

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.

2025

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to 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 surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

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 the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	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)

General Instructions

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

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

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

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

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

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

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

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

Specific Instructions

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

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

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

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



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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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

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

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



- 1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$30,000 if you're married filing jointly or a qualifying surviving spouse; \$22,500 if you're head of household; \$15,000 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

Formulario **W-4**

Certificado de Retenciones del Empleado

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

Entregue el Formulario W-4 a su empleador.

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

2024

Paso 1:
Anote Su Información Personal

(a) Su primer nombre e inicial del segundo	Apellido	(b) Su número de Seguro Social
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) <input type="checkbox"/> Soltero o Casado que presenta una declaración por separado		
<input type="checkbox"/> Casado que presenta una declaración conjunta o Cónyuge sobreviviente 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).		

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 y saber cuándo utilizar el estimador de retención de impuestos en www.irs.gov/W4AppSP.

Paso 2:
Personas con Múltiples Empleos o con Cónyuges que Trabajan

Complete este paso si (1) tiene más de un empleo 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:

- (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). Si usted o su cónyuge tiene ingresos del trabajo por cuenta propia, utilice esta opción; **o**
- (b) Utilice la **Hoja de Trabajo para Múltiples Empleos** en la página 3 y anote el resultado en el Paso 4(c) a continuación; **o**
- (c) Marque este recuadro si sólo hay dos empleos en total. Haga lo mismo en el Formulario W-4 para el otro empleo. Esta opción es, por lo general, más precisa que (b) si el pago del empleo que le paga el salario más bajo es mayor que la mitad del pago del empleo que le paga el salario más alto. De lo contrario, (b) es la opción más precisa

Complete los Pasos 3 a 4(b) en el Formulario W-4 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 para el empleo que le paga el salario más alto).

Paso 3: Reclamación de Dependiente y Otros Créditos	Si su ingreso total va a ser \$200,000 o menos (\$400,000 o menos si es casado que presenta una declaración conjunta): 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 para los hijos calificados y otros dependientes. A esta cantidad puede sumarle cualquier otro crédito. Anote el total aquí	3	\$
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Paso 4 (opcional): Otros Ajustes	(a) Otros ingresos (no incluya los ingresos de ningún empleo o del trabajo por cuenta propia). 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)	\$
	(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: Firme Aquí	Bajo pena de perjurio, declaro haber examinado este certificado y que, a mi leal saber y entender, es verídico, correcto y completo.		
	Firma del empleado (Este formulario no es válido a menos que usted lo firme).	Fecha	

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 de Impuestos Internos a menos que se indique de otra manera.

Acontecimientos Futuros

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

Propósito del Formulario

Complete el Formulario W-4 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 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 nuevo, vea la Publicación 505, *Tax Withholding and Estimated Tax* (Retención de impuestos e impuesto estimado).

Exención de la retención. Puede reclamar la exención de la retención para 2024 si **ambas** situaciones a continuación le corresponden: para 2023, usted **no** tenía obligación tributaria federal y para 2024, usted espera **no** tener obligación tributaria federal. Usted no adeudó ningún impuesto federal sobre los ingresos en 2023 si (1) su impuesto total en la línea 24 de su Formulario 1040 o 1040-SR de 2023 es cero (o si la línea 24 es menor que la suma de las líneas 27, 28 y 29) 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 2024. Para reclamar la exención de la retención, certifique que cumple con ambas condiciones anteriores escribiendo "Exempt" (Exento) en el Formulario W-4 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. Si reclama una exención de la retención, deberá presentar un Formulario W-4 nuevo antes del 15 de febrero de 2025.

Su privacidad. Los Pasos 2(c) y 4(a) solicitan información relacionada con el ingreso recibido de otras fuentes aparte del trabajo asociado a este Formulario W-4. Si le preocupa proveer la información solicitada en el Paso 2(c), usted puede escoger el Paso 2(b) como alternativa; si le preocupa proveer la información solicitada 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) como alternativa.

