

**State of Rhode Island Division of Taxation
Employee's Withholding Allowance Certificate**

Federal Form W-4 can no longer be used for Rhode Island withholding purposes. You must complete Form RI W-4 for your employer(s). Once you have completed Form RI W-4 for your employer, Form RI W-4 only needs to be completed if you are making changes to your withholding allowance or have a new employer. Form RI W-4 must be completed each year if you claim "EXEMPT" or "EXEMPT-MS" on line 3 below.

If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form RI W-4 for the highest-paying job and claim zero on all of your other RI W-4 forms. You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld. Also, keep in mind that if your annual wages exceed \$274,650, your exemption amount will be phased out and be equal to zero.

Line 1: Figure your personal allowances (including allowances for dependents)

- A. No one else can claim me as a dependent. If yes, enter "1" on line 1A..... 1A. _____
- B. I can claim my spouse as a dependent. If yes, enter "1" on line 1B..... 1B. _____
- C. Enter the number of dependents (other than you or your spouse) you will claim on your tax return..... 1C. _____
- D. Enter any additional allowances (review carefully to avoid underwithholding) 1D. _____
- E. Add lines A, B, C and D and enter here. However, if line E is more than 10, enter 10.
This is the total number of personal allowances to which you are entitled. Enter on line 1 below..... 1E. _____

Line 2: Additional withholding amounts

If you want additional withholding taken out of your pay, enter that dollar amount which is to be withheld **each pay period** on line 2 below.

Line 3: Exempt Taxpayer

Exempt Status #1

If you meet both of the conditions below, you may claim exemption from Rhode Island withholding for 2024:

- a) Last year I had a right to a refund of all Rhode Island income tax withheld because I had **no** tax liability **AND**
- b) This year I expect a refund of all Rhode Island income tax because I expect to have **no** tax liability.

If you meet both of the above conditions, write "EXEMPT" on line 3 below.

Exempt Status #2

If you are the spouse of a servicemember stationed in Rhode Island, your wages may be exempt under the Military Spouses Residency Relief Act. If you meet both of the conditions below, you may claim exemption from Rhode Island withholding for 2024.

- a) You moved to Rhode Island solely to be with your servicemember spouse in compliance with military orders sending the servicemember to Rhode Island **AND**
- b) You have the same non-Rhode Island domicile as your servicemember spouse.

If you meet both of the above conditions, write "EXEMPT-MS" on line 3 below.

RI W-4

**State of Rhode Island Division of Taxation
Employee's Withholding Allowance Certificate**

2024

PLEASE PRINT

Name - first, middle initial, last

Present home address (Number and street, including apartment number or rural route)

City, town or post office

State

ZIP code

Your social security number

- 1. Enter the number of allowances from line 1E above 1. _____
- 2. Enter any additional dollar amount which you would like withheld from your pay 2. \$ _____
- 3. If you meet the conditions above, write "EXEMPT" or "EXEMPT-MS" whichever applies 3. _____

Employee: File this form with your employer to indicate the number of dependents or other personal exemptions to be claimed as allowances for your Rhode Island withholding. You should make a copy for your own records.

Employer: Keep this certificate with your payroll records. The form must be available to the Division of Taxation upon request.

Under penalties of perjury, I declare that I have examined this certificate, and to the best of my knowledge and belief, it is true, correct and complete.

Employee
Signature →

Date



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.

First Day of Employment (mm/dd/yyyy):
00/00/0000

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

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



Supplement B, Reverification and Rehire (formerly Section 3)

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

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

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)

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

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

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

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

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)

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

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

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

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

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)

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



Supplement A, Preparer and/or Translator Certification for Section 1

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

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

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

Veteran Directed Care Program (VDC)

AGREEMENT BETWEEN VETERAN/SURROGATE-EMPLOYER AND SUPPORT WORKER

This agreement is entered into between _____,

who is the Veteran/Surrogate-Employer and _____, who is the Support Worker.

The Support Worker agrees to the following:

1. I am employed by the Veteran/Surrogate-Employer.
2. I agree to perform the tasks on the attached Job Description and all other duties as directed by the Veteran/Surrogate-Employer or his or her designee.
3. I agree to the total number of hours I am authorized to work for the Veteran/Surrogate-Employer and I understand that I will not be compensated for any time worked beyond the authorized hours stated in the approved Veteran Spending Plan.
4. I agree to complete the Support Worker section of the time sheet on a bi-weekly basis in a manner that accurately reflects the number of hours of service delivered to the Veteran/Surrogate-Employer.
5. I agree to submit my time sheets to the Veteran/Employer or their Surrogate for their signature.
6. I agree to submit my time sheets in accordance with the instructions provided and the timeframe specified on Tempus Payroll Schedule. I understand that if I submit my time sheet late to the Veteran/Surrogate-Employer that my time sheet will be processed in the next payroll cycle.
7. I understand that Tempus Unlimited, Inc. is the Fiscal Intermediary for the Veteran/Surrogate-Employer and that Tempus Unlimited, Inc. is responsible for processing my payroll.
8. I understand that by submitting payroll I am confirming that I have worked the number of hours documented providing direct care to the Veteran and will be personally liable if I did not work the documented hours and/or used federal funds to pay a non-approved worker to care for the Veteran.
9. I agree to be on time, to call the Veteran/Surrogate-Employer. If I will be late or if I am unable to work at a scheduled time.
10. I agree to communicate with the Veteran/Surrogate-Employer openly about all work related issues.
11. I understand that I am neither a Support Worker nor an Agent of _____ (name of ADNA) or Tempus Unlimited, Inc.

