. Elimine toda fracción 8 _____
- 9 Anote la cantidad de la línea H de la Hoja de Trabajo para Descuentos Personales en la página 1 9 _____
- 10 Sume las cantidades de la línea 8 y de la línea 9 y anote el total aquí. Si piensa usar la Hoja de Trabajo para Dos Asalariados/Múltiples Empleos, anote este total también en la línea 1 a continuación. De lo contrario, deténgase aquí y anote este total en la línea 5 de la página 1 del Formulario W-4(SP) 10 _____

Hoja de Trabajo para Dos Asalariados/Múltiples Empleos (Vea Dos asalariados o múltiples empleos, en la página 1).

Nota: Utilice esta hoja de trabajo *únicamente* si las instrucciones debajo de la línea H en la página 1 indican que pase a esta sección.

- 1 Anote la cantidad de la línea H en la página 1 (o de la línea 10, arriba, si utilizó la Hoja de Trabajo para Deducciones y Ajustes) 1 _____
- 2 Busque la cantidad en la **Tabla 1**, a continuación, que corresponda al empleo que le paga el salario **MÁS MÍNIMO** y anótela aquí. Sin embargo, si es casado que presenta una declaración conjunta y el salario del empleo que le paga es de \$50,000 o menos, no escriba más que "3" 2 _____
- 3 Si la cantidad de la línea 1 excede de o es igual a la cantidad de la línea 2, reste la línea 2 de la línea 1. Anote el resultado aquí (si es cero, anote "-0-") y en la línea 5 del Formulario W-4(SP) en la página 1. No siga con esta hoja de trabajo 3 _____

Nota: Si la línea 1 es *menos* de la línea 2, anote "-0-" en la línea 5 del Formulario W-4(SP) en la página 1. Complete las líneas 4 a 9 más adelante para calcular la cantidad de impuesto adicional que se le debe retener para evitar una factura por impuestos debidos al final del año.

- 4 Anote la cantidad de la línea 2 de esta hoja de trabajo 4 _____
- 5 Anote la cantidad de la línea 1 de esta hoja de trabajo 5 _____
- 6 Reste la cantidad de la línea 5 de la cantidad de la línea 4 6 _____
- 7 Busque la cantidad de la **Tabla 2**, más adelante, que corresponda al empleo que le paga el salario **MAYOR** y anótela aquí 7 \$ _____
- 8 Multiplique la cantidad de la línea 7 por la de la línea 6 y anote el resultado aquí. Ésta es la cantidad de impuesto adicional anual que se debe retener 8 \$ _____
- 9 Divida la cantidad de la línea 8 por el total de los períodos de pago que faltan en 2008. Por ejemplo, divida por 26 si le pagan cada 2 semanas y usted llena este formulario en diciembre de 2007. Anote el resultado aquí y también en la línea 6 del Formulario W-4(SP) en la página 1. Ésta es la cantidad de impuesto adicional que se debe retener de cada cheque de nómina 9 \$ _____

Tabla 1				Tabla 2			
Casados que presentan la declaración conjuntamente		Todos los demás		Casados que presentan la declaración conjuntamente		Todos los demás	
Si el salario del empleo que le paga LO MÍNIMO es—	Anote en la línea 2, arriba	Si el salario del empleo que le paga LO MÍNIMO es—	Anote en la línea 2, arriba	Si el salario del empleo que le paga LO MÁXIMO es—	Anote en la línea 7, arriba	Si el salario del empleo que le paga LO MÁXIMO es—	Anote en la línea 7, arriba
\$0 - \$4,500	0	\$0 - \$6,500	0	\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
4,501 - 10,000	1	6,501 - 12,000	1	65,001 - 120,000	880	35,001 - 80,000	880
10,001 - 18,000	2	12,001 - 20,000	2	120,001 - 180,000	980	80,001 - 150,000	980
18,001 - 22,000	3	20,001 - 27,000	3	180,001 - 310,000	1,160	150,001 - 340,000	1,160
22,001 - 27,000	4	27,001 - 35,000	4	310,001 y más	1,230	340,001 y más	1,230
27,001 - 33,000	5	35,001 - 50,000	5				
33,001 - 40,000	6	50,001 - 65,000	6				
40,001 - 50,000	7	65,001 - 80,000	7				
50,001 - 55,000	8	80,001 - 95,000	8				
55,001 - 60,000	9	95,001 - 120,000	9				
60,001 - 65,000	10	120,001 y más	10				
65,001 - 75,000	11						
75,001 - 100,000	12						
100,001 - 110,000	13						
110,001 - 120,000	14						
120,001 y más	15						