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. Recibe dividendos, ganancias de capital, Seguro Social, bonos o ingresos de negocios, o está sujeto al Impuesto Adicional del Medicare o al *Net Investment Income Tax* (Impuesto sobre los ingresos netos de inversión); o
3. Prefiere determinar su retención con mayor precisión para situaciones de múltiples empleos.

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 por 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), 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 empleo 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.

En su lugar, 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 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 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. La retención se calculará con mayor precisión si hace esto en el Formulario W-4 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). 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, *Impuesto Estimado Personal*.

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 2024 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.

FORM M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name Social Security no. Print home address City State Zip

Employee:

File this form with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

Employer:

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

- 1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2"
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.
3. Write the number of your qualified dependents. See Instruction D.
4. Add the number of exemptions which you have claimed above and write the total.
5. Additional withholding per pay period under agreement with employer \$
A. Check if you will file as head of household on your tax return.
B. Check if you are blind. C. Check if spouse is blind and not subject to withholding.
D. Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date Signed

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not

provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholdingg exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a spouse, write "4" in line 2. Entering "4" makes a withholding system adjustment for the \$4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

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

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

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

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

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

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

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

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

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

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

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Personal Care Attendant Provider Agreement


MassHealth

THE COMMONWEALTH OF MASSACHUSETTS
Executive Office of Health and Human Services

Instructions and Important Information

- All Personal Care Attendants (PCAs) in the MassHealth PCA Program must read, sign, and return this form to their employer (the PCA consumer).
- The PCA's employer (the PCA consumer) must submit this form to the fiscal intermediary (FI), along with all other paperwork required by the FI and MassHealth.
- The PCA must complete and return all required paperwork before receiving payment as part of the PCA Program.
- MassHealth does not cover PCA services when:
 - The PCA consumer is in an inpatient facility, such as a hospital or nursing facility; or
 - The amount of time that has been authorized by MassHealth has been exhausted or is insufficient.
- **The PCA must read, sign, and return this agreement before receiving payment as part of the PCA Program.**

Provider Agreement

By signing below, I agree to the following:

1. I understand that, as a PCA provider, I must comply with the PCA provider eligibility requirements at 130 CMR 422.404(A)(1) and in accordance with the PCA provider scope of services at 130 CMR 422.404(B)(1) and 422.419(C).
2. **I understand that my employer is the PCA consumer. My employer is NOT MassHealth or the Fiscal Intermediary (FI).** My employer is responsible for hiring, firing, training, and scheduling PCA providers. My employer may select another person (a surrogate or administrative proxy) to help manage his or her PCA services. I must notify my employer and the surrogate or administrative proxy (if any), of any changes in my circumstances that would affect my ability to perform my duties as a PCA provider.
3. I understand that 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.)
4. I understand that I must comply with MassHealth regulations for the submission of Activity Forms (also known as "timesheets"), including the use of Electronic Visit Verification system, as specified by MassHealth.
5. I understand that the FI will process payroll for my employer. I understand that I must enroll in Direct Deposit, but may also enroll in payroll debit card, unless I have applied for and received an exemption to receive payment by paper check—if receiving payment by paper check, I acknowledge that the FI will issue a check in my name and send it to my employer (the PCA Consumer).
6. I understand it is my responsibility to immediately notify the FI and my employer (the PCA consumer) if any of my contact information changes, such as my name, address, email, phone number, or other information. I must immediately provide my updated contact information to my employer (the PCA consumer) and the FI any time this information changes.
7. I understand that the MassHealth PCA program pays for personal care services provided by a PCA only when the PCA provider 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 Prior Authorization, as well as the authorized PCA evaluation or reevaluation, service agreement, and MassHealth regulations at 130 CMR 422.410.

