



PCA Hiring Forms (To be sent to the F.I. Department)

What does the Fiscal Intermediary (F.I.) Department do?

- Approve to Pay
- Pay Taxes
- Pay Workers' Compensation
- Pay Unemployment
- Process Legal Forms needed for you to become a business
- Process Payment when a PCA attends Orientation

Forms to send to the F.I. Department when hiring a PCA:

- W-4
- I-9
- PCA Signature Form
- Direct Deposit Application or Debit Card Enrollment Form
- Electronic Timesheet (if appropriate)
Go to: <https://tempusunlimited.org/form-finder/>
- PCA Timesheet Attestation Form
- CYMA Portal Instructions (Consumer)
- CYMA Portal Instructions (PCA)
- CYMA Portal Instructions (Surrogate)

Fax, mail or drop prior to your PCA's first day of work.

Paperwork can also be filled out online with Paperworkr (you can electronically sign using Paperworkr)
Go to: <https://paperwork.tempusunlimited.org/>

Completing New Hire Paperwork online will help to eliminate errors.

Fax: 1 (800) 359-2884

Address: Tempus Unlimited, Inc.
600 Technology Center Drive
Stoughton, MA 02072



Form Finder

Please select from the links listed below. This list is separated into categories according to the type of forms you need.

Forms from the form generator have been divided into 4 Fiscal Intermediary programs, Please explore your specific program page below to find all the forms associated to that program.

Tempus Unlimited Fiscal Intermediary Programs

▶ [Personal Care Attendant \(PCA\)](#)

- [\(PCA\) CONSUMER INFORMATION FORMS](#)
- [\(PCA\) PCA INFORMATION FORMS](#)
- [\(PCA\) FREQUENTLY ASKED QUESTIONS](#)

▶ [Consumer Directed Care \(CDC\)](#)

- [\(CDC\) EMPLOYER INFORMATION FORMS](#)
- [\(CDC\) WORKER INFORMATION FORMS](#)
- [\(CDC\) FREQUENTLY ASKED QUESTIONS](#)

▶ [Moving Forward Plan \(MFP\)](#)

- [\(MFP\) WAIVER PARTICIPANT INFORMATION FORMS](#)
- [\(MFP\) DIRECT CARE WORKER INFORMATION FORMS](#)
- [\(MFP\) FREQUENTLY ASKED QUESTIONS](#)

▶ [Veterans Independence Program \(VIP\)](#)

- [\(VIP\) EMPLOYER INFORMATION FORMS](#)
- [\(VIP\) WORKER INFORMATION FORMS](#)
- [\(VIP\) FREQUENTLY ASKED QUESTIONS](#)

Please use this program in Google Chrome

Consumers and PCAs/Workers who transitioned from Stavros/Northeast Arc who are unable to add a new PCA/Worker please email MAFMS@tempusunlimited.org attention Paperworkr Issue. Please include your name and Consumer number.

Use Paperworkr to complete your forms

Log In to Account:

Email

Password

Login

[Forgot your password?](#)

[First time users click HERE](#)

Employee's Withholding Certificate

▶ **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.**

2022

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works
 Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.
 Do **only one** of the following.
(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. . . . ▶
TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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.)

Step 3: Claim Dependents	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 and enter the total here	3	\$
Step 4 (optional): 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	4(a)	\$
	(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)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ Employee's signature (This form is not valid unless you sign it.)	_____ Date	

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) — Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$

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



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er) \$19,400 if you're head of household \$12,950 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4 5 \$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

Certificado de Retenciones del Empleado

Department of the Treasury
Internal Revenue Service

▶ **Complete el Formulario W-4(SP) para que su empleador pueda retener la cantidad correcta del impuesto federal sobre los ingresos de su paga.**

▶ **Entregue el Formulario W-4(SP) a su empleador.**

▶ **La cantidad de la retención de impuestos está sujeta a revisión por el IRS.**

2022

Paso 1:	(a) Su primer nombre e inicial del segundo	Apellido	(b) Su número de Seguro Social
Anote su información personal	Dirección (número de casa y calle o ruta rural)		▶ ¿Coincide su nombre completo y su número de Seguro Social con la información en su tarjeta? De no ser así, para asegurarse de que se le acrediten sus ganancias, comuníquese con la Administración del Seguro Social (SSA, por sus siglas en inglés) al 800-772-1213 o acceda a www.ssa.gov/espanol .
	Ciudad o pueblo, estado y código postal (ZIP)		
	C		
	(c) <input type="checkbox"/> Soltero o Casado que presenta una declaración por separado <input type="checkbox"/> Casado que presenta una declaración conjunta o Viudo que reúne los requisitos <input type="checkbox"/> Cabeza de familia (Marque solamente si no está casado y paga más de la mitad del costo de mantener una vivienda para usted y una persona calificada).		MARQUE UNA CASILLA

Complete los Pasos 2 a 4 SOLAMENTE si le aplican a usted; de lo contrario, siga al Paso 5. Vea la página 2 para obtener más información sobre cada paso, saber quién puede reclamar la exención de la retención, saber cuándo utilizar el estimador de retención de impuestos en www.irs.gov/W4AppSP y conocer acerca de su privacidad.

Paso 2: Complete este paso si (1) tiene más de un trabajo a la vez o (2) está casado y presenta una declaración conjunta y su cónyuge también trabaja. La cantidad correcta de retención depende de los ingresos obtenidos de todos los empleos. Tome **sólo una** de las siguientes opciones:

Personas con múltiples empleos o con cónyuges que trabajan

(a) Utilice el estimador de retención de impuestos en www.irs.gov/W4AppSP para calcular su retención con la mayor precisión en este paso (y en los Pasos 3 a 4); **o**

(b) Utilice la **Hoja de Trabajo para Múltiples Empleos** en la página 3 y anote el resultado en el Paso 4(c) para calcular una retención aproximada; **o**

(c) Marque este recuadro si sólo hay dos empleos en total. Haga lo mismo en el Formulario W-4(SP) para el otro empleo. Esta opción es precisa para empleos con una paga similar; de lo contrario, se le pueden retener más impuestos de lo necesario ▶

CONSEJO: Para un resultado preciso, entregue un Formulario W-4(SP) de 2022 en todos los otros empleos. Si usted (o su cónyuge) tiene ingresos del trabajo por cuenta propia, incluidos los ingresos como contratista independiente, utilice el estimador.

Complete los Pasos 3 a 4(b) en el Formulario W-4(SP) para sólo UNO de sus empleos. Deje esas líneas en blanco para los otros empleos. (Su cálculo de la retención será más preciso si completa los Pasos 3 a 4(b) en el Formulario W-4(SP) para el empleo que le paga el salario más alto).

Paso 3:	Si su ingreso total va a ser \$200,000 o menos (\$400,000 o menos si es casado que presenta una declaración conjunta):		
Reclamación de dependientes	Multiplique la cantidad de hijos calificados menores de 17 años por \$2,000 ▶ \$		
	Multiplique el número de otros dependientes por \$500 ▶ \$		
	Sume las cantidades anteriores y anote el total aquí	3	\$
Paso 4 (opcional):	(a) Otros ingresos (no incluya los ingresos de ningún empleo). Si desea que se le retengan impuestos por otros ingresos que espera este año que no tendrán retenciones, anote aquí la cantidad de los otros ingresos. Esto puede incluir intereses, dividendos e ingresos por jubilación	4(a)	\$
Otros ajustes	(b) Deducciones. Si espera reclamar deducciones diferentes a la deducción estándar y desea reducir su retención, utilice la Hoja de Trabajo para Deducciones en la página 3 y anote el resultado aquí	4(b)	\$
	(c) Retención adicional. Anote todo impuesto adicional que desee que se le retenga en cada período de pago	4(c)	\$

Paso 5: Bajo pena de perjurio, declaro haber examinado este certificado y que, a mi leal saber y entender, es verídico, correcto y completo.

Firme aquí ▶ _____ ▶ **Fecha**

Firma del empleado (Este formulario no es válido a menos que usted lo firme).

Para uso exclusivo del empleador	Nombre y dirección del empleador	Primera fecha de empleo	Número de identificación del empleador (EIN)
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Instrucciones Generales

Las secciones a las cuales se hace referencia abajo corresponden al Código Federal de Impuestos Internos a menos que se indique de otra manera.

Acontecimientos Futuros

Para la información más reciente sobre los acontecimientos relacionados al Formulario W-4(SP), como legislación tributaria promulgada después de que éste ha sido publicado, visite www.irs.gov/FormW4SP.

Propósito del Formulario

Complete el Formulario W-4(SP) para que su empleador pueda retener la cantidad correcta del impuesto federal sobre los ingresos de su paga. Si no se le retiene una cantidad suficiente, por lo general, adeudará impuestos cuando presente su declaración de impuestos y puede estar sujeto a una multa. Si se le retiene demasiado, por lo general, recibirá un reembolso. Complete un Formulario W-4(SP) nuevo cuando cambios a su situación personal o financiera modificaran las entradas en el formulario. Para obtener más información sobre la retención y cuándo presentar un Formulario W-4(SP) nuevo, vea la Publicación 505, *Tax Withholding and Estimated Tax* (Retención de impuestos e impuesto estimado), en inglés.

Exención de la retención. Puede reclamar la exención de la retención para 2022 si **ambas** situaciones a continuación le corresponden: para 2021, usted **no** tenía obligación tributaria federal y para 2022, usted espera **no** tener obligación tributaria federal. Usted no adeudó ningún impuesto federal sobre los ingresos en 2021 si (1) su impuesto total en la línea **24** de su Formulario 1040, 1040(SP), 1040-SR o 1040-SR(SP) de 2021 es cero (o si la línea **24** es menor que la suma de las líneas **27a**, **28**, **29** y **30**) o (2) no estaba obligado a presentar una declaración de impuestos porque su ingreso estaba por debajo del umbral de presentación para su estado civil para efectos de la declaración correcta. Si reclama una exención, no se le retendrá ningún impuesto sobre los ingresos de su cheque de paga y puede estar sujeto a impuestos y multas cuando presente su declaración de impuestos de 2022. Para reclamar la exención de la retención, certifique que cumple con ambas condiciones anteriores escribiendo “*Exempt*” (Exento) en el Formulario W-4(SP) en el espacio debajo del Paso 4(c). Luego, complete los Pasos 1(a), 1(b) y 5. No complete ningún otro paso en el Formulario W-4(SP). Si reclama una exención de la retención, deberá presentar un Formulario W-4(SP) nuevo antes del 15 de febrero de 2023.

Su privacidad. Si prefiere limitar la información proporcionada en los Pasos 2 a 4, utilice el estimador de retención de impuestos en línea, el cual también aumentará la precisión.

Como alternativa al estimador de retención de impuestos: si le preocupa divulgar su información en el Paso 2(c), puede escoger el Paso 2(b); si le preocupa divulgar su información en el Paso 4(a), puede anotar una cantidad adicional que desea que se le retenga por cada período de pago en el Paso 4(c). Si éste es el único empleo en su unidad familiar, puede marcar el recuadro en el Paso 2(c), lo cual aumentará su retención y reducirá significativamente su cheque de paga (a menudo por miles de dólares a lo largo del año).

Cuándo usar el estimador de retención de impuestos. Considere usar el estimador de retención de impuestos en www.irs.gov/W4AppSP si usted:

1. Espera trabajar sólo parte del año;
2. Tiene ingresos por dividendos o ganancias de capital o sus ingresos están sujetos a impuestos adicionales, como el Impuesto Adicional del *Medicare*;
3. Tiene ingresos del trabajo por cuenta propia (vea a continuación). Por lo general, adeudará tanto el impuesto sobre los ingresos como el impuesto sobre el trabajo por cuenta propia por cualquier ingreso del trabajo por cuenta propia que reciba, aparte del salario que reciba como empleado; o
4. Prefiere determinar su retención con mayor precisión para situaciones de múltiples empleos.

Ingresos del trabajo por cuenta propia. Por lo general, adeudará tanto el impuesto sobre los ingresos como el impuesto sobre el trabajo por cuenta propia por cualquier ingreso que reciba, aparte del salario que reciba como empleado. Si quiere pagar estos impuestos del medio de la retención de sus salarios, use el estimador de retención de impuestos en www.irs.gov/W4AppSP para calcular la cantidad que se tiene que retener.

Extranjero no residente. Si es extranjero no residente, vea el Aviso 1392, *Supplemental Form W-4 Instructions for Nonresident Aliens* (Instrucciones suplementarias del Formulario W-4 para extranjeros no residentes), en inglés, antes de completar este formulario.

Instrucciones Específicas

Paso 1(c). Verifique su estado civil anticipado para efectos de la declaración. Esto determinará la deducción estándar y las tasas de impuesto utilizadas para calcular su retención.

Paso 2. Utilice este paso si (1) tiene más de un trabajo a la vez o (2) es casado que presenta una declaración conjunta y tanto su cónyuge como usted trabajan.

La opción **(a)** calcula con mayor precisión el impuesto adicional que se le tiene que retener, mientras que la opción **(b)** lo calcula con menor precisión.

Si usted (y su cónyuge) tiene sólo un total de dos empleos, puede marcar el recuadro en la opción **(c)**. El recuadro también tiene que estar marcado en el Formulario W-4(SP) para el otro empleo. Si el recuadro está marcado, la deducción estándar y las escalas de impuestos para cada empleo se reducirán a la mitad para calcular la retención. Esta opción es más o menos precisa para empleos con remuneración similar; de no ser así, se le pueden retener más impuestos de lo necesario y esta cantidad adicional será mayor, mientras más grande sea la diferencia salarial entre los dos empleos.

Múltiples empleos. Complete los Pasos 3 a 4(b) en sólo un Formulario W-4(SP). La retención se calculará con mayor precisión si hace esto en el Formulario W-4(SP) para el empleo que le paga el salario más alto.

Paso 3. Este paso provee instrucciones para determinar la cantidad del crédito tributario por hijos y el crédito por otros dependientes que puede reclamar cuando presente su declaración de impuestos. Para ser considerado hijo calificado para propósitos del crédito tributario por hijos, el hijo tiene que ser menor de 17 años de edad para el 31 de diciembre, tiene que ser su dependiente que, por lo general, vive con usted por más de la mitad del año y tiene que tener un número de Seguro Social válido. Es posible que pueda reclamar un crédito por otros dependientes por los cuales no puede reclamar un crédito tributario por hijos, como un hijo mayor o un pariente calificado. Para informarse sobre los requisitos adicionales de estos créditos, vea la Publicación 501, *Dependents, Standard Deduction, and Filing Information* (Dependientes, deducción estándar e información para la presentación de la declaración), en inglés. También puede incluir **otros créditos tributarios** para los cuales usted es elegible en este paso, como el crédito por impuestos extranjeros y los créditos tributarios por estudios. Para hacerlo, sume una cantidad estimada para el año a sus créditos por dependientes y anote la cantidad total en el Paso 3. La inclusión de estos créditos aumentará su cheque de paga y reducirá la cantidad de cualquier reembolso que pueda recibir cuando presente su declaración de impuestos.

Paso 4 (opcional).

Paso 4(a). Anote en este paso el total de sus otros ingresos estimados para el año, si corresponde. No debe incluir los ingresos de ningún empleo o ingresos del trabajo por cuenta propia. Si completa el Paso 4(a), es probable que no tenga que hacer pagos de impuesto estimado para ese ingreso. Si prefiere pagar el impuesto estimado en lugar de tener impuestos sobre otros ingresos retenidos de su cheque de paga, vea el Formulario 1040-ES, *Estimated Tax for Individuals* (Impuesto estimado para personas físicas), en inglés.

Paso 4(b). Anote en este paso la cantidad proveniente de la línea 5 de la **Hoja de Trabajo para Deducciones** si espera reclamar otras deducciones que no sean la deducción estándar básica en su declaración de impuestos de 2022 y desea reducir su retención para contabilizar estas deducciones. Esto incluye sus deducciones detalladas y otras deducciones, como los intereses de préstamos estudiantiles y las contribuciones a los arreglos *IRA*.

Paso 4(c). Anote en este paso cualquier impuesto adicional que desee retener de su paga en **cada período de pago**, incluida cualquier cantidad proveniente de la línea 4 de la **Hoja de Trabajo para Múltiples Empleos**. El anotar una cantidad aquí reducirá su cheque de paga y aumentará su reembolso o reducirá cualquier cantidad de impuesto que usted adeude.

Paso 2(b) – Hoja de Trabajo para Múltiples Empleos (Guardar en sus archivos)



Complete esta hoja de trabajo si escoge la opción en el Paso 2(b) del Formulario W-4(SP) (la cual calcula el impuesto total adicional para todos los empleos) sólo en UN Formulario W-4(SP). La retención de impuestos será calculada con mayor precisión si completa la hoja de trabajo y si anota el resultado en el Formulario W-4(SP) para el empleo que le paga el salario MÁS ALTO.

Nota: Si más de un empleo tiene salarios anuales de más de \$120,000 o si existen más de tres empleos, vea la Publicación 505 para ver tablas adicionales; o puede utilizar el estimador de retención de impuestos en www.irs.gov/W4AppSP.