Aviso sobre la Ley de Confidencialidad de Información y la Ley de Reducción de Trámites. Solicitamos la información contenida en este formulario para cumplir con las leyes de los impuestos internos de los Estados Unidos. El Código de Impuestos Internos requiere esta información de acuerdo con las secciones 3402(f)(2)(A) y 6109 y su reglamentación. El no presentar un formulario debidamente completado resultará en que se considere una persona soltera que no reclama ningún descuento en la retención; el proporcionar información fraudulenta puede exponerle a multas. Solemos compartir esta información con el Departamento de Justicia en sus casos de litigio civil y penal y también con las ciudades, estados y el Distrito de Columbia a fin de ayudarlos en aplicar sus leyes tributarias respectivas y también para incluirla en el *National Directory of New Hires* (Directorio Nacional de Personas Recién Empleadas). Podemos divulgar esta información también a otros países bajo un tratado tributario, a las agencias del gobierno federal y estatal para hacer cumplir las leyes penales federales que no tienen que ver con los impuestos o a las agencias federales encargadas de hacer cumplir la ley y a agencias de inteligencia para combatir el terrorismo.

Usted no está obligado a facilitar la información solicitada en un formulario sujeto a la Ley de Reducción de Trámites a menos que el mismo muestre un número de control válido de la *Office of Management and Budget* (Oficina de Administración y Presupuesto, OMB, por siglas en inglés). Los libros o registros relativos a un formulario o sus instrucciones deberán ser conservados mientras su contenido pueda ser utilizado en la aplicación de toda ley tributaria federal. Por regla general, las declaraciones de impuestos y toda información pertinente son confidenciales, según requiera la sección 6103.

El promedio de tiempo y de gastos requeridos para completar y presentar este formulario varía según las circunstancias individuales. Para los promedios estimados, vea las instrucciones de la declaración de impuestos sobre el Ingreso (en inglés).

Si desea hacer alguna sugerencia para simplificar este formulario, envíenosla. Vea las instrucciones para la declaración de impuestos sobre el Ingreso.

NOTE: This form is effective for wages paid after June 30, 2010.

Type or print your full name	Your social security number
Home address (number and street or rural route)	
City or town, state, and ZIP code	

Arizona Withholding Percentage Election Options

Choose only one:

- 1 My annual compensation is \$15,000 or more. I choose to have Arizona withholding at the rate of
(check only one box): 1.8% 2.7% 3.6% 4.2% 5.1% of my gross taxable wages.
Additional amount to be withheld per paycheck \$ _____
- 2 My annual compensation is less than \$15,000. I choose to have Arizona withholding at the rate of
(check only one box): 1.3% 1.8% 2.7% 3.6% 4.2% 5.1% of my gross taxable wages.
Additional amount to be withheld per paycheck \$ _____
- 3 I hereby elect an Arizona withholding percentage of zero, and I certify that I meet BOTH of the following qualifying conditions for this election:
 - I had NO Arizona tax liability for the prior taxable year, AND
 - I expect to have NO Arizona tax liability for the current taxable year.

I certify that I have made the percentage election marked above.	
_____	_____
SIGNATURE	DATE

EMPLOYEE'S INSTRUCTIONS

Arizona Revised Statutes (ARS) §43-401 requires your employer to withhold Arizona income tax from your compensation paid for services performed in Arizona for application toward your Arizona income tax liability. Arizona withholding is a percentage of your gross taxable wages of every paycheck.