8. 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 instrumental to the PCA consumer's PCA care needs 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 PCA services, and other activities approved by MassHealth as being instrumental to the health care needs of the PCA consumer.
9. I understand that my employer (the PCA consumer) will tell me which of these tasks they require for me to provide physical assistance.
10. I understand that I must adhere to weekly hour limits when working for one or more consumers. PCA providers are limited to working no more than 50 hours in total per week, unless the PCA Consumer(s) I work for have received an overtime approval, pursuant to 130 CMR 422.418(A).
11. I understand that I may be subject to sanction, such as suspension or termination as a PCA provider, for failure to comply with the MassHealth PCA program regulation at 130 CMR 422.000, including, but not limited to, failure to provide services covered by the MassHealth PCA provider, repeated failure to work within the weekly hour limit or authorized overtime hours, provider eligibility requirements, or other program requirements.
12. I understand that I cannot be paid as a PCA provider if I am a spouse, parent (if the PCA consumer is a minor child), surrogate or administrative proxy, foster parent, or legally responsible relative of the PCA consumer (including a relative who is a legal guardian).

In providing MassHealth covered PCA services to my employer (the PCA Consumer), I agree to the following:

13. If my employer has an advance directive concerning the provision of care in the event he or she becomes incapacitated, I agree to respect the terms of the advance directive, unless, as a matter of conscience, I cannot implement an advance directive. I agree not to condition the provision of care or otherwise discriminate against my employer based on whether or not the individual has executed an advance directive. I understand that I am not required to provide care that conflicts with an advanced directive.
14. I agree to keep any records that are necessary to show the extent of the services I provide to my employer (the PCA Consumer), including Activity Forms (also called "timesheets").
15. I agree to furnish, upon request, copies of records in my possession and any information regarding payments I claimed for furnishing PCA services to my employer, to the Medicaid agency, the Secretary of the U.S. Department of Health and Human Services, or the State Medicaid fraud control unit.

I agree to comply with the disclosure requirements contained in 42 CFR Part 455, Subpart B, as follows:

16. Pursuant to 42 CFR 455.104(a)(3), I am identifying below any other MassHealth provider entity in which I have ownership or control. A "MassHealth provider entity could include any provider type enrolled with MassHealth, including a Home Health agency, an Adult Foster Care agency, or any other provider type. Please complete this information on Page 3, below.
17. If requested by MassHealth, I agree to provide information about business transactions in accordance with 42 CFR 455.105.
18. In accordance with state statute M.G.L. c.118E, § 36, and federal requirement, 42 CFR 455.106, by signing this form, I am stating that I have not been convicted of a criminal offense related to my involvement in any program under Medicare, Medicaid, or the title XX services program.
19. I understand that certain relationships between me and my employer (the PCA consumer) may affect my tax exemption status. I understand that any tax exemption status resulting from my relationship with my employer is mandatory, based on applicable Federal and State tax rules. I understand that the FI is required to follow all Federal and State rules regarding tax withholding, and the FI cannot change such rules.

Please check one option:

The following describes my relationship to my employer (the PCA consumer). Please check ONLY one:
<input type="radio"/> I am <u>not</u> related to my consumer-employer
<input type="radio"/> I am my consumer-employer's daughter or son
<input type="radio"/> I am my consumer-employer's daughter-in-law or son-in-law
<input type="radio"/> I am my consumer-employer's parent
<input type="radio"/> I am related to my consumer in a different way (please explain):

Please check one option:

Pursuant to 42 CFR 455.104(a)(3), I am identifying below any other MassHealth provider entity in which I have ownership or control. A "MassHealth provider entity could include any provider type enrolled with MassHealth, including a Home Health agency, an Adult Foster Care agency, or any other provider type. Please check one:

- I DO NOT have ownership or control of any other MassHealth provider entity
- I DO have ownership or control of any other MassHealth provider entity. The information for such entity/entities is as follows:

Please complete and attest to the following information:

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.

