

# EMPLOYEE PACKET

Keep these forms as your originals and make as many copies as you need – or download them from the APD website at <http://apd.myflorida.com/cdcplus> .

- Employee List
- Instructions
- Employee Information Form
- IRS Form W-4
- DHS Form I-9
- Direct Deposit Form

## Instructions for employees who have been working with you since July 2007:

Complete the enclosed EMPLOYEE LIST and attach to that list a copy of the following documents that were sent to PPL for each of those employees:

Employee Information Form (EIF)

IRS Form W-4

DHS Form I-9

Employer/Employee Relationship Form (EERF)

AND – if the employee wants payroll direct deposited,

An **APD** Direct Deposit Form

If you do not have copies of these forms, then new forms from this new packet must be completed. Please notice that the new Employee Information Form combines the EIF and the EERF.

## Instructions for employees who will begin to work for you ON or AFTER March 1, 2008:

The following forms for each new employee must be completed and submitted to your APD area office with the Purchasing Plan on which he or she first appears:

Employee Information Form (EIF)

IRS Form W-4

DHS Form I-9

Direct Deposit Form, if applicable



# STEP-BY-STEP INSTRUCTIONS

## EMPLOYEE PACKET

### 1. Employee Information Form

- ◆ This is a 1 page form
  - Fill in all lines of this form with the information requested.
  - Make a copy of the form for your files.

### 2. IRS Form W-4

- ◆ This is a 1 page form with 1 additional page of support material
  - Employee enters all information requested in sections 1-7.
  - Employee signs and dates form.
  - Enter ONLY the name of the employer (consumer) in section 8.
  - Leave sections 9 and 10 blank.
  - Make a copy of the form for your files.

### 3. DHS Form I-9

- ◆ This is a 1 page form with 3 additional pages of support material
  - Employee completes all areas of Sections 1.
    - Employee **MUST** check one of the three boxes in the lower right area of Section 1.
  - Employee signs and dates Sections 1.
  - The "Preparer and/or Translator Certification" section is to be completed only if applicable.
  - Consumer or consumer's CDC+ representative completes Section 2.
    - If the document you reviewed came from List A, you only need to enter that document in the List A section and leave the rest of this area blank.
    - If the document you reviewed did not come from List A, you must examine a document from List B and a document from List C, and enter both those document titles, numbers, expiration dates, etc., in the List B section and in the List C section, respectively.
    - In the "Certification" area, enter the month/day/year that the employee started working for you or will start working for you.
    - Complete the signature blocks. If consumer's CDC+ representative is signing, sign as: "Representative Name for Consumer Name."
    - Print the Consumer's Name in the Print Name block. If the consumer's CDC+ representative signed in the signature block, print "Representative Name for Consumer Name."
    - In the Title block, Household Employer has been entered for you.
    - In the Business or Organization Name and Address, print the consumer's name and address.
    - Enter the date signed by the consumer or representative.
  - Leave Section 3 blank.
  - Make a copy of the form for your files.

- Please note that if your employee has a name change, or if you re-hire this employee, you must make a copy of the original form that was completed for the employee and complete Section 3 to identify the changes that are required in Section 3, as applicable.

**4. Direct Deposit Form (EFT)**

- ◆ This is a 1 page form
  - Follow the instructions that are printed on the form
  - Make a copy of the form for your files.

Put the above original documents together in the order shown and submit to the Agency for Persons with Disabilities. For the current purpose of enrolling with APD as the Fiscal/Employer Agent, these documents (or copies of the same documents you sent to PPL) are to be attached to the Employee List and returned to APD in the envelope provided.