- 1 Dos empleos. Si tiene dos empleos o si está casado y presenta una declaración conjunta y usted y su cónyuge cada uno tiene un empleo, encuentre la cantidad en la tabla correspondiente en la página 4. Utilizando la fila "Empleo que le paga el salario tributable anual MÁS ALTO" y la columna "Empleo que le paga el salario tributable anual MÁS BAJO", encuentre el valor en la intersección de los dos salarios de la unidad familiar y anote ese valor en la línea 1. Luego, pase a la línea 3 1 \$
2 Tres empleos. Si usted y/o su cónyuge tienen tres empleos a la vez, complete las líneas 2a, 2b y 2c a continuación. De lo contrario, pase a la línea 3.
a Encuentre la cantidad de la tabla correspondiente en la página 4 utilizando los salarios anuales del empleo que paga mejor en la fila "Empleo que le paga el salario tributable anual MÁS ALTO" y los salarios anuales para el siguiente trabajo que le paga mejor en la columna "Empleo que le paga el salario tributable anual MÁS BAJO". Encuentre el valor en la intersección de los dos salarios de la unidad familiar y anote el resultado en la línea 2a 2a \$
b Sume los salarios anuales de la línea 2a de los dos empleos mejor pagados y utilice ese total como los salarios en la fila "Empleo que le paga el salario tributable anual MÁS ALTO" y utilice los salarios anuales para su tercer trabajo en la columna "Empleo que le paga el salario tributable anual MÁS BAJO" para encontrar la cantidad de la tabla correspondiente en la página 4 y anote el resultado en la línea 2b 2b \$
c Sume las cantidades de las líneas 2a y 2b y anote el resultado en la línea 2c 2c \$
3 Anote el número de períodos de pago por año para el empleo que le paga el salario MÁS ALTO. Por ejemplo, si ese empleo paga semanalmente, anote 52; si paga cada 2 semanas, anote 26; si paga mensualmente, anote 12, etcétera 3
4 Divida la cantidad anual en la línea 1 o la línea 2c por el número de períodos de pago en la línea 3. Anote esta cantidad aquí y en el Paso 4(c) del Formulario W-4(SP) para el empleo que le paga el salario MÁS ALTO (junto con cualquier otra retención adicional que desee) 4 \$

Paso 4(b) – Hoja de Trabajo para Deducciones (Guardar en sus archivos)



- 1 Anote un estimado de sus deducciones detalladas de 2022 (provenientes del Anexo A (Formulario 1040)). Dichas deducciones pueden incluir intereses hipotecarios de vivienda calificados, donaciones caritativas, impuestos estatales y locales (hasta \$10,000) y gastos médicos que excedan del 7.5% de sus ingresos 1 \$
2 Anote: { \$25,900 si es casado que presenta una declaración conjunta o es viudo que reúne los requisitos; \$19,400 si es cabeza de familia; \$12,950 si es soltero o casado que presenta una declaración por separado } 2 \$
3 Si la línea 1 es mayor que la línea 2, reste la línea 2 de la línea 1 y anote el resultado aquí. Si la línea 2 es mayor que la línea 1, anote "-0-" 3 \$
4 Anote un estimado de los intereses de préstamos estudiantiles, las contribuciones a los arreglos IRA deducibles y otros ajustes a los ingresos (provenientes de la Parte II del Anexo 1 (Formulario 1040(SP))). Vea la Publicación 505 para más información 4 \$
5 Sume las líneas 3 y 4. Anote el resultado aquí y en el Paso 4(b) del Formulario W-4(SP) 5 \$

Aviso sobre la Ley de Confidencialidad de Información y la Ley de Reducción de Trámites. Solicitamos la información requerida en este formulario para cumplir con las leyes que rigen la recaudación de los impuestos internos de los Estados Unidos. El Código de Impuestos Internos requiere esta información conforme a las secciones 3402(f)(2) y 6109 y su reglamentación; su empleador la utiliza para determinar la cantidad que le tiene que retener por concepto de impuesto federal sobre los ingresos. El no presentar un formulario debidamente completado resultará en que se le considere una persona soltera que no reclama ningún descuento en la retención; el proporcionar información fraudulenta puede exponerlo a multas. El uso normal de esta información incluye el compartir dicha información con el Departamento de Justicia en sus casos de litigio civil y penal y también con las ciudades, estados, el Distrito de Columbia, estados libres asociados con los EE. UU. y posesiones (territorios) estadounidenses, a fin de ayudarlos en aplicar sus leyes tributarias respectivas, y también al Department of Health and Human Services (Departamento de Salud y Servicios Humanos) para propósitos del National Directory of New Hires (Directorio nacional de personas recién empleadas). Podemos divulgar esta información también a otros países conforme a 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 u OMB, por sus siglas en inglés). Los libros o registros relativos a un formulario o sus instrucciones tienen que 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 lo requiere 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 los ingresos.

Si desea hacer alguna sugerencia para simplificar este formulario, por favor envíenosla. Vea las instrucciones para la declaración de impuestos sobre los ingresos.

Casado que presenta una declaración conjunta o Viudo que reúne los requisitos

Empleo que le paga el salario tributable anual MÁS ALTO	Empleo que le paga el salario tributable anual MÁS BAJO											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 y más	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Soltero o Casado que presenta una declaración por separado

Empleo que le paga el salario tributable anual MÁS ALTO	Empleo que le paga el salario tributable anual MÁS BAJO											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 y más	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Cabeza de familia

Empleo que le paga el salario tributable anual MÁS ALTO	Empleo que le paga el salario tributable anual MÁS BAJO											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,330	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,640	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 y más	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



Instructions for Form I-9, Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Anti-Discrimination Notice. It is illegal to discriminate against work-authorized individuals in hiring, firing, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) the employee may present to establish employment authorization. The employer must allow the employee to choose the documents to be presented from the Lists of Acceptable Documents, found on the last page of Form I-9. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, contact the Immigrant and Employee Rights Section (IER) in the Department of Justice's Civil Rights Division at <https://www.justice.gov/ier>.

What is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011.

General Instructions

Both employers and employees are responsible for completing their respective sections of Form I-9. 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, as defined in section 3 of the Migrant and Seasonal Agricultural Worker Protection Act, Public Law 97-470 (29 U.S.C. 1802). An "employee" is a person who performs labor or services in the United States for an employer in return for wages or other remuneration. The term "Employee" does not include those who do not receive any form of remuneration (volunteers), independent contractors or those engaged in certain casual domestic employment. Form I-9 has three sections. Employees complete Section 1. Employers complete Section 2 and, when applicable, Section 3. Employers may be fined if the form is not properly completed. See 8 USC § 1324a and 8 CFR § 274a.10. Individuals may be prosecuted for knowingly and willfully entering false information on the form. Employers are responsible for retaining completed forms. **Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).**

These instructions will assist you in properly completing Form I-9. The employer must ensure that all pages of the instructions and Lists of Acceptable Documents are available, either in print or electronically, to all employees completing this form. When completing the form on a computer, the English version of the form includes specific instructions for each field and drop-down lists for universally used abbreviations and acceptable documents. To access these instructions, move the cursor over each field or click on the question mark symbol (?) within the field. Employers and employees can also access this full set of instructions at any time by clicking the Instructions button at the top of each page when completing the form on a computer that is connected to the Internet.

Employers and employees may choose to complete any or all sections of the form on paper or using a computer, or a combination of both. Forms I-9 obtained from the USCIS website are not considered electronic Forms I-9 under DHS regulations and, therefore, cannot be electronically signed. Therefore, regardless of the method you used to enter information into each field, you must print a hard copy of the form, then sign and date the hard copy by hand where required.

Employers can obtain a blank copy of Form I-9 from the USCIS website at <https://www.uscis.gov/i-9>. This form is in portable document format (.pdf) that is fillable and savable. That means that you may download it, or simply print out a blank copy to enter information by hand. You may also request paper Forms I-9 from USCIS.

Certain features of Form I-9 that allow for data entry on personal computers may make the form appear to be more than two pages. When using a computer, Form I-9 has been designed to print as two pages. Using more than one preparer and/or translator will add an additional page to the form, regardless of your method of completion. You are not required to print, retain or store the page containing the Lists of Acceptable Documents.

The form will also populate certain fields with N/A when certain user choices ensure that particular fields will not be completed. The Print button located at the top of each page that will print any number of pages the user selects. Also, the Start Over button located at the top of each page will clear all the fields on the form.

The Spanish version of Form I-9 does not include the additional instructions and drop-down lists described above. Employers in Puerto Rico may use either the Spanish or English version of the form. Employers outside of Puerto Rico must retain the English version of the form for their records, but may use the Spanish form as a translation tool. Additional guidance to complete the form may be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) and on USCIS' Form I-9 website, [I-9 Central](#).

Completing Section I: Employee Information and Attestation

You, the employee, must complete each field in Section 1 as described below. Newly hired employees must complete and sign Section 1 no later than the first day of employment. Section 1 should never be completed before you have accepted a job offer.

Entering Your Employee Information

Last Name (Family Name): Enter your full legal last name. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the Last Name field. *Examples of correctly entered last names include: De La Cruz, O'Neill, Garcia Lopez, Smith-Johnson, Nguyen.* If you only have one name, enter it in this field, then enter "Unknown" in the First Name field. You may not enter "Unknown" in both the Last Name field and the First Name field.

First Name (Given Name): Enter your full legal first name. Your first name is your given name. *Some examples of correctly entered first names include: Jessica, John-Paul, Tae Young, D'Shaun, Mai.* If you only have one name, enter it in the Last Name field, then enter "Unknown" in this field. You may not enter "Unknown" in both the First Name field and the Last Name field.

Middle Initial: Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any. If you have more than one middle name, enter the first letter of your first middle name. If you do not have a middle name, enter N/A in this field.

Other Last Names Used: Provide all other last names used, if any (e.g., maiden name). Enter N/A if you have not used other last names. For example, if you legally changed your last name from Smith to Jones, you should enter the name Smith in this field.

Address (Street Name and Number): Enter the street name and number of the current address of your residence. If you are a border commuter from Canada or Mexico, you may enter your Canada or Mexico address in this field. If your residence does not have a physical address, enter a description of the location of your residence, such as "3 miles southwest of Anytown post office near water tower."

Apartment: Enter the number(s) or letter(s) that identify(ies) your apartment. If you do not live in an apartment, enter N/A.

City or Town: Enter your city, town or village in this field. If your residence is not located in a city, town or village, enter your county, township, reservation, etc., in this field. If you are a border commuter from Canada, enter your city and province in this field. If you are a border commuter from Mexico, enter your city and state in this field.

State: Enter the abbreviation of your state or territory in this field. If you are a border commuter from Canada or Mexico, enter your country abbreviation in this field.

ZIP Code: Enter your 5-digit ZIP code. If you are a border commuter from Canada or Mexico, enter your 5- or 6-digit postal code in this field.

Date of Birth (mm/dd/yyyy): Enter your date of birth as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 1980 as 01/08/1980.

U.S. Social Security Number: Providing your 9-digit Social Security number is voluntary on Form I-9 unless your employer participates in E-Verify. If your employer participates in E-Verify and:

1. You have been issued a Social Security number, you must provide it in this field; or
2. You have applied for, but have not yet received a Social Security number, leave this field blank until you receive a Social Security number.

Employee's E-mail Address (Optional): Providing your e-mail address is optional on Form I-9, but the field cannot be left blank. To enter your e-mail address, use this format: name@site.domain. One reason Department of Homeland Security (DHS) may e-mail you is if your employer uses E-Verify and DHS learns of a potential mismatch between the information provided and the information in government records. This e-mail would contain information on how to begin to resolve the potential mismatch. You may use either your personal or work e-mail address in this field. Enter N/A if you do not enter your e-mail address.

Employee's Telephone Number (Optional): Providing your telephone number is optional on Form I-9, but the field cannot be left blank. If you enter your area code and telephone number, use this format: 000-000-0000. Enter N/A if you do not enter your telephone number.

Attesting to Your Citizenship or Immigration Status

You must select one box to attest to your citizenship or immigration status.

- 1. A citizen of the United States.**
- 2. A noncitizen national of the United States:** An individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
- 3. A lawful permanent resident:** An individual who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. This term includes conditional residents. Asylees and refugees should not select this status, but should instead select "An Alien authorized to work" below.

If you select "lawful permanent resident," enter your 7- to 9-digit Alien Registration Number (A-Number), including the "A," or USCIS Number in the space provided. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

- 4. An alien authorized to work:** An individual who is not a citizen or national of the United States, or a lawful permanent resident, but is authorized to work in the United States.

If you select this box, enter the date that your employment authorization expires, if any, in the space provided. In most cases, your employment authorization expiration date is found on the document(s) evidencing your employment authorization. Refugees, asylees and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other aliens whose employment authorization does not have an expiration date should enter N/A in the Expiration Date field. In some cases, such as if you have Temporary Protected Status, your employment authorization may have been automatically extended; in these cases, you should enter the expiration date of the automatic extension in this space.

Aliens authorized to work must enter one of the following to complete Section 1:

1. Alien Registration Number (A-Number)/USCIS Number; or
2. Form I-94 Admission Number; or
3. Foreign Passport Number and the Country of Issuance.

Your employer may not ask you to present the document from which you supplied this information.

Alien Registration Number/USCIS Number: Enter your 7- to 9-digit Alien Registration Number (A-Number), including the "A," or your USCIS Number in this field. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. If you do not provide an A-Number or USCIS Number, enter N/A in this field then enter either a Form I-94 Admission Number, or a Foreign Passport and Country of Issuance in the fields provided.

Form I-94 Admission Number: Enter your 11-digit I-94 Admission Number in this field. If you do not provide an I-94 Admission Number, enter N/A in this field, then enter either an Alien Registration Number/USCIS Number or a Foreign Passport Number and Country of Issuance in the fields provided.

Foreign Passport Number: Enter your Foreign Passport Number in this field. If you do not provide a Foreign Passport Number, enter N/A in this field, then enter either an Alien Number/USCIS Number or a I-94 Admission Number in the fields provided.

Country of Issuance: If you entered your Foreign Passport Number, enter your Foreign Passport's Country of Issuance. If you did not enter your Foreign Passport Number, enter N/A.

Signature of Employee: After completing Section 1, sign your name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing this form, you attest under penalty of perjury (28 U.S.C. § 1746) that the information you provided, along with the citizenship or immigration status you selected, and all information and documentation you provide to your employer, is complete, true and correct, and you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form. Further, falsely attesting to U.S. citizenship may subject employees to penalties, removal proceedings and may adversely affect an employee's ability to seek future immigration benefits. If you cannot sign your name, you may place a mark in this field to indicate your signature. Employees who use a preparer or translator to help them complete the form must still sign or place a mark in the Signature of Employee field on the printed form.

If you used a preparer, translator, and other individual to assist you in completing Form I-9:

- Both you and your preparer(s) and/or translator(s) must complete the appropriate areas of Section 1, and then sign Section 1. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to sign these fields. You and your preparer(s) and/or translator(s) also should review the instructions for **Completing the Preparer and/or Translator Certification** below.
- If the employee is a minor (individual under 18) who cannot present an identity document, the employee's parent or legal guardian can complete Section 1 for the employee and enter "minor under age 18" in the signature field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The minor's parent or legal guardian should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on completion of Form I-9 for minors. If the minor's employer participates in E-Verify, the employee must present a list B identity document with a photograph to complete Form I-9.
- If the employee is a person with a disability (who is placed in employment by a nonprofit organization, association or as part of a rehabilitation program) who cannot present an identity document, the employee's parent, legal guardian or a representative of the nonprofit organization, association or rehabilitation program can complete Section 1 for the employee and enter "Special Placement" in this field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The parent, legal guardian or representative of the nonprofit organization, association or rehabilitation program completing Section 1 for the employee should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on completion of Form I-9 for certain employees with disabilities.

Today's Date: Enter the date you signed Section 1 in this field. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014. A preparer or translator who assists the employee in completing Section 1 may enter the date the employee signed or made a mark to sign Section 1 in this field. Parents or legal guardians assisting minors (individuals under age 18) and parents, legal guardians or representatives of a nonprofit organization, association or rehabilitation program assisting certain employees with disabilities must enter the date they completed Section 1 for the employee.

Completing the Preparer and/or Translator Certification

If you did not use a preparer or translator to assist you in completing Section 1, you, the employee, must check the box marked **I did not use a Preparer or Translator**. If you check this box, leave the rest of the fields in this area blank.

If one or more preparers and/or translators assist the employee in completing the form using a computer, the preparer and/or translator must check the box marked "**A preparer(s) and/or translator(s) assisted the employee in completing Section 1**", then select the number of Certification areas needed from the dropdown provided. Any additional Certification areas generated will result in an additional page. [The Form I-9 Supplement](#), Section 1 Preparer and/or Translator Certification, can be separately downloaded from the USCIS Form I-9 webpage, which provides additional Certification areas for those completing Form I-9 using a computer who need more Certification areas than the 5 provided or those who are completing Form I-9 on paper. The first preparer and/or translator must complete all the fields in the Certification area on the same page the employee has signed. There is no limit to the number of preparers and/or translators an employee can use, but each additional preparer and/or translator must complete and sign a separate Certification area. Ensure the employee's last name, first name and middle initial are entered at the top of any additional pages. The employer must ensure that any additional pages are retained with the employee's completed Form I-9.

Signature of Preparer or Translator: Any person who helped to prepare or translate Section 1 of Form I-9 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. The Preparer and/or Translator Certification must also be completed if “Individual under Age 18” or “Special Placement” is entered in lieu of the employee’s signature in Section 1.