I attest to all the above information, and agree to accept the position of personal care attendant (PCA) provider for:

(Print name of PCA consumer)

PCA Provider Signature: _____

PCA Provider Printed Name: _____

Date Signed: _____

Asistente de Cuidados Personales (PCA)

Acuerdo de servicios


MassHealth

THE COMMONWEALTH OF
MASSACHUSETTS
Executive Office of Health and Human Services

Instrucciones e información importante

- Todos los Asistentes de Cuidados Personales (PCA) del Programa de PCA de MassHealth deben leer, firmar y enviar este formulario a su empleador (el consumidor de servicios de PCA).
- El empleador del PCA (el consumidor de servicios de PCA) debe presentar este formulario al Intermediario Fiscal (FI), junto con todos los demás documentos requeridos por el FI y MassHealth.
- El PCA debe completar y enviar toda la documentación requerida antes de recibir su sueldo como participantes del Programa de PCA.
- MassHealth no cubre los servicios de PCA si:
 - El consumidor de servicios de PCA está en un centro hospitalario, tal como un hospital o un centro de enfermería especializada; o
 - Ya se utilizó todo el tiempo que autorizó MassHealth o fue insuficiente.
- **El PCA debe leer, firmar y enviar este contrato antes de recibir su sueldo como participante del Programa de PCA.**

Acuerdo de servicios

Al firmar a continuación, acepto lo siguiente:

1. Yo entiendo que, como proveedor de servicios de PCA, debo cumplir con los requisitos de elegibilidad para proveedores de servicios de PCA estipulados en 130 CMR 422.404(A)(1) y conforme al campo profesional para proveedores de servicios de PCA estipulado en 130 CMR 422.404(B)(1) y 422.419(C).
2. **Yo entiendo que mi empleador es el consumidor de servicios de PCA. Mi empleador NO es MassHealth ni el Intermediario Fiscal (FI).** Mi empleador es responsable de contratar, despedir, capacitar y programar a los proveedores de servicios de PCA. Mi empleador puede elegir a otra persona (un representante o apoderado administrativo) para ayudarlo a administrar sus servicios de PCA. Yo debo notificar a mi empleador y al representante o apoderado administrativo (si lo hubiera), de cualquier cambio en mi situación que afectaría mi capacidad de realizar mis labores como proveedor de servicios de PCA.
3. Entiendo que yo debo proporcionar comprobantes de mi identidad a mi empleador para completar el formulario de Verificación de Elegibilidad de Empleo (Formulario I-9), que debe ser completado por todos los empleados como requisito del Departamento de Seguridad Nacional (DHS). (El FI debe entregar este formulario al empleador.)
4. Entiendo que debo cumplir con los reglamentos de MassHealth sobre la presentación de los Formularios de Actividades (también llamadas “planillas de horas trabajadas”), incluido el uso del sistema de Verificación Electrónica de Visitas (EVV), según lo especificado por MassHealth.
5. Entiendo que el FI procesará la nómina a nombre de mi empleador. Entiendo que debo inscribirme en Depósito Directo, pero que también puedo inscribirme con una tarjeta de débito para la nómina, a menos que yo haya solicitado una exención y la haya recibido para obtener mi salario con un cheque impreso (en papel) —si recibiera mi sueldo con cheques impresos, yo reconozco que el FI emitirá un cheque a mi nombre y lo enviará a mi empleador (el consumidor de servicios de PCA).