# Form W-4 (2009)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

|   |  |          |  |          |  |
|---|--|----------|--|----------|--|
| <b>A</b>  | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .  | <b>A</b> | _____  |          |  |
| <b>B</b>  | Enter "1" if:<br><table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding-left: 5px;"> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> </tr> </table>   | {        | <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> | <b>B</b> | _____  |
| {   | <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>   |          |  |          |  |
| <b>C</b>  | Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .  | <b>C</b> | _____  |          |  |
| <b>D</b>  | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .   | <b>D</b> | _____  |          |  |
| <b>E</b>  | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .  | <b>E</b> | _____  |          |  |
| <b>F</b>  | Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .   | <b>F</b> | _____  |          |  |
| <b>(Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)  |  |          |  |          |  |
| <b>G</b>  | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.<br><ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children.</li> </ul>   | <b>G</b> | _____  |          |  |
| <b>H</b>  | Add lines A through G and enter total here. <b>(Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶   | <b>H</b> | _____  |          |  |
| For accuracy, <b>complete all worksheets that apply.</b><br><table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding-left: 5px;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> </tr> </table> |  |          |  | {        | <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> |
| {   | <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> |          |  |          |  |

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

|   |   |   |
|---|---|---|
| Form <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service   | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p> | OMB No. 1545-0074<br><br><span style="font-size: 2em; font-weight: bold;">2009</span>   |
| 1 Type or print your first name and middle initial. Last name   |   | 2 Your social security number   |
| Home address (number and street or rural route)   |   | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br><b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| City or town, state, and ZIP code   |   | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>   |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)  |   | 5 _____<br>6 \$ _____   |
| 7 I claim exemption from withholding for 2009, and I certify that I meet <b>both</b> of the following conditions for exemption.<br><ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶ |   | 7 _____   |
| 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's signature<br>(Form is not valid unless you sign it.) ▶   |   | Date ▶  |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)   |   | 9 Office code (optional) 10 Employer identification number (EIN)  |

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

**1** Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ \_\_\_\_\_

**2** Enter:  $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$  2 \$ \_\_\_\_\_

**3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” 3 \$ \_\_\_\_\_

**4** Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) 4 \$ \_\_\_\_\_

**5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) 5 \$ \_\_\_\_\_

**6** Enter an estimate of your 2009 nonwage income (such as dividends or interest) 6 \$ \_\_\_\_\_

**7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” 7 \$ \_\_\_\_\_

**8** **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 \_\_\_\_\_

**9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 \_\_\_\_\_

**10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

**1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 \_\_\_\_\_

**2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” 2 \_\_\_\_\_

**3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 \_\_\_\_\_

**Note.** If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

**4** Enter the number from line 2 of this worksheet 4 \_\_\_\_\_

**5** Enter the number from line 1 of this worksheet 5 \_\_\_\_\_

**6** **Subtract** line 5 from line 4 6 \_\_\_\_\_

**7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ \_\_\_\_\_

**8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ \_\_\_\_\_

**9** Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

| Married Filing Jointly                      |                       | All Others                                  |                       | Married Filing Jointly                       |                       | All Others                                   |                       |
|---|-----------------------|---|-----------------------|--|-----------------------|--|-----------------------|
| If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above |
| \$0 - \$4,500                               | 0                     | \$0 - \$6,000                               | 0                     | \$0 - \$65,000                               | \$550                 | \$0 - \$35,000                               | \$550                 |
| 4,501 - 9,000                               | 1                     | 6,001 - 12,000                              | 1                     | 65,001 - 120,000                             | 910                   | 35,001 - 90,000                              | 910                   |
| 9,001 - 18,000                              | 2                     | 12,001 - 19,000                             | 2                     | 120,001 - 185,000                            | 1,020                 | 90,001 - 165,000                             | 1,020                 |
| 18,001 - 22,000                             | 3                     | 19,001 - 26,000                             | 3                     | 185,001 - 330,000                            | 1,200                 | 165,001 - 370,000                            | 1,200                 |
| 22,001 - 26,000                             | 4                     | 26,001 - 35,000                             | 4                     | 330,001 and over                             | 1,280                 | 370,001 and over                             | 1,280                 |
| 26,001 - 32,000                             | 5                     | 35,001 - 50,000                             | 5                     |  |                       |  |                       |
| 32,001 - 38,000                             | 6                     | 50,001 - 65,000                             | 6                     |  |                       |  |                       |
| 38,001 - 46,000                             | 7                     | 65,001 - 80,000                             | 7                     |  |                       |  |                       |
| 46,001 - 55,000                             | 8                     | 80,001 - 90,000                             | 8                     |  |                       |  |                       |
| 55,001 - 60,000                             | 9                     | 90,001 - 120,000                            | 9                     |  |                       |  |                       |
| 60,001 - 65,000                             | 10                    | 120,001 and over                            | 10                    |  |                       |  |                       |
| 65,001 - 75,000                             | 11                    |   |                       |  |                       |  |                       |
| 75,001 - 95,000                             | 12                    |   |                       |  |                       |  |                       |
| 95,001 - 105,000                            | 13                    |   |                       |  |                       |  |                       |
| 105,001 - 120,000                           | 14                    |   |                       |  |                       |  |                       |
| 120,001 and over                            | 15                    |   |                       |  |                       |  |                       |