Today's Date: The person who signs the Preparer and/or Translator Certification must enter the date he or she signs in this field on the printed form. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Last Name (*Family Name*): Enter the full legal last name of the person who helped the employee in preparing or translating Section 1 in this field. The last name is also the family name or surname. If the preparer or translator has two last names or a hyphenated last name, include both names in this field.

First Name (*Given Name*): Enter the full legal first name of the person who helped the employee in preparing or translating Section 1 in this field. The first name is also the given name.

Address (*Street Name and Number*): Enter the street name and number of the current address of the residence of the person who helped the employee in preparing or translating Section 1 in this field. Addresses for residences in Canada or Mexico may be entered in this field. If the residence does not have a physical address, enter a description of the location of the residence, such as “3 miles southwest of Anytown post office near water tower.” If the residence is an apartment, enter the apartment number in this field.

City or Town: Enter the city, town or village of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the residence is not located in a city, town or village, enter the name of the county, township, reservation, etc., in this field. If the residence is in Canada, enter the city and province in this field. If the residence is in Mexico, enter the city and state in this field.

State: Enter the abbreviation of the state, territory or country of the preparer or translator’s residence in this field.

ZIP Code: Enter the 5-digit ZIP code of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the preparer or translator's residence is in Canada or Mexico, enter the 5- or 6-digit postal code.

Presenting Form I-9 Documents

Within 3 business days of starting work for pay, you must present to your employer documentation that establishes your identity and employment authorization. For example, if you begin employment on Monday, you must present documentation on or before Thursday of that week. However, if you were hired to work for less than 3 business days, you must present documentation no later than the first day of employment.

Choose which unexpired document(s) to present to your employer from the Lists of Acceptable Documents. An employer cannot specify which document(s) you may present from the Lists of Acceptable Documents. You may present either one selection from List A or a combination of one selection from List B and one selection from List C. Some List A documents, which show both identity and employment authorization, are combination documents that must be presented together to be considered a List A document: for example, the foreign passport together with a Form I-94 containing an endorsement of the alien’s nonimmigrant status and employment authorization with a specific employer incident to such status. List B documents show identity only and List C documents show employment authorization only. If your employer participates in E-Verify and you present a List B document, the document must contain a photograph. If you present acceptable List A documentation, you should not be asked to present, nor should you provide, List B and List C documentation. If you present acceptable List B and List C documentation, you should not be asked to present, nor should you provide, List A documentation. If you are unable to present a document(s) from these lists, you may be able to present an acceptable receipt. Refer to the Receipts section below.

Your employer must review the document(s) you present to complete Form I-9. If your document(s) reasonably appears to be genuine and to relate to you, your employer must accept the documents. If your document(s) does not reasonably appear to be genuine or to relate to you, your employer must reject it and provide you with an opportunity to present other documents from the Lists of Acceptable Documents. Your employer may choose to make copies of your document(s), but must return the original(s) to you. Your employer must review your documents in your physical presence.

Your employer will complete the other parts of this form, as well as review your entries in Section 1. Your employer may ask you to correct any errors found. Your employer is responsible for ensuring all parts of Form I-9 are properly completed and is subject to penalties under federal law if the form is not completed correctly.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on minors and certain individuals with disabilities.

Receipts

If you do not have unexpired documentation from the Lists of Acceptable Documents, you may be able to present a receipt(s) in lieu of an acceptable document(s). New employees who choose to present a receipt(s) must do so within three business days of their first day of employment. If your employer is reverifying your employment authorization, and you choose to present a receipt for reverification, you must present the receipt by the date your employment authorization expires. Receipts are not acceptable if employment lasts fewer than three business days.

There are three types of acceptable receipts:

1. A receipt showing that you have applied to replace a document that was lost, stolen or damaged. You must present the actual document within 90 days from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.
2. The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual. You must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of admission.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. You must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security Card within 90 days from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.

Receipts showing that you have applied for an initial grant of employment authorization, or for renewal of your expiring or expired employment authorization, are not acceptable.

Completing Section 2: Employer or Authorized Representative Review and Verification

You, the employer, must ensure that all parts of Form I-9 are properly completed and may be subject to penalties under federal law if the form is not completed correctly. Section 1 must be completed no later than the employee's first day of employment. You may not ask an individual to complete Section 1 before he or she has accepted a job offer. Before completing Section 2, you should review Section 1 to ensure the employee completed it properly. If you find any errors in Section 1, have the employee make corrections, as necessary and initial and date any corrections made.

You may designate an authorized representative to act on your behalf to complete Section 2. An authorized representative can be any person you designate to complete and sign Form I-9 on your behalf. You are liable for any violations in connection with the form or the verification process, including any violations of the employer sanctions laws committed by the person designated to act on your behalf.

You or your authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, you must review the employee's documentation and complete Section 2 on or before Thursday of that week. However, if you hire an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment.

Entering Employee Information from Section 1

This area, titled, "Employee Info from Section 1" contains fields to enter the employee's last name, first name, middle initial exactly as he or she entered them in Section 1. This area also includes a Citizenship/Immigration Status field to enter the number of the citizenship or immigration status checkbox the employee selected in Section 1. These fields help to ensure that the two pages of an employee's Form I-9 remain together. When completing Section 2 using a computer, the number entered in the Citizenship/Immigration Status field provides drop-downs that directly relate to the employee's selected citizenship or immigration status.

Entering Documents the Employee Presents

You, the employer or authorized representative, must physically examine, in the employee's physical presence, the unexpired document(s) the employee presents from the Lists of Acceptable Documents to complete the Document fields in Section 2.

You cannot specify which document(s) an employee may present from these lists. If you discriminate in the Form I-9 process based on an individual's citizenship status, immigration status, or national origin, you may be in violation of the law and subject to sanctions such as civil penalties and be required to pay back pay to discrimination victims. A document is acceptable as long as it reasonably appears to be genuine and to relate to the person presenting it. Employees must present one selection from List A or a combination of one selection from List B and one selection from List C.

List A documents show both identity and employment authorization. Some List A documents are combination documents that must be presented together to be considered a List A document, such as a foreign passport together with a Form I-94 containing an endorsement of the alien's nonimmigrant status.

List B documents show identity only, and List C documents show employment authorization only. If an employee presents a List A document, do not ask or require the employee to present List B and List C documents, and vice versa. If an employer participates in E-Verify and the employee presents a List B document, the List B document must include a photograph.

If an employee presents a receipt for the application to replace a lost, stolen or damaged document, the employee must present the replacement document to you within 90 days of the first day of work for pay, or in the case of reverification, within 90 days of the date the employee's employment authorization expired. Enter the word "Receipt" followed by the title of the receipt in Section 2 under the list that relates to the receipt.

When your employee presents the replacement document, draw a line through the receipt, then enter the information from the new document into Section 2. Other receipts may be valid for longer or shorter periods, such as the arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual, which is valid until the expiration date of the temporary I-551 stamp or, if there is no expiration date, valid for one year from the date of admission.

Ensure that each document is an unexpired, original (no photocopies, except for certified copies of birth certificates) document. Certain employees may present an expired employment authorization document, which may be considered unexpired, if the employee's employment authorization has been extended by regulation or a Federal Register Notice. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) or [I-9 Central](#) for more guidance on these special situations.

Refer to the M-274 for guidance on how to handle special situations, such as students (who may present additional documents not specified on the Lists) and H-1B and H-2A nonimmigrants changing employers.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the M-274 for more guidance on minors and certain persons with disabilities. If the minor's employer participates in E-Verify, the minor employee also must present a List B identity document with a photograph to complete Form I-9.

You must return original document(s) to the employee, but may make photocopies of the document(s) reviewed. Photocopying documents is voluntary unless you participate in E-Verify. E-Verify employers are only required to photocopy certain documents. If you are an E-Verify employer who chooses to photocopy documents other than those you are required to photocopy, you should apply this policy consistently with respect to Form I-9 completion for all employees. For more information on the types of documents that an employer must photocopy if the employer uses E-Verify, visit E-Verify's website at www.everify.gov. For non-E-Verify employers, if photocopies are made, they should be made consistently for ALL new hires and reverified employees.

Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or another federal government agency. You must always complete Section 2 by reviewing original documentation, even if you photocopy an employee's document(s) after reviewing the documentation. Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. You are still responsible for completing and retaining Form I-9.

List A - Identity and Employment Authorization: If the employee presented an acceptable document(s) from List A or an acceptable receipt for a List A document, enter the document(s) information in this column. If the employee presented a List A document that consists of a combination of documents, enter information from each document in that combination in a separate area under List A as described below. All documents must be unexpired. If you enter document information in the List A column, you should not enter document information or N/A in the List B or List C columns. If you complete Section 2 using a computer, a selection in List A will fill all the fields in the Lists B and C columns with N/A.

Document Title: If the employee presented a document from List A, enter the title of the List A document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviation to enter the document title or issuing authority. If the employee presented a combination of documents, use the second and third Document Title fields as necessary.

Full name of List A Document	Abbreviations
U.S. Passport	U.S. Passport
U.S. Passport Card	U.S. Passport Card
Permanent Resident Card (Form I-551)	Perm. Resident Card (Form I-551)
Alien Registration Receipt Card (Form I-551)	Alien Reg. Receipt Card (Form I-551)
Foreign passport containing a temporary I-551 stamp	1. Foreign Passport 2. Temporary I-551 Stamp
Foreign passport containing a temporary I-551 printed notation on a machine-readable immigrant visa (MRIV)	1. Foreign Passport 2. Machine-readable immigrant visa (MRIV)
Employment Authorization Document (Form I-766)	Employment Auth. Document (Form I-766)
For a nonimmigrant alien authorized to work for a specific employer because of his or her status, a foreign passport with Form I-94/I-94A that contains an endorsement of the alien's nonimmigrant status	1. Foreign Passport, work-authorized non-immigrant 2. Form I-94/I94A 3. Form I-20 or Form DS-2019 Note: In limited circumstances, certain J-1 students may be required to present a letter from their Responsible Officer in order to work. Enter the document title, issuing authority, document number and expiration date from this document in the Additional Information field.
Passport from the Federated States of Micronesia (FSM) with Form I-94/I-94A	1. FSM Passport with Form I-94 2. Form I-94/I94A
Passport from the Republic of the Marshall Islands (RMI) with Form I-94/I94A	1. RMI Passport with Form I-94 2. Form I-94/I94A
Receipt: The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and photograph	Receipt: Form I-94/I-94A w/I-551 stamp, photo
Receipt: The departure portion of Form I-94/I-94A with an unexpired refugee admission stamp	Receipt: Form I-94/I-94A w/refugee stamp
Receipt for an application to replace a lost, stolen or damaged Permanent Resident Card (Form I-551)	Receipt replacement Perm. Res. Card (Form I-551)
Receipt for an application to replace a lost, stolen or damaged Employment Authorization Document (Form I-766)	Receipt replacement EAD (Form I-766)
Receipt for an application to replace a lost, stolen or damaged foreign passport with Form I-94/I-94A that contains an endorsement of the alien's nonimmigrant status	1. Receipt: Replacement Foreign Passport, work-authorized nonimmigrant 2. Receipt: Replacement Form I-94/I-94A 3. Form I-20 or Form DS-2019 (if presented)
Receipt for an application to replace a lost, stolen or damaged passport from the Federated States of Micronesia with Form I-94/I-94A	1. Receipt: Replacement FSM Passport with Form I-94 2. Receipt: Replacement Form I-94/I-94A
Receipt for an application to replace a lost, stolen or damaged passport from the Republic of the Marshall Islands with Form I-94/I-94A	1. Receipt: Replacement RMI Passport with Form I-94 2. Receipt: Replacement Form I-94/I-94A

Issuing Authority: Enter the issuing authority of the List A document or receipt. The issuing authority is the specific entity that issued the document. If the employee presented a combination of documents, use the second and third Issuing Authority fields as necessary.

Document Number: Enter the document number, if any, of the List A document or receipt presented. If the document does not contain a number, enter N/A in this field. If the employee presented a combination of documents, use the second and third Document Number fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the Student and Exchange Visitor Information System (SEVIS) number in the third Document Number field exactly as it appears on the Form I-20 or the DS-2019.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the List A document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. If the document uses text rather than a date to indicate when it expires, enter the text as shown on the document, such as "D/S" (which means, "duration of status"). For a receipt, enter the expiration date of the receipt validity period as described above. If the employee presented a combination of documents, use the second and third Expiration Date fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the program end date here.

List B - Identity: If the employee presented an acceptable document from List B or an acceptable receipt for the application to replace a lost, stolen, or destroyed List B document, enter the document information in this column. If a parent or legal guardian attested to the identity of an employee who is an [individual under age 18](#) or certain [employees with disabilities](#) in Section 1, enter either "Individual under age 18" or "Special Placement" in this field. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on individuals under age 18 and certain person with disabilities.

If you enter document information in the List B column, you must also enter document information in the List C column. If an employee presents acceptable List B and List C documents, do not ask the employees to present a List A document. If you enter document information in List B, you should not enter document information or N/A in List A. If you complete Section 2 using a computer, a selection in List B will fill all the fields in the List A column with N/A.

Document Title: If the employee presented a document from List B, enter the title of the List B document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority.

Full name of List B Document	Abbreviations
Driver's license issued by a State or outlying possession of the United States	Driver's license issued by state/territory
ID card issued by a State or outlying possession of the United States	ID card issued by state/territory
ID card issued by federal, state, or local government agencies or entities (Note: This selection does not include the driver's license or ID card issued by a State or outlying possession of the United States as described in B1 of the List of Acceptable Documents.)	Government ID
School ID card with photograph	School ID
Voter's registration card	Voter registration card
U.S. Military card	U.S. Military card
U.S. Military draft record	U.S. Military draft record
Military dependent's ID card	Military dependent's ID card
U.S. Coast Guard Merchant Mariner Card	USCG Merchant Mariner card
Native American tribal document	Native American tribal document
Driver's license issued by a Canadian government authority	Canadian driver's license
School record (for persons under age 18 who are unable to present a document listed above)	School record (under age 18)
Report card (for persons under age 18 who are unable to present a document listed above)	Report card (under age 18)
Clinic record (for persons under age 18 who are unable to present a document listed above)	Clinic record (under age 18)
Doctor record (for persons under age 18 who are unable to present a document listed above)	Doctor record (under age 18)
Hospital record (for persons under age 18 who are unable to present a document listed above)	Hospital record (under age 18)
Day-care record (for persons under age 18 who are unable to present a document listed above)	Day-care record (under age 18)
Nursery school record (for persons under age 18 who are unable to present a document listed above)	Nursery school record (under age 18)

Full name of List B Document	Abbreviations
Individual under age 18 endorsement by parent or guardian	Individual under Age 18
Special placement endorsement for persons with disabilities	Special Placement
Receipt for the application to replace a lost, stolen or damaged Driver's License issued by a State or outlying possession of the United States	Receipt: Replacement driver's license
Receipt for the application to replace a lost, stolen or damaged ID card issued by a State or outlying possession of the United States	Receipt: Replacement ID card
Receipt for the application to replace a lost, stolen or damaged ID card issued by federal, state, or local government agencies or entities	Receipt: Replacement Gov't ID
Receipt for the application to replace a lost, stolen or damaged School ID card with photograph	Receipt: Replacement School ID
Receipt for the application to replace a lost, stolen or damaged Voter's registration card	Receipt: Replacement Voter reg. card
Receipt for the application to replace a lost, stolen or damaged U.S. Military card	Receipt: Replacement U.S. Military card
Receipt for the application to replace a lost, stolen or damaged Military dependent's ID card	Receipt: Replacement U.S. Military dep. card
Receipt for the application to replace a lost, stolen or damaged U.S. Military draft record	Receipt: Replacement Military draft record
Receipt for the application to replace a lost, stolen or damaged U.S. Coast Guard Merchant Mariner Card	Receipt: Replacement Merchant Mariner card
Receipt for the application to replace a lost, stolen or damaged Driver's license issued by a Canadian government authority	Receipt: Replacement Canadian DL
Receipt for the application to replace a lost, stolen or damaged Native American tribal document	Receipt: Replacement Native American tribal doc
Receipt for the application to replace a lost, stolen or damaged School record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement School record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Report card (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Report card (under age 18)
Receipt for the application to replace a lost, stolen or damaged Clinic record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Clinic record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Doctor record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Doctor record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Hospital record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Hospital record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Day-care record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Day-care record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Nursery school record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Nursery school record (under age 18)

Issuing Authority: Enter the issuing authority of the List B document or receipt. The issuing authority is the entity that issued the document. If the employee presented a document that is issued by a state agency, include the state as part of the issuing authority.

Document Number: Enter the document number, if any, of the List B document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the List B document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.

List C - Employment Authorization: If the employee presented an acceptable document from List C, or an acceptable receipt for the application to replace a lost, stolen, or destroyed List C document, enter the document information in this column. If you enter document information in the List C column, you must also enter document information in the List B column. If an employee presents acceptable List B and List C documents, do not ask the employee to present a list A document. If you enter document information in List C, you should not enter document information or N/A in List A. If you complete Section 2 using a computer, a selection in List C will fill all the fields in the List A column with N/A.

Document Title: If the employee presented a document from List C, enter the title of the List C document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority. If you are completing the form on a computer, and you select an Employment authorization document issued by DHS, the field will populate with List C #7 and provide a space for you to enter a description of the documentation the employee presented. Refer to the M-274 for guidance on entering List C #7 documentation.