6. Entiendo que es mi obligación notificar inmediatamente al FI y a mi empleador (el consumidor de servicios de PCA) si cambiara mi información de contacto, como mi nombre, dirección, correo electrónico, número de teléfono y cualquier otra información. Yo debo proporcionar inmediatamente mi información de contacto actualizada a mi empleador (el consumidor de servicios de PCA) y al FI cada vez que cambie dicha información.
7. Entiendo que el Programa de PCA de MassHealth paga por los servicios de cuidados personales prestados por un PCA solamente cuando el proveedor de servicios de PCA brinda asistencia física con las actividades de la vida diaria (ADL) o las actividades instrumentales de la vida diaria (IADL) a un consumidor de servicios de PCA elegible que haya obtenido una autorización previa (PA) de MassHealth para dichos servicios de PCA. Los servicios de PCA deben prestarse conforme a la Autorización previa (PA) de consumidor de servicios de PCA, y también conforme a la evaluación o reevaluación autorizada de servicios de PCA, el acuerdo de servicios y los reglamentos de MassHealth estipulados en 130 CMR 422.410.
8. Entiendo que las ADL incluyen asistir físicamente al consumidor de servicios de PCA para trasladar el cuerpo, caminar, usar equipo médico, tomar medicamentos, bañarse e higiene personal, vestirse y desvestirse, ejercicios pasivos de rango de movimiento, comer e ir al baño. Entiendo que las IADL incluyen servicios en el hogar que son esenciales a las necesidades de servicios de PCA de consumidor, tales como: lavado de ropa, compras, limpieza, hacer comidas y ordenar, transporte a citas médicas; actividades tales como: mantenimiento de sillas de ruedas u otro equipo médico, realizar los trámites requeridos para recibir servicios de PCA; y otras actividades aprobadas por MassHealth que sean instrumentales a las necesidades de atención de salud del consumidor de servicios de PCA.
9. Entiendo que mi empleador (el consumidor de servicios de PCA) me informará de las tareas que requieran que yo brinde asistencia física.
10. Entiendo que yo debo cumplir con los topes de horas semanales cuando trabaja para uno o más consumidores. Los proveedores de servicios de PCA no pueden trabajar más de un total de 50 horas por semana, a menos que el/los consumidor/es de servicios de PCA para quien/es trabaje tengan la aprobación para las horas extra, conforme a 130 CMR 422.418(A).
11. Entiendo que podría estar sujeto a sanciones, tales como la suspensión o la terminación de la relación de trabajo como proveedor de servicios de PCA, por no cumplir con el reglamento del Programa de PCA de MassHealth PCA estipulado en 130 CMR 422.000, por ejemplo, no prestar los servicios cubiertos por el proveedor de servicios de PCA de MassHealth, reiteradas faltas de cumplimiento del trabajo dentro del tope de horas semanales o de las horas extra autorizadas, de los requisitos de elegibilidad del proveedor o de cualquier otro requisito del programa.
12. Entiendo que no puedo recibir salario como proveedor de servicios de PCA si soy el cónyuge, padre o madre (si el consumidor de servicios de PCA es un menor de edad), representante o apoderado administrativo, padre o madre de crianza, o si soy un pariente con responsabilidad legal del consumidor de servicios de PCA (como un pariente que sea el tutor legal).

Al proveer servicios de PCA cubiertos por MassHealth a mi empleador (el consumidor de servicios de PCA), yo acepto lo siguiente:

13. Si mi empleador tuviera una instrucción anticipada respecto a la prestación de atención en caso de que quedara incapacitado, yo estoy de acuerdo en respetar los términos de dicha instrucción anticipada, a menos que, por una cuestión de conciencia, yo no pueda poner en práctica una instrucción anticipada. Acepto no condicionar la prestación de atención ni discriminar a mi empleador según si la persona haya puesto en práctica la instrucción anticipada o no. Entiendo que no se me exige que brinde cuidados que contradigan una instrucción anticipada.
14. Acepto mantener todos los expedientes que sean necesarios para comprobar el alcance de los servicios que yo preste a mi empleador (el consumidor de servicios de PCA), como los Formularios de actividades (también llamados “planillas de horas trabajadas”).
15. Si así lo solicitaran, acepto proporcionar las copias de los expedientes que estén en mi poder y de toda la información respecto a los pagos que yo reclame por prestar servicios de PCA a mi empleador, a la agencia de Medicaid, al secretario del Departamento de Salud y Servicios Humanos de EE. UU. o a la unidad controladora estatal de Fraude contra Medicaid.