**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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it 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.



# EMPLOYEE INFORMATION



**This form is completed and submitted to APD with each newly hired employee's completed IRS Form W-4 and DHS Form I-9.**

|                            |       |
|----------------------------|-------|
| Employer/Consumer Name:    |       |
| Consumer's CDC+ ID Number: | Date: |



**Employee Information** (name must be written as it appears on SS card or other employment papers):

|                   |        |             |      |
|-------------------|--------|-------------|------|
| Last Name:        |        | First Name: |      |
| Phone: (        ) |        |             |      |
| Address:          |        |             |      |
| City:             | State: | Zip:        | SSN: |
| Email Address:    |        |             | DOB: |

**WHO CAN WE CONTACT IF YOUR MAIL IS RETURNED?**

|                   |  |               |  |
|-------------------|--|---------------|--|
| Last Name:        |  | First Name:   |  |
| Phone: (        ) |  | Relationship: |  |

The following information must be completed in order to determine whether or not the employee is exempt from paying certain taxes (FICA) and whether or not the employer is exempt from .paying certain taxes (FICA and FUTA on behalf of the employee).

Employee's relationship to the consumer (my employer) is as follows. This employee is (check one):

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | The consumer's parent or step-parent.   |
| <input type="checkbox"/> | The consumer's child or step-child, <u>and</u> employee is under age 21.                  |
| <input type="checkbox"/> | The consumer's spouse.  |
| <input type="checkbox"/> | Under age 18 and still in high school (anyone other than consumer's child or step-child). |
| <input type="checkbox"/> | None of the above.  |

*I certify that the above information is true and correct.*

Consumer/Representative Signature: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**NOTE:** Information provided on this form is confidential and is treated as such. Completion of this data is voluntary and will not affect your employment status. Identification can be declared at any time prior to, or, if applicable, after hire.



## Direct Deposit Form

for

Employee     Cons/Rep     Vendor     Independent Contractor

### Instructions:

1. Complete the "Required Information" section.
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form.
5. **Mail to:**

Consumer Directed Care Plus  
 Agency for Persons with Disabilities  
 4030 Esplanade Way, Suite 380  
 Tallahassee, FL 32399-0950

### Required Information

Employer/Consumer Name and CDC+ ID Number: \_\_\_\_\_

**PLEASE PRINT**

Employee Name: \_\_\_\_\_

Employee Email Address: \_\_\_\_\_

A voided check, not a deposit form, **MUST** be attached to this form for the request to be processed.

### Complete for Direct Deposit

**I would like my wages/salary/payments deposited to the following bank account:**

|  |                                   |                                  |
|--|-----------------------------------|----------------------------------|
| <b>Bank Account Type:</b>  | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| Bank Name:   | _____                             |                                  |
| Bank Routing Number (9 digits):  | ____ _                            |                                  |
| Bank Account Number:   | _____                             |                                  |
| Please <b>attach one</b> of the following (check one):   |                                   |                                  |
| <input type="checkbox"/> Voided check (deposit slips are not accepted)                                   |                                   |                                  |
| <input type="checkbox"/> Bank letter or specification sheet* <i>*See your local bank representative.</i> |                                   |                                  |

Signature \_\_\_\_\_ Date \_\_\_\_\_