Full name of List C Document	Abbreviations
Social Security Account Number card without restrictions	(Unrestricted) Social Security Card
Certification of Birth Abroad (Form FS-545)	Form FS-545
Certification of Report of Birth (Form DS-1350)	Form DS-1350
Consular Report of Birth Abroad (Form FS-240)	Form FS-240
Original or certified copy of a U.S. birth certificate bearing an official seal	Birth Certificate
Native American tribal document	Native American tribal document
U.S. Citizen ID Card (Form I-197)	Form I-197
Identification Card for use of Resident Citizen in the United States (Form I-179)	Form I-179
Employment authorization document issued by DHS (List C #7) (Note: This selection does not include the Employment Authorization Document (Form I-766) from List A.)	Employment Auth. document (DHS) List C #7
Receipt for the application to replace a lost, stolen or damaged Social Security Account Number Card without restrictions	Receipt: Replacement Unrestricted SS Card
Receipt for the application to replace a lost, stolen or damaged Original or certified copy of a U.S. birth certificate bearing an official seal	Receipt: Replacement Birth Certificate
Receipt for the application to replace a lost, stolen or damaged Native American Tribal Document	Receipt: Replacement Native American Tribal Doc.
Receipt for the application to replace a lost, stolen or damaged Employment Authorization Document issued by DHS	Receipt: Replacement Employment Auth. Doc. (DHS)

Issuing Authority: Enter the issuing authority of the List C document or receipt. The issuing authority is the entity that issued the document.

Document Number: Enter the document number, if any, of the List C document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the List C document. The document is not acceptable if it has already expired, unless USCIS has extended the expiration date on the document. For instance, if a conditional resident presents a Form I-797 extending his or her conditional resident status with the employee's expired Form I-551, enter the future expiration date as indicated on the Form I-797. If the document has no expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.

Additional Information: Use this space to notate any additional information required for Form I-9 such as:

- Employment authorization extensions for Temporary Protected Status beneficiaries, F-1 OPT STEM students, CAP-GAP, H-1B and H-2A employees continuing employment with the same employer or changing employers, and other nonimmigrant categories that may receive extensions of stay
- Additional document(s) that certain nonimmigrant employees may present
- Discrepancies that E-Verify employers must notate when participating in the IMAGE program
- Employee termination dates and form retention dates
- E-Verify case number, which may also be entered in the margin or attached as a separate sheet per E-Verify requirements and your chosen business process
- Any other comments or notations necessary for the employer's business process

You may leave this field blank if the employee's circumstances do not require additional notations.

Entering Information in the Employer Certification

Employee's First Day of Employment: Enter the employee's first day of employment as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy).

Signature of Employer or Authorized Representative: Review the form for accuracy and completeness. The person who physically examines the employee's original document(s) and completes Section 2 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing Section 2, you attest under penalty of perjury (28 U.S.C. § 1746) that you have physically examined the documents presented by the employee, the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 2 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.

Today's Date: The person who signs Section 2 must enter the date he or she signed Section 2 in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print the form to write the date in this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Title of Employer or Authorized Representative: Enter the title, position or role of the person who physically examines the employee's original document(s), completes and signs Section 2.

Last Name of the Employer or Authorized Representative: Enter the full legal last name of the person who physically examines the employee's original documents, completes and signs Section 2. Last name refers to family name or surname. If the person has two last names or a hyphenated last name, include both names in this field.

First Name of the Employer or Authorized Representative: Enter the full legal first name of the person who physically examines the employee's original documents, completes, and signs Section 2. First name refers to the given name.

Employer's Business or Organization Name: Enter the name of the employer's business or organization in this field.

Employer's Business or Organization Address (Street Name and Number): Enter an actual, physical address of the employer. If your company has multiple locations, use the most appropriate address that identifies the location of the employer. Do not provide a P.O. Box address.

City or Town: Enter the city or town for the employer's business or organization address. If the location is not a city or town, you may enter the name of the village, county, township, reservation, etc, that applies.

State: Enter the two-character abbreviation of the state for the employer's business or organization address.

ZIP Code: Enter the 5-digit ZIP code for the employer's business or organization address.

Completing Section 3: Reverification and Rehires

Section 3 applies to both reverification and rehires. When completing this section, you must also complete the Last Name, First Name and Middle Initial fields in the Employee Info from Section 1 area at the top of Section 2, leaving the Citizenship/Immigration Status field blank. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the new name in Block A.

Reverification

Reverification in Section 3 must be completed prior to the earlier of:

- The expiration date, if any, of the employment authorization stated in Section 1, or
- The expiration date, if any, of the List A or List C employment authorization document recorded in Section 2 (with some exceptions listed below).

Some employees may have entered "N/A" in the expiration date field in Section 1 if they are aliens whose employment authorization does not expire, e.g. asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau. Reverification does not apply for such employees unless they choose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

You should not reverify U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551). Reverification does not apply to List B documents.

For reverification, an employee must present an unexpired document(s) (or a receipt) from either List A or List C showing he or she is still authorized to work. You CANNOT require the employee to present a particular document from List A or List C. The employee is also not required to show the same type of document that he or she presented previously. See specific instructions on how to complete Section 3 below.

Rehires

If you rehire an employee within three years from the date that the Form I-9 was previously executed, you may either rely on the employee's previously executed Form I-9 or complete a new Form I-9.

If you choose to rely on a previously completed Form I-9, follow these guidelines.

- If the employee remains employment authorized as indicated on the previously executed Form I-9, the employee does not need to provide any additional documentation. Provide in Section 3 the employee's rehire date, any name changes if applicable, and sign and date the form.
- If the previously executed Form I-9 indicates that the employee's employment authorization from Section 1 or employment authorization documentation from Section 2 that is subject to reverification has expired, then reverification of employment authorization is required in Section 3 in addition to providing the rehire date. If the previously executed Form I-9 is not the current version of the form, you must complete Section 3 on the current version of the form.
- If you already used Section 3 of the employee's previously executed Form I-9, but are rehiring the employee within three years of the original execution of Form I-9, you may complete Section 3 on a new Form I-9 and attach it to the previously executed form.

Employees rehired after three years of original execution of the Form I-9 must complete a new Form I-9.

Complete each block in Section 3 as follows:

Block A - New Name: If an employee who is being reverified or rehired has also changed his or her name since originally completing Section 1 of this form, complete this block with the employee's new name. Enter only the part of the name that has changed, for example: if the employee changed only his or her last name, enter the last name in the Last Name field in this Block, then enter N/A in the First Name and Middle Initial fields. If the employee has not changed his or her name, enter N/A in each field of Block A.

Block B - Date of Rehire: Complete this block if you are rehiring an employee within three years of the date Form I-9 was originally executed. Enter the date of rehire in this field. Enter N/A in this field if the employee is not being rehired.

Block C - Complete this block if you are reverifying expiring or expired employment authorization or employment authorization documentation of a current or rehired employee. Enter the information from the List A or List C document(s) (or receipt) that the employee presented to reverify his or her employment authorization. All documents must be unexpired.

Document Title: Enter the title of the List A or C document (or receipt) the employee has presented to show continuing employment authorization in this field.

Document Number: Enter the document number, if any, of the document you entered in the Document Title field exactly as it appears on the document. Enter N/A if the document does not have a number.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the document you entered in the Document Title field as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). If the document does not contain an expiration date, enter N/A in this field.

Signature of Employer or Authorized Representative: The person who completes Section 3 must sign in this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to sign your name in this field. By signing Section 3, you attest under penalty of perjury (28 U.S.C. §1746) that you have examined the documents presented by the employee, that the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 3 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.

Today's Date: The person who completes Section 3 must enter the date Section 3 was completed and signed in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to enter the date in this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Name of Employer or Authorized Representative: The person who completed, signed and dated Section 3 must enter his or her name in this field.

What is the Filing Fee?

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

USCIS Forms and Information

For additional guidance about Form I-9, employers and employees should refer to the *Handbook for Employers: Guidance for Completing Form I-9 (M-274)* or USCIS' Form I-9 website at <https://www.uscis.gov/i-9-central>.

You can also obtain information about Form I-9 by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218 or 1-877-875-6028 (TTY).

You may download and obtain the English and Spanish versions of Form I-9, the *Handbook for Employers*, or the instructions to Form I-9 from the USCIS website at <https://www.uscis.gov/i-9>. To complete Form I-9 on a computer, you will need the latest version of Adobe Reader, which can be downloaded for free at <http://get.adobe.com/reader/>. You may order paper forms at <https://www.uscis.gov/forms/forms-by-mail> or by contacting the USCIS Contact Center at 1-800-375-5283 or 1-800-767-1833 (TTY).

Information about E-Verify, a web-based system that allows employers to confirm the eligibility of their employees to work in the United States, can be obtained at <https://www.e-verify.gov> or by contacting E-Verify at <https://www.e-verify.gov/contact-us>.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781 or 1-877-875-6028 (TTY).

Photocopying Blank and Completed Forms I-9 and Retaining Completed Forms I-9

Employers may photocopy or print blank Forms I-9 for future use. All pages of the instructions and Lists of Acceptable Documents must be available, either in print or electronically, to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer and for a specified period after employment has ended. Employers are required to retain the pages of the form on which the employee and employer entered data. If copies of documentation presented by the employee are made, those copies must also be retained. Once the individual's employment ends, the employer must retain this form and attachments for either 3 years after the date of hire (i.e., first day of work for pay) or 1 year after the date employment ended, whichever is later. In the case of recruiters or referrers for a fee (only applicable to those that are agricultural associations, agricultural employers, or farm labor contractors), the retention period is 3 years after the date of hire (i.e., first day of work for pay).

Forms I-9 obtained from the USCIS website that are not printed and signed manually (by hand) are not considered complete. In the event of an inspection, retaining incomplete forms may make you subject to fines and penalties associated with incomplete forms.

Employers should ensure that information employees provide on Form I-9 is used only for Form I-9 purposes. Completed Forms I-9 and all accompanying documents should be stored in a safe, secure location.

Form I-9 may be generated, signed, and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

DHS Privacy Notice

AUTHORITIES: The information requested on this form, and the associated documents, are collected under the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

PURPOSE: The primary purpose for providing the requested information on this form is for employers to verify your identity and employment authorization. Consistent with the requirements of the Immigration Reform and Control Act of 1986, employers use the Form I-9 to document the verification of the identity and employment authorization for new employees to prevent the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States. This form is completed by both the employer and employee, and is ultimately retained by the employer.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may result in termination of employment. Failure of the employer to ensure proper completion of this form may result in the imposition of civil or criminal penalties against the employer. In addition, knowingly employing individuals who are not authorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an individual to work in the United States. The employer must retain this completed form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, when completing the form manually, and 26 minutes per response when using a computer to aid in completion of the form, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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

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

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

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

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

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

CHECK ONE BOX

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

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

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

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

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

STOP
Employer Completes Next Page
STOP



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

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

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

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

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

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

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		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		

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

Refer to the instructions for more information about acceptable receipts.

Personal Care Attendant Signature Form



Name of fiscal intermediary (FI) Tempus Unlimited, Inc.

- All PCAs hired by a PCA consumer must fill out and sign this form and give it to their employer (the PCA consumer).
- The PCA's employer (the PCA consumer) must submit this form to the FI, along with all other paperwork required by the FI and MassHealth.
- The FI cannot pay a PCA until all required paperwork is received and complete.
- MassHealth and the FI cannot pay a PCA to work
 - when the PCA consumer is in an inpatient facility, such as a hospital or nursing facility; or
 - when the amount of time that has been authorized by MassHealth has been exhausted or is insufficient.
- The PCA must read the rest of this form and sign below before receiving payment from the FI.

I agree to accept the position of personal care attendant (PCA) for _____
(name of PCA consumer).

I understand that my employer is the PCA consumer. My employer is responsible for hiring, firing, training and scheduling PCAs. My employer may select another person (a surrogate) to help manage his or her PCA services. I must notify my employer and the surrogate (if any), of any changes in my circumstances that would affect my ability to perform my duties as a PCA. I must complete and provide accurate Activity Forms (time sheets) to my employer or the FI as soon as I can. The FI will process payroll for my employer. My employer is responsible for giving the check to me (unless I requested that my check be deposited directly into my bank account). I must provide proof of my identity to my employer to complete the Employment Eligibility Verification form (Form I-9), which the Department of Homeland Security requires all employees to complete. (The FI will give my employer this form.)

I understand that the MassHealth PCA program pays for personal care services provided by a PCA only when the PCA provides physical assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs) to an eligible PCA consumer who has obtained prior authorization from MassHealth for PCA services. PCA services must be provided in accordance with the PCA consumer's authorized PCA evaluation or reevaluation, service agreement, and MassHealth regulations at 130 CMR 422.410.

I understand that ADLs include physically assisting the PCA consumer with transferring, walking, using medical equipment, taking medications, bathing and grooming, dressing and undressing, passive range-of-motion exercises, eating, and toileting. I understand that IADLs include household services that are essential to the PCA consumer's care such as laundry, shopping, housekeeping, meal preparation and cleanup, transportation to medical appointments, activities such as maintenance of wheelchairs or other medical equipment, completing the paperwork required for receiving personal care services, and other activities approved by MassHealth as being instrumental to the health care needs of the PCA consumer.

I understand that my employer (the PCA consumer) will tell me which of these services require me to provide physical assistance.

I understand that I cannot be paid as a PCA if I am a spouse, parent (if the PCA consumer is a minor child), surrogate, foster parent, or legally responsible relative of the PCA consumer.

The following describes my relationship to my employer (the PCA consumer). (Please check one.)

- | | | |
|---|---|--|
| <input type="radio"/> adult child (18 yrs. or older) of member | <input type="radio"/> daughter-in-law of member | <input type="radio"/> son-in-law of member |
| <input type="radio"/> parent of adult (18 yrs. or older) member | <input type="radio"/> other relative (describe) | <input type="radio"/> nonrelative (describe) |

I certify under pains and penalties of perjury that the information on this signature form, and any accompanying statement that I have provided, has been reviewed and signed by me, and is true, accurate, and complete to the best of my knowledge. I also certify that I understand my duties, rights, and responsibilities as a PCA and that all the information I have provided to my employer (the PCA consumer), to the fiscal intermediary, to the personal care management agency, or to MassHealth is true and accurate to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Print PCA Name _____ Date _____

PCA signature _____

Ayudante de atención individual

Formulario para la firma



Nombre del intermediario fiscal (FI, por sus siglas en inglés): Tempus Unlimited, Inc.

- Todos los Ayudantes de atención individual (PCA, por sus siglas en inglés) contratados por un usuario de PCA deberán llenar y firmar este formulario y entregárselo a su empleador (el usuario de PCA).
- El empleador de PCA (el usuario de PCA) deberá enviarle este formulario al intermediario fiscal, junto con toda la documentación adicional que exijan el intermediario y MassHealth.
- El FI no podrá realizarle pagos a un PCA hasta que se haya recibido toda la documentación requerida y esta esté completa.
- MassHealth y el FI no podrán pagarle a un PCA por trabajar:
 - cuando el usuario de PCA esté internado en un hospital o centro de enfermería; o
 - cuando la cantidad de tiempo que MassHealth haya autorizado se haya agotado o no sea suficiente.
- El PCA deberá leer el resto de este formulario y firmar en el espacio siguiente antes de recibir pagos del IF.

Estoy de acuerdo en aceptar el puesto de ayudante de atención individual (PCA, por sus siglas en inglés) para _____ **(nombre del usuario de PCA).**

Entiendo que mi empleador es el usuario de PCA. Mi empleador está a cargo de contratar, despedir, capacitar y elaborar los horarios de los PCA. Mi empleador puede escoger a otra persona (un sustituto) que le ayude a manejar los servicios de PCA. Debo notificarles a mi empleador y al sustituto (si lo hubiera) cualquier cambio en mi situación que afecte mi capacidad para desempeñar mis labores de PCA. Debo llenar y entregarle a mi empleador o al sustituto Formularios de actividad (planillas de control de horas) exactos tan pronto como pueda. El FI procesará los pagos que deba realizarme mi empleador. Mi empleador tendrá la responsabilidad de entregarme el cheque (a menos que yo haya solicitado que mi cheque se deposite directamente en mi cuenta bancaria). Tendré que proporcionarle a mi empleador prueba de mi identidad para llenar el Formulario de verificación de cumplimiento de los requisitos de empleo (Formulario I-9), que el Departamento de Seguridad Nacional (Department of Homeland Security) requiere a todos los empleados. (El FI le entregará a mi empleador este formulario.)

Entiendo que el programa PCA de MassHealth solamente paga por los servicios de atención individual que preste un PCA cuando éste proporcione asistencia física para realizar actividades de la vida diaria (ADLs, por sus siglas en inglés) o actividades instrumentales de la vida diaria (IADLs, por sus siglas en inglés) a un usuario de PCA elegible que haya obtenido autorización previa de MassHealth para recibir servicios de PCA. Los servicios de PCA deberán prestarse de conformidad con la evaluación o reevaluación autorizada del usuario de PCA, con el contrato de ser vicios y las regulaciones de MassHealth en 130 CMR 422.410.