Acepto cumplir con los requisitos de divulgación de información estipulados en 42 CFR Parte 455, Subparte B, según lo siguiente:

16. Conforme a 42 CFR 455.104(a)(3), a continuación, indico de qué otra entidad, que provea servicios a MassHealth, soy propietario o ejerzo el control. Una "entidad proveedora de MassHealth" podría incluir a cualquier tipo de proveedor inscrito en MassHealth, como una Agencia de cuidados a domicilio (HHA), una agencia de Cuidado temporal para adultos (AFC) o cualquier otro tipo de proveedores. Por favor, complete esta información en la Página 3, a continuación.
17. Si MassHealth lo requiriera, acepto proveer información sobre las transacciones comerciales conforme a 42 CFR 455.105.
18. Conforme a los estatutos del estado M.G.L. c.118E, § 36 y a los requisitos federales 42 CFR 455.106, al firmar este formulario, declaro que yo no he sido condenado por delitos penales por participar en ninguno de los programas de Medicare, Medicaid ni los programas de servicios del Título XX.
19. Entiendo que determinadas relaciones entre mi empleador (el consumidor de servicios de PCA) y yo podrían afectar mi estado de exención de impuestos. Entiendo que cualquier estado de exención de impuestos que derive de mi relación con mi empleador es obligatorio, conforme a los correspondientes requisitos impositivos federales y estatales. Entiendo que se exige que el FI cumpla con todos los requisitos federales y estatales respecto a la retención de impuestos, y que el FI no puede cambiar dichos requisitos.

Por favor marque una opción:

Las siguientes opciones describen mi relación laboral con mi empleador (el consumidor de servicios de PCA). Por favor marque SOLO una opción:
<input type="radio"/> Yo <u>no</u> estoy relacionado ni emparentado con mi consumidor empleador
<input type="radio"/> Yo soy el hijo o la hija del consumidor empleador
<input type="radio"/> Yo soy la nuera o el yerno de mi consumidor empleador
<input type="radio"/> Yo soy el padre o la madre de mi consumidor empleador
<input type="radio"/> Yo estoy relacionado/a con mi consumidor de otra manera (por favor explique):

Por favor marque una opción:

Conforme a 42 CFR 455.104(a)(3), a continuación, indico de qué otra entidad, que provea servicios a MassHealth, soy propietario o ejerzo el control. Una "entidad proveedora de MassHealth" podría incluir a cualquier tipo de proveedor inscrito en MassHealth, como una Agencia de cuidados a domicilio (HHA), una agencia de Cuidado temporal para adultos (AFC) o cualquier otro tipo de proveedores. Por favor marque una opción:

- Yo NO soy propietario ni ejerzo el control de ninguna otra entidad que provee servicios a MassHealth
- Yo SÍ soy propietario o ejerzo el control de otra entidad que provee servicios a MassHealth. La información sobre tales entidades es la siguiente:

Por favor, complete y declare sobre la siguiente información:

Yo certifico bajo pena de perjurio que la información indicada en el presente formulario de firma, como toda declaración aquí incluida, es verdadera, precisa y completa a mi leal saber y entender, y que ha sido revisada y firmada por mí. También certifico que entiendo mis deberes, derechos y responsabilidades como PCA y que toda la información que he provisto a mi empleador (el consumidor de servicios de PCA), al intermediario fiscal, a la agencia de supervisión de cuidados personales (PCM) o a MassHealth es verdadera y precisa a mi leal saber y entender. Entiendo que podría estar sujeto a sanciones civiles o juicios penales por cualquier falsificación, omisión o encubrimiento de hechos materiales contenidos en el presente.