"Gross taxable wages" is the amount from each paycheck that will be included in box 1 of your federal Form W-2 at the end of the calendar year (i.e. gross wages net of pretax deductions, such as your portion of health insurance premiums). You may also have your employer withhold an additional amount from each paycheck.

Complete this form to elect an Arizona withholding percentage and any additional amount to be withheld from each paycheck. *Give the completed form to your employer.*

Current Employees

ALL EMPLOYEES ARE REQUIRED TO COMPLETE THIS FORM FOR WAGES PAID AFTER JUNE 30, 2010. Complete this form to elect an Arizona withholding percentage and designate an additional amount to be withheld. If you want to increase or decrease the amount of Arizona withholding in the future, you must complete this form again to change the Arizona withholding percentage or change the additional amount withheld.

New Employees

Complete this form within the first five days of employment to elect an Arizona withholding percentage. You may also have your employer withhold an

additional amount from each paycheck. If you do not complete this form, the department requires your employer to withhold 2.7% of your gross taxable wages until your employer receives a completed form from you.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you meet BOTH of the qualifying conditions for the election. You qualify for the election if: (1) you had no Arizona income tax liability for the prior taxable year, AND (2) you expect to have no Arizona income tax liability for the current taxable year.

Note that Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, welfare tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date of your election.

You should be aware that zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. Keep in mind that in order to elect zero withholding, you must meet BOTH conditions listed above. Therefore, if you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should immediately complete a new Form A-4 and choose a withholding percentage that is applicable to your situation.

Employee's Arizona Withholding Percentage Election

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically performing work or services in Arizona for temporary periods is subject to Arizona income tax. However, under the provisions of ARS §43-403(A)(5), compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine whether they should elect to have Arizona income taxes withheld from their wages or compensation. Nonresident employees may request that their employer withhold Arizona income taxes from their Arizona source compensation by completing this form to elect an Arizona withholding percentage.

How do I Determine Which Percentage to Elect?

In an effort to assist employees in electing a withholding percentage, the following simple examples are provided for general guidance. However, each employee must take into consideration the particular facts of their own situation and adjust their election accordingly.

If you want to keep your withholding approximately the same as last year, you can use your federal Form W-2 for 2009 or your last pay stub to calculate which withholding percentage to elect. For example, if box 1 of federal Form W-2 shows \$40,000 in wages and box 17 shows \$1,000 in state income tax withheld, divide box 17 by box 1 to determine your percentage ($1,000 / 40,000 = .025$ or 2.5%). In order to keep your withholding the same as 2009, choose 1.8% ($40,000 \times .018 = 720$) and an additional \$10.77 per biweekly pay period ($1,000 - 720 = 280 / 26 = 10.77$). Be sure to take into account any amount already withheld for 2010.

If you want to withhold more, choose one of the higher percentages or choose to have an additional amount withheld.

CAUTION: Underwithholding can result in payment of tax due when you file your Arizona return and/or underpayment penalties.

If you would rather more closely approximate your tax liability from last year, use your tax liability from your 2009 Arizona income tax return. Divide that number by the number of paydays in calendar year 2010. This will be the amount of withholding you will try to have withheld out of each paycheck. For instance, if your 2009 tax liability was \$1,500 and you are paid every two weeks (26 paydays a year) divide \$1,500 by 26 ($1,500 / 26 = 57.69$). This is your withholding goal per paycheck. Next, divide your withholding goal by your biweekly gross taxable wages, \$2,000 in this example, to determine the percentage of withholding to gross taxable wages ($57.69 / 2,000 = .028845$ or 2.88%). An election of 2.7% would result in \$54.00 ($2,000 \times 2.7\% = 54$) withheld for Arizona from each paycheck (\$1,404 annually), while electing 3.6% would result in \$72.00 ($2,000 \times 3.6\% = 72$) withheld for Arizona from each paycheck (\$1,872 annually). Be sure to take into account any amount already withheld for 2010.