Entiendo que las ADLs comprenden asistir físicamente al usuario con las actividades cotidianas comprende ayudarlo a trasladarse, a caminar, a utilizar aparatos médicos, a tomar medicamentos, a bañarse y arreglarse, a vestirse y desvestirse, a realizar ejercicios pasivos para mejorar la amplitud de movimientos, a comer y a ir al baño. Entiendo que las IADLs comprenden servicios domésticos esenciales para la atención del usuario, tales como lavar la ropa, hacer las compras, mantener la casa ordenada, preparar las comidas y recoger los platos, llevarlo a citas médicas, realizar el mantenimiento de sillas de ruedas u otros equipos médicos, llenar los documentos requeridos para recibir los servicios de atención individual y otras actividades que MassHealth haya aprobado por ser instrumentales para satisfacer las necesidades relativas al cuidado de la salud del usuario de PCA. Entiendo que mi empleador (el usuario de PCA) me informará en cuáles de estos servicios se requiere que yo le preste asistencia física.

Entiendo que no me podrán pagar como un PCA si soy el cónyuge, el padre/la madre (si el usuario de PCA es un hijo menor de edad), el sustituto, el padre/la madre de crianza o el pariente legalmente responsable del usuario de PCA.

La siguiente es mi relación con mi empleador (el usuario de PCA). (Por favor marque una opción.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Hijo adulto (de 18 años o más) del afiliado | <input type="checkbox"/> Nuera del afiliado | <input type="checkbox"/> Yerno del afiliado |
| <input type="checkbox"/> Padre/madre del afiliado adulto (18 años o más) | <input type="checkbox"/> Otro pariente (describa) | <input type="checkbox"/> No soy pariente (describa) |

Certifico bajo los castigos y penas de perjurio que la información que contiene este formulario para la firma y toda declaración adjunta que yo haya suministrado, han sido revisadas y firmadas por mí y son verdaderas, exactas y completas a mi mejor entender. También certifico que entiendo mis deberes, derechos y responsabilidades como PCA y que toda la información que he proporcionado a mi empleador (el usuario de PCA), al intermediario fiscal, a la agencia de administración de atención individual o a MassHealth es verdadera y exacta a mi mejor entender. Entiendo que yo podría ser objeto de sanciones de carácter civil o de denuncia penal por cualquier falsificación, omisión u ocultación de cualquier hecho fundamental incluido en este documento.

Nombre del PCA en imprenta: _____ Firma del PCA y fecha: _____

Firma del PCA: _____



DIRECT DEPOSIT APPLICATION

PCA's Name: _____ PCA's Phone Number: _____

Consumer #: _____ Consumer's Name: _____

Account Information

Name on Bank Account: _____
(PER MASSHEALTH - Direct Deposit Accounts must be in the name of the employee only, the account cannot be a joint account shared by the PCA and the Consumer or the Surrogate.)

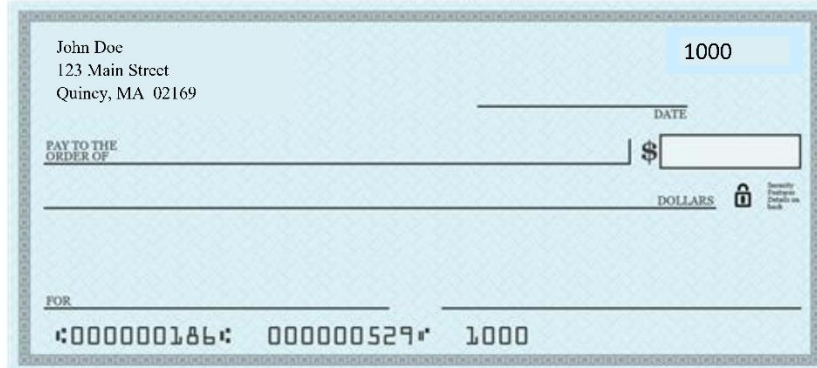
Bank Name: _____

Bank Routing #: _____ Bank Account #: _____

This is a [] Checking Account [] Savings Account

For a checking account please attach a voided check or a copy of a check (Starter checks must contain a preprinted PCA name and account number). For a savings account please attach a document from the bank indicating the PCA's name, the routing number and account number (cannot be handwritten). Do not attach a deposit slip. We will not process this application without a voided check, a copy of a check, or a document from your bank indicating the routing number and account number.

ATTACH CHECK HERE:



Routing Number Account Number Check Number - Do Not Use

I hereby authorize Tempus Unlimited, Inc. (hereinafter "Company") to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize the Bank to accept and to credit any credit entries indicated by the Company to my account. In the event that the Company deposits funds erroneously into my account, I authorize the Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until the Company and the Bank have received written notice from me of its termination in such time and in such manner as to afford the Company and the Bank reasonable opportunity to act on it.

PCA's Signature: _____ Date: _____

600 Technology Center Drive, Stoughton, MA 02072
Toll Free Phone #: 1-877-479-7577
Rev. 09/15/2021

www.tempusunlimited.org
Toll Free Fax #: 1-800-359-2884



APLICACIÓN PARA DEPOSITO DIRECTO

Nombre de PCA: _____ Número Telefónico de PCA: _____

Numero de Consumidor: _____ Nombre de Consumidor: _____

Información de Cuenta

Nombre de persona en la cuenta de Banco: _____

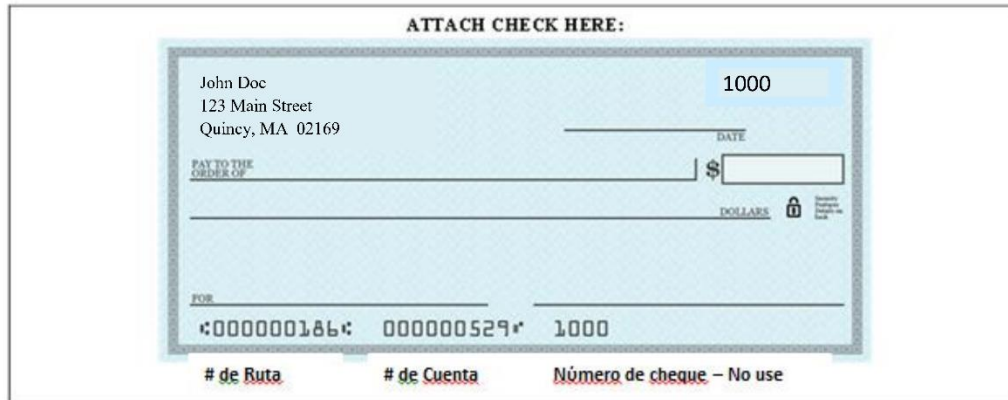
POR MassHealth - Cuentas de depósito directo deben de estar solamente a nombre de PCA, la cuenta no puede ser una cuenta conjunta compartida por el PCA y el consumidor o el delegado.

Nombre de Banco: _____

de Ruta: _____ # de Cuenta: _____

Estos es uña cuenta de chequera cuenta de ahorros

Para una cuenta corriente, por favor sujete un cheque nulo o una copia del cheque (**Cheques de inicio tienen que tener el nombre de PCA y el número de cuenta preimpreso**). Para una cuenta de ahorros, por favor sujete un documento de su banco que indique el número de ruta y el número de cuenta (**no puede ser escrito a mano**). Por favor de no sujetar una hoja de depósito. (**No procesaremos esta aplicación sin un cheque nulo, una copia del cheque o un documento de su banco indicando el número de ruta y el número de cuenta.**)



Por la presente autorizo Tempus Unlimited, Inc. (de aquí en adelante "compañía") a depositar cualquier cantidad debida yo iniciando entradas de crédito a mi cuenta en la institución financiera. (Más adelante "banco") indicado en esta forma. Además, autorizo el banco a aceptar y a acreditar cualquier entrada de crédito indicada por la compañía a mi cuenta. En caso que la compañía deposite fondos erróneamente en mi cuenta, autorizo a la compañía al cargar cuenta por una cantidad que no exceda la cantidad original del crédito erróneo. Esta autorización es de permanecer a toda fuerza y efecto completo hasta que la compañía y el banco hayan recibido el aviso escrito de mí de su terminación en tal hora y de tal manera que le produzca a la compañía y al banco oportunidad razonable para actuar sobre ella.

Firma de PCA: _____

Fecha: _____

U.S. Bank Focus Card Savings Account

Feature overview



Smart money management starts with the Focus Card.

The Savings Account feature available with your Visa® or Mastercard® Focus Card is no cost to use and easy to set up. It's a great way to effectively manage your finances and set aside funds for things like vacations, holidays and unexpected expenses.



No monthly fees

A deposit of at least \$10 is required to open a savings account, but there are no fees to keep the account open.



Convenience

Set up automatic transfers to occur monthly or with each load.



Interest bearing account

Interest will compound daily and will be credited on a calendar quarterly basis.



Financial control

Track account activity and real-time transfer of funds online or with the mobile app.



Safe and secure

Funds are FDIC insured.

Please note: Savings funds can only be accessed through the Focus Card account – you will not be able to access your savings account at ATMs or point-of-sale terminals.

To open a savings account or to learn more, login to your account at usbankfocus.com.



The Focus Card is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. © 2020 U.S. Bank. Member FDIC.

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Cuenta de Ahorros de la Tarjeta U.S. Bank Focus

Resumen de funciones



Una administración monetaria inteligente empieza con la Tarjeta Focus.

La función de Cuenta de Ahorros disponible con tu Tarjeta Focus Visa® o Mastercard® no tiene costo por su uso y es fácil de programar. Es una excelente manera de administrar tus finanzas eficientemente y de apartar fondos para vacaciones, días festivos y gastos inesperados.



Sin cargos mensuales

Se requiere un depósito mínimo de \$10 para abrir una cuenta de ahorros, pero no existen cargos por mantener la cuenta abierta.



Conveniencia

Programa transferencias automáticas para que ocurran mensualmente o con cada depósito.



Cuenta que genera intereses

El interés se acumulará diariamente y se acreditará trimestralmente.



Control financiero

Da seguimiento a la actividad de la cuenta y transfiere fondos en tiempo real en línea o con la aplicación móvil.



Confiable y segura

Los fondos están asegurados por la FDIC.

Toma en cuenta que: solo se puede acceder a los fondos de la Cuenta de Ahorros a través de la cuenta de la Tarjeta Focus. No podrás acceder a tu cuenta de ahorros en un ATM o en terminales de punto de venta.

Para abrir una cuenta de ahorros u obtener más información, inicia sesión en tu cuenta en usbankfocus.com.



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

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

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

U.S. Bank Focus Card Fee Schedule
 Program Number: 87265213

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

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

Your funds are eligible for FDIC insurance up to \$250,000. FDIC insurance protects deposits from loss due to bank insolvency. See fdic.gov/depositors/depositors/prepaid.html for details.

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

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

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

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

Usted tiene opciones con respecto a cómo recibir sus pagos, incluidos el depósito directo en su cuenta bancaria o esta tarjeta prepagada. Consulte a su empleador sobre las opciones disponibles y seleccione su opción.			
Cargo mensual	Por compra	Retiros de fondos en ATM	Recarga de efectivo
\$0	\$0	\$0 dentro de la red \$2.00 fuera de la red	\$5.95*
Consulta de Saldo en ATM (dentro o fuera de la red)			\$0 o \$1.00
Servicio de Atención al Cliente (automatizado o representante en vivo)			\$0 por llamada
Inactividad (después de 90 días sin transacciones)			\$2.00* por mes
Cobramos otros 4 tipos de cargos.			
<p>*Este cargo puede ser menor o puede cobrarse de manera diferente, dependiendo de cómo y dónde se utilice esta tarjeta y del estado en el que reside o trabaja.</p> <p>Consulte la Lista de Cargos para conocer maneras gratuitas de acceder a sus fondos e información sobre su saldo.</p> <p>Sin prestación de sobregiro/crédito. Sus fondos son elegibles para el seguro FDIC.</p> <p>Para obtener información general sobre cuentas prepagadas, visite cfpb.gov/prepaid (en inglés). Encuentre detalles y condiciones de todos los cargos y servicios consultando el paquete de la tarjeta, llamando al 877.474.0010 o visitando usbankfocus.com (en inglés).</p>			

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

Número de Programa: 87265213

Todos los	Monto	Detalles
Agregar dinero		
Recarga con Cheque	5% o mínimo de \$5.00	Este cargo no es nuestro y está sujeto a cambios. Se puede aplicar un cargo de hasta el 5% del valor del cheque cuando cobre un cheque para cargar su tarjeta en Ingo Money. Money in Minutes: 2% (cheques preimpresos de nómina o de gobierno) o 5% (todos los demás cheques), mínimo de \$5.00. Dinero en 10 Días: sin cargo. El cargo se deduce del valor del cheque. Visite ingomoney.com (en inglés) para obtener más información.
Recarga de Efectivo – Visa Readylink	Según el comercio minorista	Es posible que se apliquen cargos de terceros cuando recargue su tarjeta en una red Visa Readylink. Este cargo se paga a un tercero en el momento de la recarga. Visite usa.visa.com/pay-with-visa/cards/services-locator.html (en inglés) para encontrar ubicaciones.
Recarga de Efectivo – GreenDot®	\$5.95	Este cargo no es nuestro y está sujeto a cambios. Es posible que se aplique un cargo de \$5.95 cuando recargue su tarjeta en GreenDot. Este cargo se paga a un tercero en el momento de la recarga. Visite greendot.com (en inglés) para obtener más información.
Retiros de efectivo		
Retiro de Fondos en ATM (dentro de la red)	\$0	Este es nuestro cargo por retiro de fondos. "Dentro de la red" se refiere a las redes de ATM de U.S. Bank, MoneyPass® y Allpoint®. Puede encontrar ubicaciones en usbank.com/locations (en inglés), moneypass.com/atm-locator.html (en inglés) y allpointnetwork.com (en inglés).
Retiro de Fondos en ATM (fuera de la red)	\$2.00	Este es nuestro cargo por retiro de fondos. "Fuera de la red" se refiere a todos los ATM que se encuentran fuera de las redes de ATM de U.S. Bank, MoneyPass y Allpoint. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción.
Retiro de Efectivo con Personal de Ventanilla	\$0	Este es nuestro cargo por realizar un retiro de efectivo desde su tarjeta con la ayuda del personal de ventanilla en un banco o cooperativa de crédito que acepte Visa®.
Información		
Consulta de Saldo en ATM (dentro de la red)	\$0	Este es nuestro cargo por consulta. "Dentro de la red" se refiere a las redes de ATM de U.S. Bank, MoneyPass y Allpoint. Puede encontrar ubicaciones en usbank.com/locations (en inglés), moneypass.com/atm-locator.html (en inglés) y allpointnetwork.com (en inglés).
Consulta de Saldo en ATM (fuera de la red)	\$1.00	Este es nuestro cargo por consulta. "Fuera de la red" se refiere a todos los ATM que se encuentran fuera de las redes de ATM de U.S. Bank, MoneyPass y Allpoint. El operador del ATM también puede cobrarle un cargo.
Uso de su tarjeta fuera de los EE. UU.		
Transacción Internacional	3%	Este es el cargo que cobramos y que se aplica al uso de su tarjeta para compras en comercios extranjeros y por retiros de efectivo en ATM extranjeros y es un porcentaje del monto en dólares de la transacción después de cualquier conversión de moneda. Algunas transacciones, aunque usted y/o el comercio o ATM estén ubicados en los Estados Unidos, se consideran transacciones en el extranjero conforme a las reglas aplicables de la red, y nosotros no tenemos control sobre cómo se clasifican estos comercios, ATM y transacciones para este fin. Los cargos por compras internacionales no se cobran a los trabajadores de Connecticut, Illinois, New York y Pennsylvania.

Retiro de Fondos en ATM Internacional	\$3.00	Este es nuestro cargo por retiro de fondos. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción.
Consulta de Saldo en ATM Internacional	\$1.00	Este es nuestro cargo por consulta. El operador del ATM también puede cobrarle un cargo.
Otros		
Reemplazo de Tarjeta	\$5.00	Este es nuestro cargo por el reemplazo de su tarjeta, ya sea con servicio de entrega estándar (hasta 10 días hábiles) o si se la proporciona su empleador/patrocinador. No cobramos este cargo por el primer reemplazo de su tarjeta en un periodo de 12 meses. Este cargo se cobrará por cada reemplazo adicional durante los mismos 12 meses. Este cargo no se cobra a los trabajadores de Connecticut, Hawaii y Pennsylvania.
Reemplazo de Tarjeta con Entrega Expresa	\$10.00	Este es nuestro cargo por entrega expresa (hasta 3 días hábiles), adicional a cualquier cargo por Reemplazo de Tarjeta.
Reemplazo de Tarjeta con Entrega al Día Siguiente	\$20.00	Este es nuestro cargo por entrega al día siguiente, adicional a cualquier cargo por Reemplazo de Tarjeta.
Inactividad	\$2.00	Este es nuestro cargo por mes si no ha realizado una transacción con su tarjeta durante 90 días consecutivos. Para los trabajadores de Connecticut, Illinois y Pennsylvania, este cargo no se cobrará por los primeros 12 meses de inactividad (de acuerdo con transacciones iniciadas por el titular de tarjeta que modifiquen el saldo). Para residentes de Texas, este cargo no se cobrará después de un año de inactividad. Este cargo no se cobra a los trabajadores de Minnesota, New York y Montana. Para los trabajadores de Hawaii, las cuentas que tengan un saldo de \$0.00 y que no tengan actividad durante más de 6 meses se cerrarán.
Otros Cargos de Terceros	Según el proveedor	Algunos proveedores de servicios externos, como los servicios de pago entre personas o los proveedores de billetera móvil, pueden cobrarle un cargo por utilizar su tarjeta para realizar pagos.

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

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

Sin prestación de sobregiro/crédito.