Doy fe de toda la información anterior y acepto el puesto de proveedor de servicios de asistente de cuidados personales (PCA) para:

(Escriba en imprenta el nombre del consumidor de servicios de PCA)

Firma del proveedor de servicios de PCA: _____

Nombre en imprenta del proveedor de servicios de PCA: _____

Fecha de la firma: _____

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 #: _____

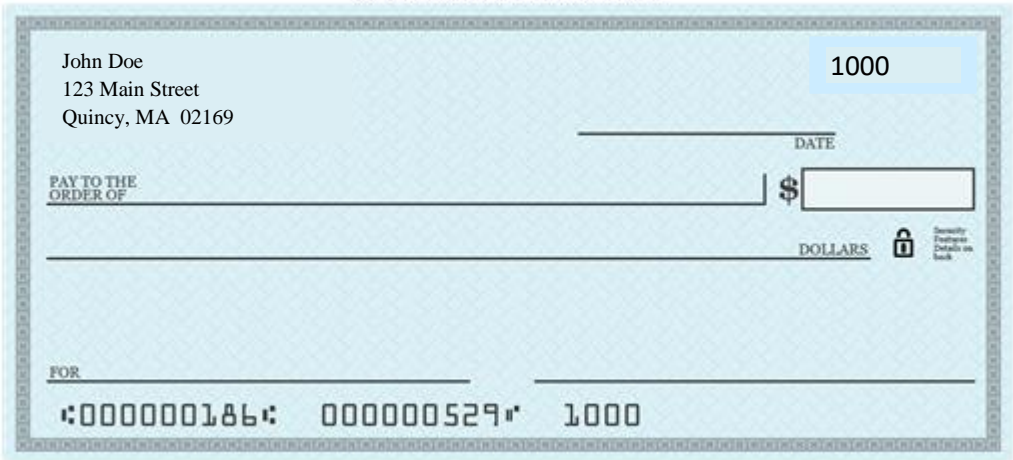
This is a

 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:



John Doe
123 Main Street
Quincy, MA 02169

1000

DATE _____

PAY TO THE ORDER OF _____ \$ _____

DOLLARS Security Features Details on back

FOR _____

⑆000000186⑆ 000000529⑆ 1000

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: _____

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: _____

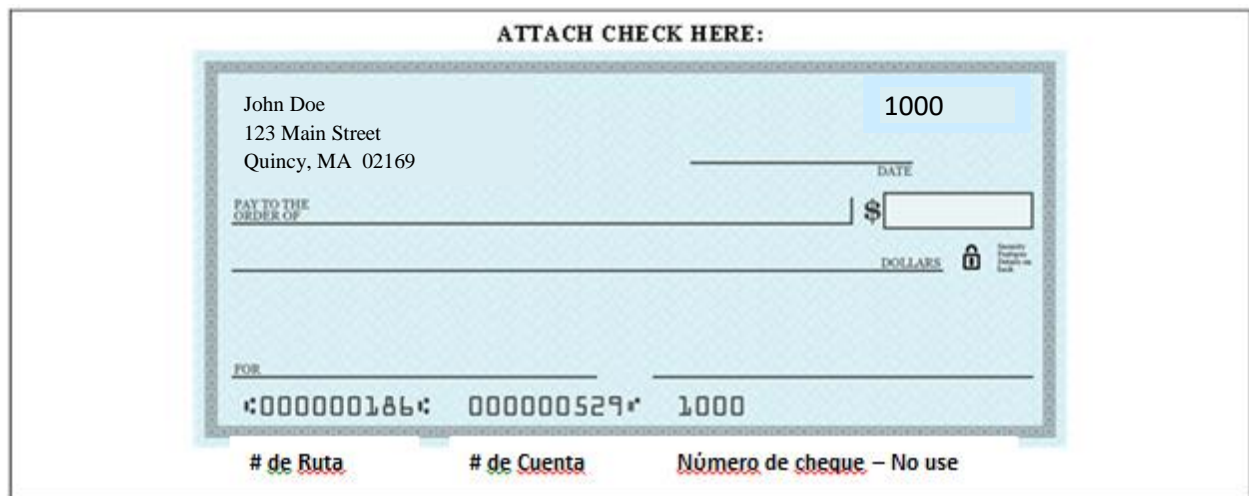
POR MassHealth - Cuentas de depósito directo deben de estar solamente a nombre de PCA, la cuenta no puede ser una cuenta conjunta compartida por el PCA y el consumidor o el delegado.