Example: This example assumes these wages are your only income and your employment situation is the same as last year. If you are paid every two weeks and last year's federal Form W-2 shows \$52,000 in box 1 and \$1,800 in box 17, \$900 has already been withheld from your paychecks for 2010, there are 13 paychecks remaining in the calendar year, and you want to keep your withholding approximately the same, the following worksheet shows how to keep your Arizona withholding the same.

	Example:		Your Calculation:	
Line 1: Annual gross taxable wages.	\$52,000			
Line 2: Number of paychecks per year.	26			
Line 3: Divide line 1 by line 2. This is wages per paycheck.	$52000 / 26 =$	\$2,000		
Line 4: Annual withholding goal.	\$1,800			
Line 5: Amount already withheld.	\$900			
Line 6: Balance of withholding for the calendar year.	$1800 - 900 =$	\$ 900		
Line 7: Number of paychecks remaining in the calendar year.	13			
Line 8: Divide line 6 by line 7. This is your Arizona withholding goal per paycheck.	$900 / 13 =$	\$69.23		
Line 9: Percentage: divide line 8 by line 3.	$69.23 / 2000 =$	3.4615%		
Line 10: Withholding percentage that is less than line 9. Check this box on line 1 of Form A-4.	2.7%			
Line 11: Multiply line 10 by line 3.	$2.7\% \times 2000 =$	\$54.00		
Line 12: Subtract line 11 from line 8. Enter this amount in the additional amount space on line 1 of Form A-4.	$69.23 - 54.00 =$	\$15.23		

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:

1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C);
2. Record the document title, document number and expiration date (if any) in Block C, and
3. Complete the signature block.

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, and completing the form, 9 minutes; **2)** assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

<p>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</p>	<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen or national of the United States</p> <p><input type="checkbox"/> A lawful permanent resident (Alien #) A _____</p> <p><input type="checkbox"/> An alien authorized to work until _____</p> <p>(Alien # or Admission #) _____</p>
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Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
	OR	AND
1. U.S. Passport (unexpired or expired)	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	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



PAYROLL DEDUCTIONS

Various payroll deductions are made each payday in order to fulfill federal and state government requirements. Deductions will be made for the following reasons:

- (a) Federal income tax (withholding tax);
- (b) State income tax;
- (c) Federal Insurance Contribution Act (social security/medicare);
- (d) Employee's share of insurance premiums or any other benefit program;
- (e) Any court-ordered deductions or garnishments;
- (f) Any indebtedness or obligation of the employee to the company, including but not limited to: loans, advances, phone, tools, uniforms, etc.; and
- (g) Any voluntary deductions

Review the itemized deductions on your paycheck stub each payday and contact your supervisor if there are any errors. If any issues regarding the employee's receipt of the proper amount of compensation are not resolved within ten days, employees are required to notify the Company in writing of the compensation they contend is due. If you do not submit a written notice of a question or problem with your compensation, you will be understood to have acknowledged that the amount of compensation you received is correct.

Tax withholdings are based on the information submitted on your W-4 and A-4 form. Each employee is responsible for the accuracy of the forms and updating the information when necessary.

By signing this form, you acknowledge, authorize and consent that your paychecks will be subject to deductions as described in this policy.

Employer Name: _____

Employee Name: _____

Employee Signature: _____ Date: _____



2151 E. Broadway Rd. Suite 206
Tempe, AZ 85282
(480) 967-6466 (480) 967-7114 Fax

Payroll Direct Deposit Authorization Form

I authorize you and the financial institution named below to automatically deposit my net pay to my account (this includes my authorization to you to reverse any entries made in error). This authority will remain in effect until I give written notice to the payroll department.

Date _____

Employee Name _____

Financial Institution Name _____

Financial Institution City, State, Zip _____

Checking Account Number _____

Savings Account Number _____

Signature _____

Please attach a voided check (or a copy of a check) for the account that you would like your net pay deposited to.