Comuníquese con Servicios para Titulares de Tarjetas, llamando al 877.474.0010, por correo a Cardholder Services P.O. Box 551617, Jacksonville, FL 32255 o visite usbankfocus.com (en inglés).

Para obtener información general sobre cuentas prepagadas, visite cfpb.gov/prepaid (en inglés). Si tiene alguna queja sobre una cuenta prepagada, llame a la Oficina para la Protección Financiera del Consumidor (Consumer Financial Protection Bureau) al 855.411.2372, o visite cfpb.gov/complaint (en inglés).

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

CR-19766351

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State-Specific Pre-Enrollment Disclosure

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

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

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

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

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

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

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

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

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

Additional Disclosures Required for Minnesota Employees

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

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

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

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

Additional Disclosures Required for New Hampshire Employees

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

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

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Divulgación Previa a la Inscripción Específica por Estado

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

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

Acceda a Sus Sueldos Sin Cargo. Usted es dueño de los sueldos y otros fondos cargados a su tarjeta de nómina. Existen varias maneras de acceder a su pago cargado a la Tarjeta Focus sin incurrir en cargos. Los retiros de fondos dentro del país en cualquier ATM dentro de la red nunca tienen costo, según lo indica su Lista de Cargos. Además, no hay ningún cargo por retiros de efectivo con personal de ventanilla hasta el total de su sueldo neto en cualquier banco que sea miembro de la red indicada en el frente de su tarjeta (ya sea Visa o Mastercard). También puede utilizar su tarjeta para realizar compras y pagar cuentas en cualquier lugar que acepte tarjetas Visa o Mastercard. Además, muchos comercios permiten retirar efectivo sin cargo al realizar sus compras. Es posible que las transacciones en el extranjero incurran en cargos. Tome en cuenta que existen límites de transacciones (incluidos límites en retiros de fondos) en la Tarjeta Focus que lo protegen de posibles fraudes. En caso de que su saldo exceda los límites diarios de retiros de fondos y que desee retirar todos sus fondos, contacte a Servicios para Titulares de Tarjetas al 877.474.0010.

Cargos. La Tarjeta Focus ofrece varias transacciones y servicios sin costo. No existen cargos por inscribirse y participar en el programa, por recibir y activar su primera tarjeta de nómina o por acceder a su sueldo como se especifica anteriormente. *Es posible que algunas transacciones, servicios y métodos para acceder a dinero en efectivo incurran en cargos.* La Lista de Cargos que se le entregó junto con esta divulgación contiene la lista de todos los cargos en los que puede incurrir con el uso de su tarjeta. Conserve la Lista de Cargos para poder consultarla posteriormente. El emisor de la tarjeta no puede cobrarle otros cargos que no aparezcan en la Lista de Cargos. Su empleador no puede cobrarle cargos por la tarjeta de nómina. Los terceros, como los operadores de ATM y los proveedores de telefonía móvil, pueden cobrarle cargos adicionales cuando utilice sus servicios.

Cómo Acceder al Saldo de Su Cuenta. Puede acceder al saldo de su cuenta en línea en www.usbankfocus.com o llamando a Servicios para Titulares de Tarjetas al 877.474.0010. Puede utilizar estos servicios gratuitamente las 24 horas al día, los 7 días de la semana. También puede inscribirse para recibir alertas por correo electrónico o por mensajes de texto con información acerca del saldo de su cuenta. Inicie sesión en www.usbankfocus.com y seleccione la opción "ALERTS" (ALERTAS) para inscribirse en estos servicios.

Cómo Acceder a Historiales de Transacciones. Puede ver un historial de 12 meses de las transacciones de su tarjeta de nómina de manera electrónica en www.usbankfocus.com. También puede solicitar un historial impreso de 24 meses, o elegir recibir gratuitamente historiales de transacciones impresos mensualmente, si llama al 877.474.0010 o si nos escribe a: Focus Card Services, P.O. Box 9127, Minneapolis MN 55480.

Cierre de Su Cuenta de Tarjeta de Nómina. Puede cerrar su cuenta de tarjeta de nómina llamando a Servicios para Titulares de Tarjetas al 877.474.0010. Al cerrar su cuenta, puede solicitar que se le pague el saldo restante en su Tarjeta Focus a través de un cheque. No se le cobrará ningún cargo por cerrar la cuenta o por recibir su saldo a través de un cheque. Sin embargo, usted será responsable de los cargos correspondientes asociados con las transacciones que autorizó previamente al cierre de la cuenta.

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

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

Divulgaciones Adicionales Requeridas para Empleados de Minnesota

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

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

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

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

Divulgaciones Adicionales Requeridas para Empleados de New Hampshire

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

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

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U.S. Bank Focus Card

Enrollment Form

To receive your payments on a U.S. Bank Focus Card, fill out this form and return it to Tempus Unlimited. Your card will be mailed to the address provided in 7-10 business days.



First Name:

Last Name:

Address:

City:

State:

ZIP Code:

Phone Number¹:

Social Security Number:

Date of Birth:

Email Address (optional)²:

Important Information About Procedures For Opening A New Account

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

I hereby authorize Tempus Unlimited to initiate credit entries (deposits) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Focus Card. This authorization will remain in effect until cancelled by me with written notification to Tempus Unlimited.

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

Signature:

Date:

Information below this line will be used by Tempus Unlimited only.

To assist Tempus Unlimited in processing your pay, please provide information about the individual to whom you provide Services (your "Client"):

Client Name:

**Client
Address**

Street:

Client No.:

Apt/Suite:

City:

Zip:

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

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Tarjeta U.S. Bank Focus

Formulario de Inscripción

Para recibir sus pagos en una Tarjeta U.S. Bank Focus, complete este formulario y envíelo a Tempus Unlimited. Su tarjeta se enviará por correo postal a la dirección proporcionada dentro de 7 a 10 días hábiles.



Nombre:

Apellido:

Dirección:

Ciudad:

Estado:

Código Postal:

Número de Teléfono*:

Número de Seguro Social:

Fecha de Nacimiento:

Dirección de Correo Electrónico (opcional):²

Información importante sobre procedimientos para abrir una nueva cuenta

Para ayudar al gobierno a luchar contra el financiamiento del terrorismo y contra actividades de lavado de dinero, la ley Federal exige que todas las instituciones financieras obtengan, verifiquen y registren información que identifique a toda persona que abra una cuenta. Esto significa que cuando abra una cuenta, se le pedirá su nombre, dirección, fecha de nacimiento y cualquier otra información que nos permita identificarle. Es posible que también le pidamos mostrar su licencia de conducir u otros documentos de identificación.

Por la presente, autorizo a Tempus Unlimited a iniciar entradas de crédito (depósitos) y, si es necesario, a iniciar entradas de débito y ajustes por cada entrada de crédito errónea en mi Tarjeta Focus. Esta autorización se mantendrá en efecto hasta que yo la cancele a través de una notificación por escrito a Tempus Unlimited.

Confirmo haber recibido la Divulgación Previa a la Adquisición y la Lista de Cargos, para la cual mi firma a continuación sirve de evidencia.

Firma:

Fecha:

La información debajo de esta línea será para uso exclusivo de Tempus Unlimited.

Para ayudar a Tempus Unlimited a procesar su pago, provea información acerca del individuo a quien usted proporcionó Servicios (su "Cliente"):

Nombre del Cliente:

Dirección del Cliente

Calle:

Cliente número:

Apto./Suite:

Ciudad:

Código postal:

Los servicios pueden estar disponibles solamente en inglés.

¹ Al proporcionararnos un número de teléfono de un celular u otro dispositivo inalámbrico, incluido un número que más adelante cambie a un número de teléfono celular, usted nos da su consentimiento expreso para recibir comunicaciones a ese número tanto de nuestra parte como de nuestros afiliados y agentes, lo que incluye, por ejemplo, llamadas de mensajes de voz artificiales o pregrabados, mensajes de texto y llamadas realizadas mediante un sistema de marcación telefónica automática. Este consentimiento expreso se aplica a todo número de teléfono de este tipo que nos proporcione ahora o en el futuro y permite que esas llamadas sirvan para propósitos que no sean de marketing. Es posible que las llamadas y mensajes incurran en cargos de acceso por parte de su proveedor de telefonía celular. ² Se requiere una dirección de correo electrónico para todas las solicitudes. Utilizamos correos electrónicos para comunicar información sobre su solicitud. Nunca se enviará ni solicitará información confidencial, personal o financiera a través de un correo electrónico de U.S. Bank.

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Electronic Timesheets Agreement

I. About The Electronic Timesheets Module

- a. The Electronic Timesheets Module is a web-based interface through which Consumers, Surrogates, Personal Care Attendants (PCAs)/Workers, and Fiscal Intermediary staff can respectively view relevant timesheet information.
- b. Consumers, Surrogates and PCAs/Workers will be able to use the system to both submit and approve timesheets electronically for payment by the Fiscal Intermediary.
- c. A Consumer is not required to have a Surrogate in order to use the system. However, in cases where a Consumer does have a Surrogate and the Consumer approves the Surrogate to have access to the Electronic Timesheets Submission Interface, both the Consumer and his/her Surrogate will have identical abilities to enter and approve timesheets for payment.

II. Terms and Conditions

By signing below, you are agreeing to the following Terms and Conditions:

- a. The Consumer and/or Surrogate (if applicable) and the PCA/Worker **each have a valid, separate e-mail address** to which they have frequent access. **Consumer, Surrogate, PCA or Worker cannot use the same e-mail address.**
- b. The Consumer and/or Surrogate (if applicable) and the PCA/Worker **each agree to maintain a valid separate e-mail address** during the term of this agreement and to notify Tempus Unlimited, Inc. of any changes to their e-mail addresses.
- c. The Consumer, his/her Surrogate (if applicable) and the PCA/Worker agree to use the Electronic Timesheets Submission Interface as a method of submitting timesheets.
 - i. Signing this Agreement does not require you to only use the Electronic Timesheets Submission Interface. Other methods of submitting time, such as faxing or mailing, are still acceptable.
- d. A timesheet may only be submitted electronically if the Consumer and/or Surrogate (if applicable) and the PCA/Worker have executed this Agreement.
- e. An individual Electronic Timesheets Agreement is required for each Consumer and PCA/Worker relationship that chooses to use the Electronic Timesheets Submission Interface.
 - i. This is true even if the Consumer or PCA/Worker is already using the Electronic Timesheets Submission Interface in another Consumer and PCA/Worker relationship.

III. Termination of the Agreement

- a. The Consumer, his/her Surrogate (if applicable) or the PCA/Worker may terminate this agreement at any time by submitting such request in writing to Tempus Unlimited, Inc.

Consumer Printed Name: <input style="width: 100%;" type="text"/>	Consumer #: <input style="width: 100%;" type="text"/>
Consumer E-mail: <input style="width: 100%;" type="text"/>	
Consumer Signature: _____ Date: _____	
Surrogate Printed Name: <input style="width: 100%;" type="text"/>	
Surrogate E-mail: <input style="width: 100%;" type="text"/>	
Surrogate Signature: _____ Date: _____	
PCA/Worker Printed Name: <input style="width: 100%;" type="text"/>	
Last 4 digits of SS#: <input style="width: 100%;" type="text"/>	
PCA/Worker E-mail: <input style="width: 100%;" type="text"/>	
PCA/Worker Signature: _____ Date: _____	

Módulo de Nóminas Electrónicas

I. Sobre el Módulo de Nóminas Electrónicas

- a. El Módulo de Nóminas Electrónicas es un interfaz basado en web a través del cual los Consumidores, Delegados, Asistentes de Cuidado Personal (PCA)/Trabajadores y el personal del Intermediario Fiscal pueden ver respectivamente información de las nóminas.
- b. Consumidores, Delegados y PCA/Trabajadores podrán utilizar el sistema tanto para presentar como para aprobar nóminas electrónicamente para el pago por el Intermediario Fiscal.
- c. No le es requerido al Consumidor tener un Delegado para poder utilizar el sistema. Pero en casos cuando el consumidor si tiene un Delegado y el consumidor aprueba al Delegado para que tenga acceso al Interfaz de Presentación de Nóminas Electrónicas , tanto el Consumidor como su Delegado tendrán capacidades idénticas de entrar y aprobar nóminas para el pago..

II. Términos y Condiciones

Al firmar más adelante, usted está de acuerdo con los términos y condiciones:

- a. El Consumidor y/o el Delegado (si corresponde) y el PCA/Trabajador acuerdan en **cada uno mantener una dirección de correo electrónico válida y separada** al cual tienen acceso frecuente. **El consumidor, sustituto, PCA o trabajador no pueden usar la misma dirección de correo electrónico.**
- b. Tanto el Consumidor y/o el Delegado como el PCA/Trabajador **acuerdan en mantener una dirección de correo electrónico válida y separada** durante el periodo de este acuerdo y de notificarle a Tempus Unlimited, Inc. de cualquier cambio a sus direcciones de correo electrónico.
- c. El Consumidor y su Delegado (si corresponde) y el PCA/Trabajador acuerdan en utilizar el Interface de Presentación de Nóminas Electrónicas como método de presentar nóminas.
 - i. Firma de este acuerdo no requiere que se utilice únicamente el Interface de Presentación de Nóminas Electrónicas. Otros métodos de presentar nóminas, tales como enviar por fax o por correo, todavía son aceptables.
- d. Una nómina solo puede ser presentada electrónicamente si el Consumidor y/o el Delegado (si corresponde) y el PCA/Trabajador han ejecutado este acuerdo.
- e. Un Acuerdo Individual de Nóminas Electrónicas es requerido para cada relación de Consumidor y PCA/Trabajador que decida utilizar el Interfaz de Presentación de Nóminas Electrónicas.
 - i. Esto es cierto incluso si el Consumidor o el PCA/Trabajador ya está utilizando el Interfaz de Presentación de Nóminas Electrónicas en otra relación de Consumidor y PCA/Trabajador.

III. Terminación del Acuerdo

- a. El Consumidor, su Delegado (si corresponde) o el PCA/Trabajador puede terminar este acuerdo en cualquier momento presentando tal pedido por escrito a Tempus Unlimited, Inc.

Nombre Impreso del Consumidor: <input type="text"/>	Número de Consumidor #: <input type="text"/>
E-mail del Consumidor: <input type="text"/>	
Firma del Consumidor: _____	Fecha: _____
Nombre Impreso del Delegado: <input type="text"/>	
E-mail del Delegado: <input type="text"/>	
Firma del Delegado: _____	Fecha: _____
Nombre Impreso del PCA/Trabajador: <input type="text"/>	Últimos 4 dígitos del número de SS: <input type="text"/>
E-mail del PCA/Trabajador: <input type="text"/>	
Firma del PCA/Trabajador: _____	Fecha: _____

PERSONAL CARE ATTENDANT (PCA)
TIMESHEET ATTESTATION FORM

1. I attest that I provided coverable MassHealth PCA services to the consumer-employer, _____ (NAME OF CONSUMER), between the dates of _____ - _____ [PAY PERIOD] in the amount of _____ [# OF HOURS], and as described in the attached PCA Timesheet.
2. I attempted to obtain my consumer employer's signature on the attached PCA timesheet. However, due to my consumer/employer or the surrogate's hospitalization, I was unable to obtain my consumer-employer's or surrogate's signature on the attached PCA timesheet.
3. I will accept as full payment, for all MassHealth PCA services performed by me for the subject time period on the attached timesheet, the amount as described above, and I understand this payment accounts for and resolves all issues related to my pay for the pay period stated above. Upon payment, I agree to release and forever discharge the Commonwealth, the Executive Office of Health and Human Service (EOHHS), the Council, and the consumer-employer from any and all damages, debts, liabilities, obligations, causes of action, appeals, controversies, and any other claims or demands of any kind whatsoever, in law or equity, including but not limited to those in tort or contract, whether known or unknown, contingent or matured, and whether within my current or future contemplation or such contemplation of the Commonwealth, EOHHS, the Council, the consumer-employer, or the Union, which I may now or hereafter have related to the payment for the pay period herein described.
4. I understand that, by making this payment, EOHHS is not making any statement, determination, presumption, concession, finding, or admission that EOHHS has any liability for wrongdoing whatsoever or has any authority, obligation, or status as my employer.

I, the undersigned PCA Provider, declare under pains and penalties of perjury that the foregoing is true and correct.