12. I release _____ (name of ADNA) and Tempus Unlimited, Inc. from all responsibility and liability for any injury incurred or loss of property resulting from the delivery of service to the Veteran/Surrogate-Employer.

13. I understand that I cannot be paid as a worker if I am the Veteran's Surrogate or legally responsible relative.

The following represents my relationship to the Employer (PLEASE CHECK ONE):

Adult (18 years or older) child of Employer
Son-in-law of Employer
Other relative (describe)

Daughter-in-law of Employer
Spouse of Employer
Non-relative (describe)

SIGNATURES

Printed Name of Veteran Employer

Date

Signature of Veteran Employer

Date

Printed Name of Veteran's Surrogate
(if applicable)

Date

Signature of Veteran's Surrogate
(if applicable)

Date

Printed Name of Support Worker

Date

Signature of Support Worker

Date

DIRECT DEPOSIT APPLICATION

Worker's Name: _____ Worker'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 Worker 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 Worker name and account number). For a savings account please attach a document from the bank indicating the Worker'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.

Worker's Signature: _____ Date: _____

APLICACIÓN PARA DEPOSITO DIRECTO

Nombre de Trabajador: _____ Número Telefónico de Trabajador: _____

Numero de Consumidor: _____ Nombre de Consumidor: _____

Información de Cuenta

Nombre de persona en la cuenta de Banco: _____

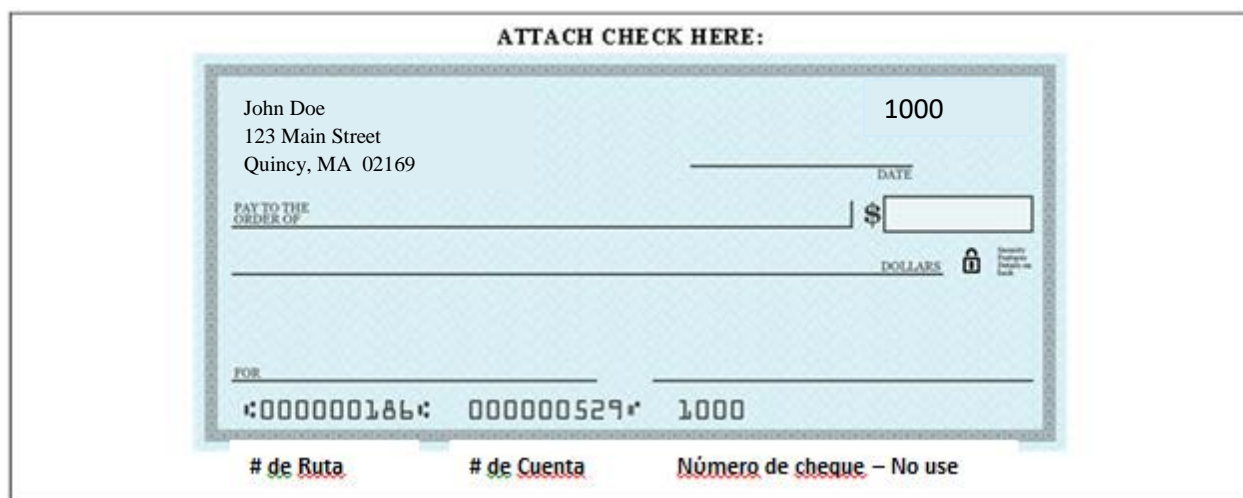
POR MassHealth - Cuentas de depósito directo deben de estar solamente a nombre de Trabajador, la cuenta no puede ser una cuenta conjunta compartida por el Trabajador y el consumidor o el delegado.

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 Trabajador 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 Trabajador: _____ 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
Address**

Street:

Consumer No.:

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.

The Focus Card is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. ©2023 U.S. Bank. Member FDIC.



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.



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.

La Tarjeta Focus es emitida por U.S. Bank National Association, de conformidad con una licencia de Visa U.S.A. Inc. ©2023 U.S. Bank. Miembro FDIC.