Nombre de Banco: _____

de Ruta: _____ # de Cuenta: _____

Estos es una **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 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 Address²:

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 "Consumer"):

Consumer Name:

Consumer No.:

Consumer Address

Street:

Apt/Suite:

City:

State:

Zip:

¹By providing us with a telephone number for a cellular phone or other wireless device, including a number that you later convert to a cellular number, you are expressly consenting to receiving communications— including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system—from us and our affiliates and agents at that number. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls for non-marketing purposes. Calls and messages may incur access fees from your cellular provider. ²An 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.



Tarjeta U.S. Bank Focus

Formulario de Inscripción

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

**¡INSCRÍBETE
HOY!**



Nombre:

Apellido:

Dirección:

Ciudad:

Estado:

Código Postal:

Número de Teléfono¹:

Número de Seguro Social:

Fecha de Nacimiento:

Dirección de Correo Electrónico²:

Información Importante Sobre Procedimientos Para Abrir Una Cuenta Nueva

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 abras una cuenta, se te pedirá tu nombre, dirección, fecha de nacimiento y cualquier otra información que nos permita identificarte. Es posible que también te pidamos mostrar tu 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 vigente hasta que yo la cancele a través de una notificación por escrito a Tempus Unlimited.

Confirmando haber recibido la Divulgación Previa a la Adquisición y la Lista de Cargos, para lo 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 tu pago, provee información acerca del individuo a quien le proporcionaste Servicios (tu "Consumidor"):

Nombre del
Consumidor:

Dirección del Consumidor

Calle:

Consumidor número:

Apto./Suite:

Ciudad:

Estado:

Código postal:

Los servicios pueden estar disponibles solamente en inglés.

¹ Al proporcionarnos 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 estas llamadas sirvan para fines 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

CONSUMER #

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:	Consumer #:
Consumer E-mail:	
Consumer Signature: _____	Date: _____
Surrogate Printed Name:	
Surrogate E-mail:	
Surrogate Signature: _____	Date: _____
PCA/Worker Printed Name:	Last 4 digits of SS#:
PCA/Worker E-mail:	
PCA/Worker Signature: _____	Date: _____

I. Sobre el Módulo de Nóminas Electrónicas

- a. El Modulo 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:	Número de Consumidor #:
E-mail del Consumidor:	
Firma del Consumidor: _____	Fecha: _____
Nombre Impreso del Delegado:	
E-mail del Delegado:	
Firma del Delegado: _____	Fecha: _____
Nombre Impreso del PCA/Trabajador:	
Últimos 4 dígitos del número de SS:	
E-mail del PCA/Trabajador:	
Firma del PCA/Trabajador: _____	Fecha: _____



Please note: The fastest, easier way to view/print payroll information such as payroll vouchers and W2's is using the Employee Service Portal
<https://p4.tempusunlimited.org/>

PCA/Worker Request for Mailed Paystubs

Consumer Number: _____

Consumer Name: _____

PCA/Worker Name: _____

Unique ID (if available): _____

Last 4 digits of SSN: _____

PCA/Worker Current Address*:

** If the address listed above is different from what we currently have on file, we will update the address provided the form is signed.*

By checking this box and signing below, I hereby authorize Tempus Unlimited, Inc. to mail my PCA/Worker Payment Vouchers to my current address. This authorization is to remain in full force and effect until Tempus Unlimited, Inc. has received written notice from me of its termination in such time and in such manner as to afford Tempus Unlimited, Inc. reasonable opportunity to act on it.

Payee Signature: _____ **Date:** _____