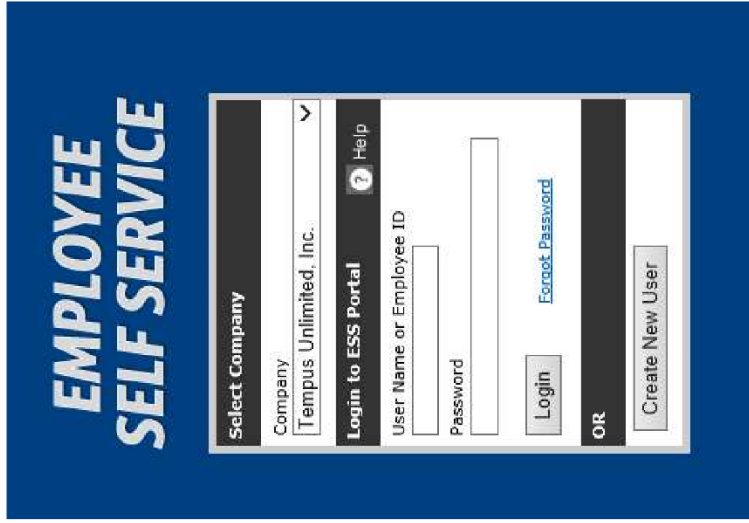
PCA Provider Signature

Date Signed

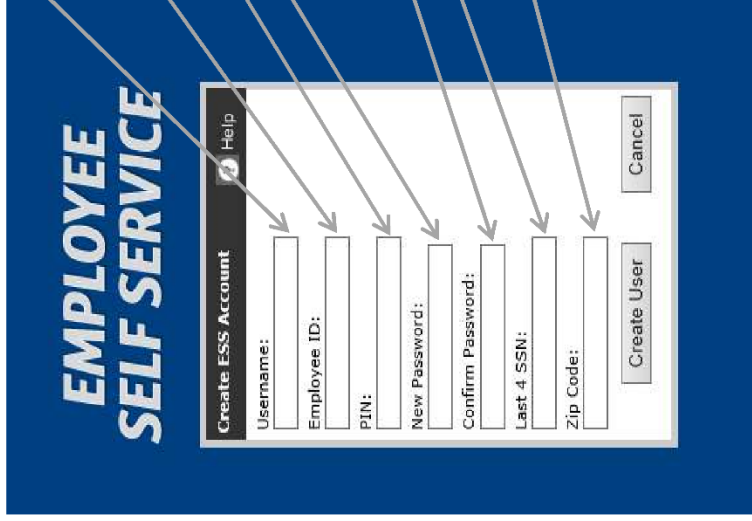
PCA Provider (Printed Name)



Once online, go to <https://P1.tempusunlimited.org> and you will see the following screen:



Click on the “Create New User” button and the following screen will appear:



Enter this information in the boxes:

Username: Type in any username that you will use in the future. Pick a Username that you will remember and record it in a safe place if you need to.

Employee ID: The consumer will use the 4-digit consumer number in this box.

PIN: 1738

New Password: Create a password that you will use each time you login to the portal. You will want to safeguard this password so only you can login to your account.

Confirm Password: Re-type the password.

Last 4 SSN: Consumers will enter 9999 in this box.

Zip Code: Consumers will enter the zip code of the mailing address on file with Tempus Unlimited. If incorrect, use it for now and provide Tempus Unlimited with your updated address in writing.

After entering the information in the boxes click on “Create User”.

You will then see a screen with options to view your payroll information. Click on the “Supervisor/Manager” button in the upper left section of the screen, scroll over “Supervisor view” then “Employee”, and click on “Check History”. Select “Direct Reports Only” and click “Find” to view a list of your employees. Click on the right arrow next to an employee’s name to view a list of checks issued. The checks and direct deposit stubs for 2018 and prior are not available in this portal.

Again, you will be able to view and/or print payroll stubs from this portal within hours of your payroll being processed.

If you forget or lose your password, you will go to the initial login screen (<https://P1.tempusunlimited.org>) and click on “Forgot Password” to create a new user. It is important to try to safeguard and keep your Username and password so you won’t have to start over again.

Una vez que esté en línea, visite la página de web <https://P1.tempusunlimited.org> y verá la siguiente pantalla:

Oprima el botón donde dice "Create New User" (crear nuevo usuario) y verá la siguiente pantalla:

Nombre de usuario: Ingrese cualquier nombre de usuario que usted utilizara en el futuro. escoja un nombre de usuario del que usted se acuerde y de ser necesario, guarde el nombre en algún lugar seguro.

Número de identificación del empleado: El consumidor utilizará su número de consumidor de 4 dígitos para esta casilla.

PIN: 1738

Nueva contraseña: Crea una contraseña que utilizará cada vez que inicie una sesión en el portal. Deberá guardar la contraseña de manera que solo usted pueda acceder su cuenta.

Confirmar su contraseña: Vuelva a ingresar su contraseña.

Últimos 4 dígitos de su seguro social:

Consumidores ingresaran 9999 en esta casilla.

Código postal: Consumidores ingresarán el código postal de la dirección de correo registrada con Tempus Unlimited. Si la dirección es la incorrecta, favor de ingresarla por ahora e indique por escrito la dirección actual a Tempus Unlimited.

Oprima "Create User" (crear usuario) luego de ingresar la información en las casillas.

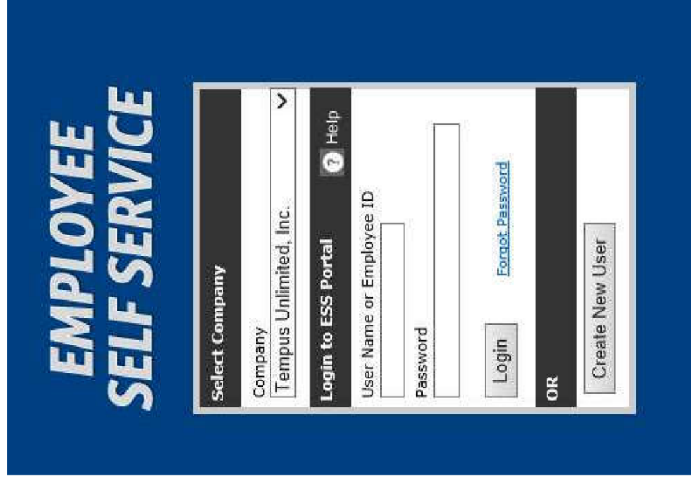
Luego verá una pantalla con opciones para ver su información de nómina. Haga clic en el botón que dice Supervisor / Administrador" en la esquina superior izquierda de la pantalla, desplácese sobre "Supervisor View" (vista de supervisor) y luego "Employee" (empleado), y haga clic donde dice "Check History" (Verificar historial). Seleccione "Direct Deposits Only" (depósitos directos solamente) y haga clic en "Find" (buscar) para ver una lista de sus empleados. Haga clic en la flecha derecha al lado del nombre del empleado para ver una lista de cheques emitidos. Los cheques y talones de depósito directo del año 2018 y de años anteriores no son accesibles a través de este portal.

Le acordamos que usted podrá ver y/o imprimir talones de nóminas desde este portal en cuestión de horas luego de que su nómina haya sido procesada.

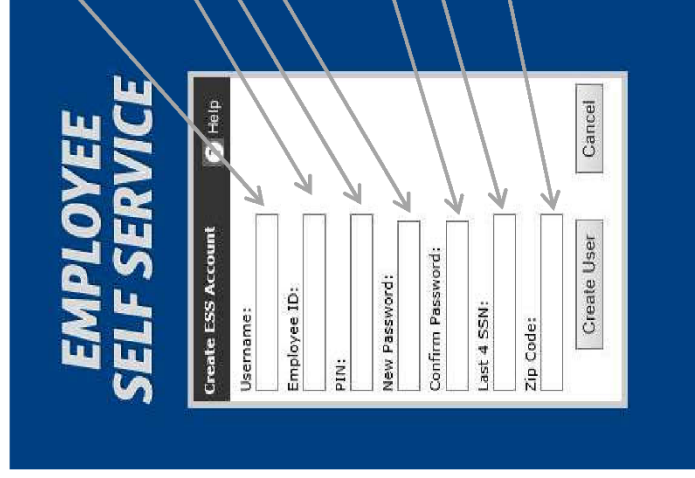
Si se le olvida o pierde su contraseña, deberá volver a la pantalla inicial (<https://P1.tempusunlimited.org>) y oprimir donde dice "Forgot Password" (contraseña olvidada) para crear una nueva cuenta de usuario. Es importante tratar de proteger y mantener seguro su nombre de usuario y contraseña para que no tenga que comenzar de nuevo.



Once online, go to <https://P1.tempusunlimited.org> and you will see the following screen:



Click on the “Create New User” button and the following screen will appear:



Enter this information in the boxes:

Username: Type in any username that you will use in the future. Pick a Username that you will remember and record it in a safe place if you need to.

Employee ID: TX60274799
PIN: 8286

New Password: Create a password that you will use each time you login to the portal. You will want to safeguard this password so only you can login to your account.

Confirm Password: Re-type the password.

Last 4 SSN: PCAs will enter the last 4 digits of their Social Security number,

Zip Code: PCAs will enter the zip code of the mailing address on file with Tempus Unlimited. If incorrect, use it for now and provide Tempus Unlimited with your updated address in writing.

After entering the information in the boxes click on “Create User”.

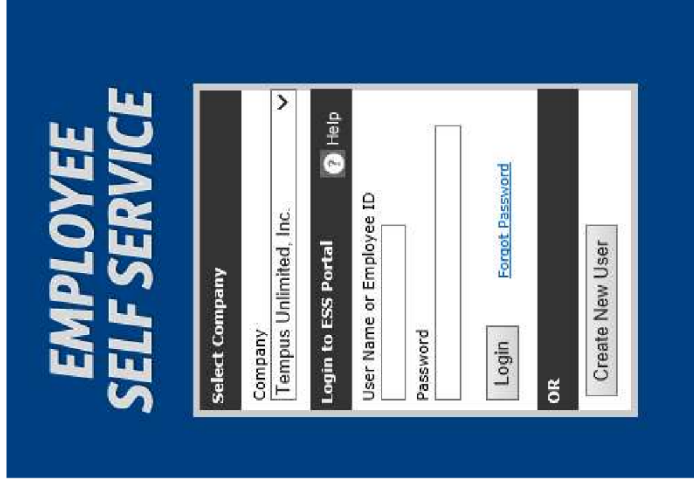
You will then see a screen with options to view your payroll information. Click on the “Employee” button in the upper left section of the screen and then click on “Check History” to view a list of payroll checks or stubs with check dates in 2019. The checks and direct deposit stubs for 2018 and prior are not available in this portal.

Again, you will be able to view and/or print payroll stubs from this portal within hours of your payroll being processed.

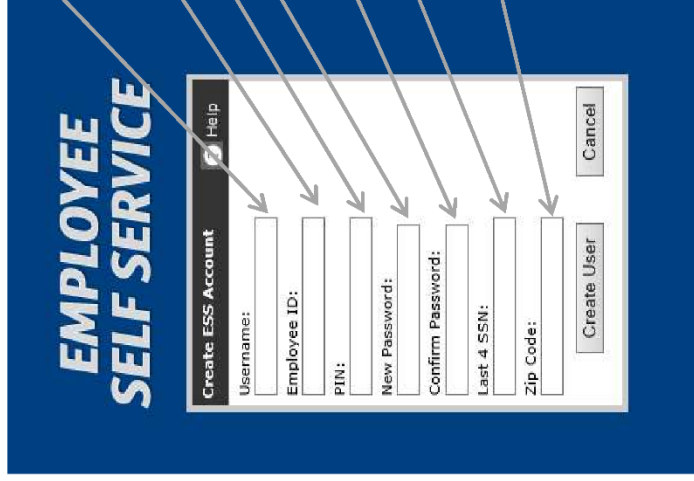
If you forget or lose your password, you will go to the initial login screen (<https://P1.tempusunlimited.org>) and click on “Forgot Password” to create a new user. It is important to try to safeguard and keep your Username and password so you won’t have to start over again.

This portal is only used to view payrolls at Tempus Unlimited for 2019 and forward. Overtime and Travel Time payrolls can be viewed at the iSolved FEA Portal at <https://www8.paychoiceonline.com/fea/>.

Una vez que esté en línea, visite la página de web <https://P1.tempusunlimited.org> y verá la siguiente pantalla:



Oprima el botón donde dice “Create New User” (crear nuevo usuario) y verá la siguiente pantalla:



Ingrese esta información en las casillas:
Nombre de usuario: Ingrese cualquier nombre de usuario que usted utilizara en el futuro. escoja un nombre de usuario del que usted se acuerde y de ser necesario, guarde el nombre en algún lugar seguro.

Número de identificación del empleado:
TX:60274799
PIN: 8286

Nueva contraseña: Crea una contraseña que utilizará cada vez que inicie una sesión en el portal. Deberá de guardar la contraseña de manera que solo usted pueda acceder su cuenta.

Confirmar su contraseña: Vuelva a ingresar su contraseña.

Últimos 4 dígitos de su seguro social: PCA ingresarán los últimos 4 dígitos de su número de seguro social.

Código postal: Consumidores ingresarán el código postal de la dirección de correo registrada con Tempus Unlimited. Si la dirección es la incorrecta, ingresa la por ahora c indique por escrito la dirección actual a Tempus Unlimited.

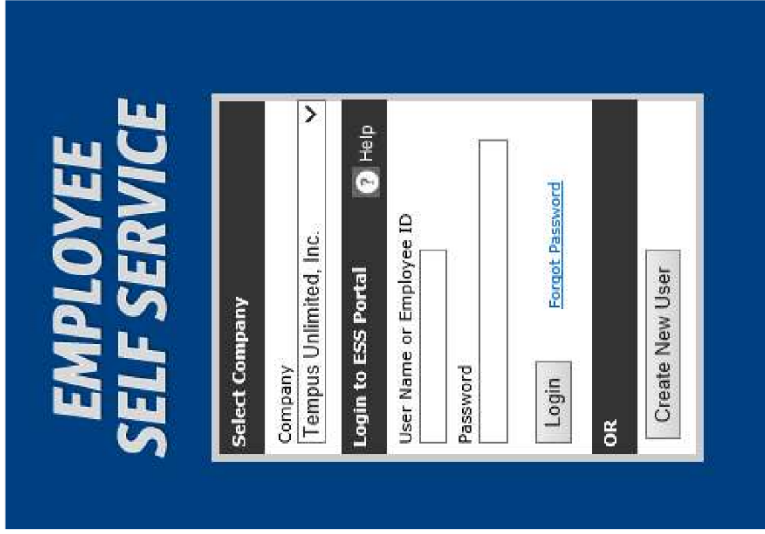
Oprima “Create User” (crear usuario) luego de ingresar la información en las casillas.

Luego verá una pantalla con las opciones para poder ver su información de nómina. Oprima el botón que dice “Employee” (empleado) en la parte posterior izquierda de la pantalla y luego oprima donde dice “Check History” (ver historial) para ver una lista de los cheques o talones de nómina cuyos cheques tienen fechas del 2019. Los cheques y talones de depósito directo del año 2018 y de años anteriores no son accesibles en este portal.

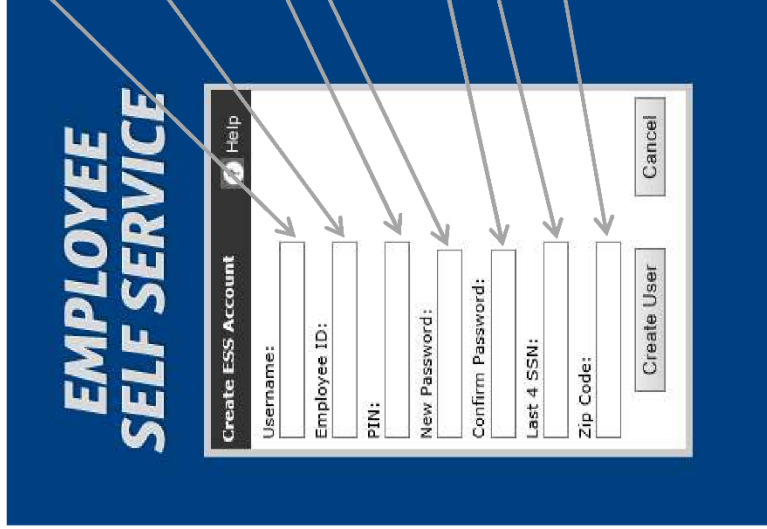
Le acordamos que usted podrá ver y/o imprimir talones de nóminas desde este portal en cuestión de horas luego de que su nómina haya sido procesada. Si se le olvida o pierde su contraseña, deberá volver a la pantalla inicial (<https://P1.tempusunlimited.org>) y oprimir donde dice “Forgot Password” (contraseña olvidada) para crear una nueva cuenta de usuario. Es importante tratar de proteger y mantener seguro su nombre de usuario y contraseña para que no tenga que comenzar de nuevo.

Este portal es solamente para ver las nóminas de Tempus Unlimited desde el 2019 en adelante. Nóminas de horas extras y tiempo de viaje pueden ser vistas en el portal de iSolved <https://www8.paychoiceonline.com/feal/>.

Once online, go to <https://PI.tempusunlimited.org> and you will see the following screen:



Click on the “Create New User” button and the following screen will appear:



Enter this information in the boxes:

Username: Type in any username that you will use in the future. Pick a Username that you will remember and record it in a safe place if you need to.

Employee ID: The surrogates will use the 4-digit consumer number in this box, followed by an “S”. For instance, if the consumer number is “1234”, your number would be “1234S”

PIN: 1446

New Password: Create a password that you will use each time you login to the portal. You will want to safeguard this password so only you can login to your account.

Confirm Password: Re-type the password.

Last 4 SSN: Surrogates will enter 8888 in this box.

Zip Code: Surrogates will enter the zip code of the mailing address on file with Tempus Unlimited. If incorrect, use it for now and provide Tempus Unlimited with your updated address in writing.

After entering the information in the boxes click on “Create User”.

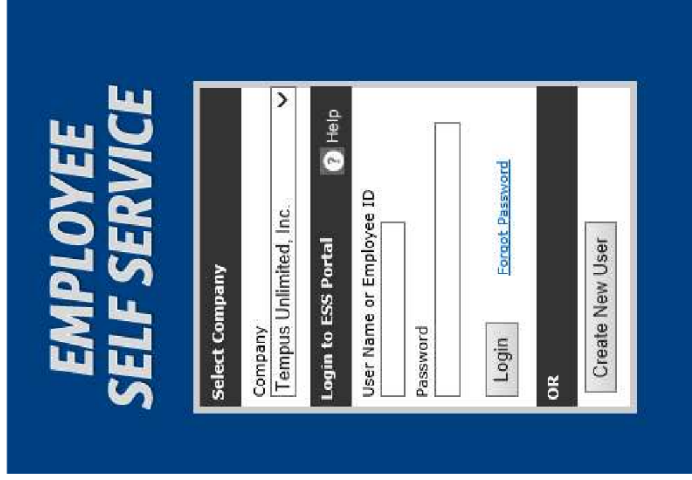
You will then see a screen with options to view your payroll information. Click on the “Supervisor/Manager” button in the upper left section of the screen, scroll over “Supervisor view” then “Employee”, and click on “Check History”. Select “All Reports” and click “Find” to view a list of your employees. Click on the right arrow next to an employee’s name to view a list of checks issued. The checks and direct deposit stubs for 2018 and prior are not available in this portal.

Again, you will be able to view and/or print payroll stubs from this portal within hours of your payroll being processed.

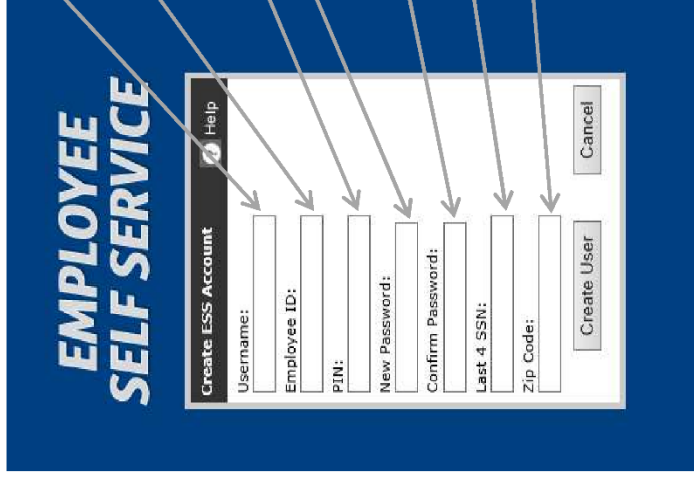
If you forget or lose your password, you will go to the initial login screen (<https://PI.tempusunlimited.org>) and click on “Forgot Password” to create a new user. It is important to try to safeguard and keep your Username and password so you won’t have to start over again.



Una vez que esté en línea, visite la página de web <https://P1.tempusunlimited.org> y verá la siguiente pantalla:



Oprima el botón donde dice “Create New User” (crear nuevo usuario) y verá la siguiente pantalla:



Nombre de usuario: Ingrese cualquier nombre de usuario que usted utilizara en el futuro. escoja un nombre de usuario del que usted se acuerde y de ser necesario, guarde el nombre en algún lugar seguro.

Número de identificación del empleado: Los delegados utilizarán el número del consumidor de 4 dígitos seguido por la letra “s” en esta casilla. Por ejemplo, si el número del consumidor es “1234” entonces su número sería “1234S”.

PIN: 1446

Nueva contraseña: Crea una contraseña que utilizará cada vez que inicie una sesión en el portal. Deberá de guardar la contraseña de manera que solo usted pueda acceder su cuenta.

Confirmar su contraseña: Vuelva a ingresar su contraseña.

Últimos 4 dígitos de su seguro social: Delegados ingresarán 8888 en esta casilla.

Código postal: Los delegados ingresarán el código postal de la dirección de correo registrada con Tempus Unlimited. Si la dirección es la incorrecta, favor de ingresarla por ahora e indique por escrito la dirección actual a Tempus Unlimited.

Oprima “Create User” (crear usuario) luego de ingresar la información en las casillas.

Luego verá una pantalla con opciones para ver su información de nómina. Haga clic en el botón que dice Supervisor / Administrador” en la esquina superior izquierda de la pantalla, desplácese sobre “Supervisor View” (vista de supervisor) y luego “Employee” (empleado), y haga clic donde dice “Check History” (Verificar historial). Seleccione “All Reports” (todos los informes) y haga clic en “Find” (buscar) para ver una lista de sus empleados. Haga clic en la flecha derecha al lado del nombre del empleado para ver una lista de cheques emitidos. Los cheques y talones de depósito directo del año 2018 y de años anteriores no son accesibles a través de este portal.

Le acordamos que usted podrá ver y/o imprimir talones de nóminas desde este portal en cuestión de horas luego de que su nómina haya sido procesada.

Si se le olvida o pierde su contraseña, deberá volver a la pantalla inicial (<https://P1.tempusunlimited.org>) y oprimir donde dice “Forgot Password” (contraseña olvidada) para crear una nueva cuenta de usuario. Es importante tratar de proteger y mantener seguro su nombre de usuario y contraseña para que no tenga que comenzar de nuevo.

MassHealth Personal Care Attendant (PCA) Program
Notice to Personal Care Attendant

RE: PCA Program Covered Services and Non-Covered Services and Tasks

The past year has been a difficult time for all of us. We've had to cope with major changes to our lives, and faced challenges during this coronavirus pandemic that we've never faced before. But we've seen extraordinary commitment from the direct care workforce during this time, including personal care attendants (PCAs). The MassHealth PCA program staff at the Executive Office of Health and Human Services (EOHHS) is deeply grateful for your help in ensuring that consumers in the MassHealth PCA program continue to receive these important medically necessary services.

EOHHS understands that, because of the coronavirus, PCAs may be providing services differently from before the pandemic. But all tasks performed by PCAs must still be for services that are covered by the MassHealth PCA program. It is important that PCAs understand which tasks are covered services and which are non-covered services because **non-covered services are not eligible for payment under the MassHealth PCA program.**

Covered Services

Your Consumer-employer may only schedule you to provide services that are covered under the PCA program.

The services covered under the PCA program consist of physical (hands-on) assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) for the benefit of the consumer-employer.

Please review the attached PCA job description, which provides an overview of the ADLs and IADLs covered under the PCA program. Covered ADLs and IADLs are also described in the PCA Program regulation at 130 CMR 422.411.

Non-covered Services and Tasks

Your Consumer-employer is not permitted to schedule you to perform tasks that are non-covered services. Non-covered services are not eligible for payment under the PCA program. The below descriptions and the descriptions in the attached PCA job description provide services and tasks that are NOT covered under the PCA program:

Non-covered services and tasks include such things as:

- **ADLs/IADLs provided while your Consumer-employer is admitted to a hospital or nursing facility;**
- ADLs/IADLs provided while your consumer employer is receiving another MassHealth-covered service that provides personal care, such as adult foster care and group adult foster care; or during times of the day that your consumer employer is attending an adult day health or day habilitation program.
- IADLs performed by you for the benefit of other household members;
- cueing and supervision, which means reminding about and watching consumer-employers performing tasks, such as reminding a consumer-employer to eat lunch and then watching the consumer-employer throughout the entire meal; and
- tasks that are not incidental to the provision of care to your consumer employer, such as babysitting, mowing the lawn, cleaning the gutters, raking the yard, and similar activities.

Penalties for Providing Non-covered Services and Tasks

PCAs may not be paid for non-covered services and may be subject to sanctions for performing non-covered services and tasks, which could include administrative fines, or suspension or termination as a PCA.

For More Information

If you have questions, contact your consumer-employer or fiscal intermediary (FI).

Programa de Asistente de Cuidados Personales (PCA) de MassHealth Aviso para el Asistente de Cuidados Personales

Ref.: Servicios cubiertos y tareas y servicios sin cobertura del Programa de PCA

El último año ha sido un tiempo difícil para todos nosotros. Hemos tenido que sobrellevar grandes cambios en nuestra vida y hemos enfrentado desafíos durante la pandemia del coronavirus que nunca antes habíamos enfrentado. Pero durante estos tiempos hemos visto un compromiso extraordinario de parte de los trabajadores de atención directa, incluidos los asistentes de cuidados personales (PCA). El personal del Programa de Asistente de Cuidados Personales (PCA) de MassHealth en la Oficina Ejecutiva de Salud y Servicios Humanos (EOHHS) le agradece profundamente por su colaboración en garantizar que los consumidores del Programa de PCA de MassHealth sigan recibiendo estos importantes servicios médicamente necesarios.

La EOHHS comprende que, debido al coronavirus, los PCA podrían estar brindando servicios de manera diferente que antes de la pandemia. Aun así, todas las tareas realizadas por los PCA deberán ser servicios que sean cubiertos por el Programa de PCA de MassHealth. Es importante que los PCA comprendan cuáles tareas corresponden a servicios cubiertos y cuáles no son servicios cubiertos, porque **los servicios sin cobertura no serán pagados por el Programa de PCA de MassHealth.**

Servicios cubiertos

Su Consumidor empleador solamente podrá programar horarios para que usted brinde servicios que están cubiertos por el Programa de PCA. Los servicios cubiertos por el Programa de PCA consisten en brindar asistencia física (práctica) con las actividades de la vida diaria (ADL) y las actividades instrumentales de la vida diaria (IADL) en beneficio del consumidor empleador.

Por favor revise la Descripción de funciones de PCA adjunta, la cual brinda información general sobre las ADL y las IADL cubiertas por el Programa de PCA. También se describe las ADL y las IADL cubiertas en el reglamento del Programa de PCA en 130 CMR 422.411.

Tareas y servicios sin cobertura

No está permitido que su Consumidor empleador programe sus horarios para realizar tareas que sean servicios sin cobertura. Los servicios sin cobertura no son elegibles para ser pagados por el Programa de PCA. Las siguientes descripciones y las definiciones incluidas en la Descripción de funciones de PCA adjunta, indican las tareas y los servicios que NO están cubiertos por el Programa de PCA:

Las tareas y los servicios sin cobertura incluyen, entre otros, actividades tales como:

- **las ADL o las IADL provistas mientras su Consumidor empleador esté internado en un hospital o en un centro de enfermería especializada;**
- las ADL o las IADL provistas mientras su consumidor empleador esté recibiendo otro servicio cubierto por MassHealth que brinde cuidados personales, tales como cuidado temporal para adultos y cuidado grupal temporal para adultos; o durante el día en que su consumidor empleador asista a programas de atención de salud diaria para adultos o de habilitación diurna;
- las IADL realizadas por usted en beneficio de otros integrantes del hogar;
- brindar recordatorios y supervisión, lo cual significa observar y recordar a los consumidores empleadores que realicen ciertas actividades, tales como recordarle al consumidor empleador que coma su almuerzo y luego observar al consumidor empleador durante toda la comida; y
- las tareas que no sean esenciales para brindarle cuidados a su consumidor empleador, tales como cuidado infantil, cortar el césped, limpiar las canaletas, barrer las hojas del jardín, y otras actividades similares.

Sanciones por brindar tareas y servicios sin cobertura

Es posible que no se le pague a los PCA por realizar servicios sin cobertura y podrían estar sujetos a recibir sanciones por realizar tareas o servicios sin cobertura, las cuales podrían incluir multas administrativas, o la suspensión o la terminación de la relación de trabajo como PCA.

Para obtener más información

Si usted tiene preguntas, comuníquese con su consumidor empleador o con el Intermediario Fiscal (FI).

MASSHEALTH PERSONAL CARE ATTENDANT (PCA) PROGRAM

PCA NONCOVERED SERVICES ATTESTATION FORM

1. I understand that it is my responsibility as a Personal Care Attendant (PCA) in the MassHealth PCA Program to provide only covered services described in the MassHealth PCA Program regulation at 130 CMR 422.411 and the PCA job description.
2. I understand that it is my responsibility as a PCA not to provide noncovered services described in the MassHealth PCA Program regulation at 130 CMR 422.412 and the PCA job description, and which include:
 - a. Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) performed by me while your consumer employer is admitted to a hospital or nursing facility;
 - b. ADLs and IADLs performed by me while your consumer employer is receiving another MassHealth-covered service that provides personal care, such as adult foster care and group adult foster care; or during times of the day that my consumer employer is attending an adult day health or day habilitation program.
 - c. IADLs performed by me for the benefit of other household members;
 - d. cueing and supervision; and
 - e. tasks that are not incidental to the provision of care to my consumer employer, such as babysitting, mowing the lawn, cleaning the gutters, raking the yard, etc.
3. I understand that noncovered services or tasks are not eligible for payment under the PCA program.
4. I understand that, if I provide noncovered services through the MassHealth PCA program, I may not be paid for the noncovered services and I may be subject to penalties such as sanctions, which can include administrative fines, or suspension or termination as a PCA.

I, the undersigned PCA provider, declare under pains and penalties of perjury that the foregoing is true and correct.

PCA Provider Signature

Date Signed

PCA Provider (Printed Name)

**PROGRAMA DE ASISTENTE DE CUIDADOS PERSONALES (PCA)
DE MASSHEALTH**

FORMULARIO DE DECLARACIÓN DEL PCA DE SERVICIOS NO CUBIERTOS

1. Yo comprendo que, como Asistente de Cuidados Personales (PCA) del Programa de PCA de MassHealth, es mi responsabilidad brindar solamente los servicios cubiertos como se describen en el reglamento del Programa de PCA de MassHealth en 130 CMR 422.411 y en la Descripción de funciones del PCA.
2. Entiendo que como PCA no se incluye en mi responsabilidad brindar servicios no cubiertos descritos en el reglamento del Programa de PCA de MassHealth en 130 CMR 422.412 y en la Descripción de funciones del PCA, los cuales incluyen:
 - a. las Actividades de la Vida Diaria (ADL) y las Actividades Instrumentales de la Vida Diaria (IADL) realizadas por mí mientras mi consumidor empleador esté internado en un hospital o en un centro de enfermería especializada;
 - b. las ADL y las IADL realizadas por mí mientras mi consumidor empleador esté recibiendo otro servicio cubierto por MassHealth que brinde cuidados personales tales como cuidado temporal para adultos y cuidado grupal temporal para adultos; o durante el día en que mi consumidor empleador asista a programas de atención de salud diaria para adultos o de habilitación diurna;
 - c. las IADL realizadas por mí en beneficio de otros integrantes del hogar;
 - d. brindar recordatorios y supervisión; y
 - e. las tareas que no sean esenciales para brindarle cuidados a mi consumidor empleador, tales como cuidado infantil, cortar el césped, limpiar las canaletas, barrer las hojas del jardín, etc.
3. Yo entiendo que las tareas o los servicios no cubiertos no son elegibles para recibir pagos del Programa de PCA.
4. Entiendo que, si yo brindara servicios no cubiertos por el Programa de PCA de MassHealth, es posible que yo no reciba pagos por dichos servicios no cubiertos, y que podría estar sujeto a sanciones que pudieran incluir multas administrativas, o la suspensión o la terminación de mi relación de trabajo como PCA.

Yo, el Proveedor de servicios de PCA abajo firmante, declaro bajo pena de perjurio que lo anterior es verdadero y correcto.

Firma del Proveedor de servicios de PCA

Fecha de firma

Proveedor de servicios de PCA (Nombre en letra de imprenta)



Fiscal Intermediary Procedure for submitting Complaints and Grievances

Tempus Unlimited, Inc. processes payrolls and related tax filings as the Fiscal Intermediary (FI) for consumers in the Personal Care Attendant (PCA) Program. Tempus Unlimited, Inc. is obligated to provide these services in a professional, courteous and timely manner. Consumers or Surrogates should feel free to voice their concerns whenever they believe these standards are not being met.

- I. If a consumer or surrogate is unhappy with the service, or with a representative of the FI, they can call (toll-free at 877-479-7577), fax, (800-359-2884) , email to: MAFMS@tempusunlimited.org, include the word “Complaint” in the subject line, or mail your letter to the Consumer Relations Supervisor at Tempus Unlimited, Inc., 600 Technology Center Drive, Stoughton, MA 02072. The Consumer Relations Supervisor will review the circumstances regarding the complaint and attempt to resolve the issue within 24 hours of receiving the request. The consumer will be informed of the resolution using the same method as the complainant (telephone, fax, or mail).
- II. If a consumer is not satisfied with the action taken by the Consumer Relations Supervisor, and they feel strongly that their complaint is the result of a violation of law, or regulation, or egregious error or service, they can send an email to: Grievance@tempusunlimited.org, or mail to 600 Technology Center Drive, Stoughton, MA. 02072, ATTN: Compliance Department. The Compliance Office will review the circumstances regarding the grievance and will attempt to resolve the issue within 24 hours of receiving the request. The consumer will be informed of the resolution using the same method as the complainant (telephone, fax, or mail).
- III. If a consumer is not satisfied with the action taken by the Compliance Department, the grievance will be forwarded to the CEO/FI Director via email and/or consumer should submit their grievance by US Mail to Chief Executive Officer/Fiscal Intermediary Director, 600 Technology Center, Stoughton, MA 02072. The CEO/FI Director will conduct an investigation of the circumstances through telephone interviews, personal interviews and/or reviews of written or printed documents relating to the issues.
- IV. Within ten days of receiving the written grievance, the CEO/FI Director will issue a decision in writing to the consumer using the same method as the complainant (email or mail).
- V. If the consumer is dissatisfied with the decision of the CEO/FI Director, the grievance will be transferred to the appropriate parties at MassHealth.

ATTENTION

New Hire PCAs, required to complete an orientation requirement, are now subject to having \$2 per hour deducted from their pay if they do not comply with the orientation requirement.



For details go to www.mass.gov/pca