



## Employee Packet (keep this folder for your records)

Inside this folder you will find the necessary forms to hire an employee in this program.  
**Please refer to the information provided in Sections 3 and 4 of your Employee Handbook.**

Before a person can be hired as an employee, that person must be able to provide the services you need (Applicant Verification Form) and pass a criminal background check.

### **You will need to complete the following steps in order to hire an employee:**

- Interview applicants and decide who you think would be the best fit for your particular needs.
- Have the person you decide to hire complete and send the following to Acumen:
  - ☐ Applicant Verification Form (your support coordinator will complete this with you)
  - ☐ Rate Sheet
  - ☐ I-9 Employment Eligibility Verification
    - Your employee fills out **Section I**.
    - As the Employer, you fill out **Section II**. Employers must enter the date the employee began or will begin work for pay on the I-9. If the actual date of hire (first date of providing services for pay) for the employee changes from the date entered, it is the employer's responsibility to correct and re-submit the form to Acumen within three days of the actual date of hire.
    - To review Frequently Asked Questions about Form I-9, please visit [www.acumenfiscalagent.com](http://www.acumenfiscalagent.com), choose your state, and then find your program.
  - ☐ W-4 Employee's Withholding Allowance Certificate
  - ☐ L-4 State of Louisiana Employee Withholding Exemption Certificate
  - ☐ Pay Selection Agreement
  - ☐ Authorization for Direct Deposit/Pay Card (*send voided check or bank letter for direct deposit*)
  - ☐ Employment Application
  - ☐ Provider Agreement
  - ☐ Statement of Understanding of Tasks
  - ☐ Criminal Background Check Authorization
  - ☐ Employee Information Form

Examples of completed forms can be found in the back of this packet.

Your employee must clear a background check and direct service worker registry check prior to working in this program. Acumen will notify you, the employer, when this has been completed and your employee can begin working. Acumen is not authorized to process payments to employees that do not meet this requirement. Do not allow any work to be performed prior to this notification. It will take approximately 3-4 business days before an applicant is clear for hire. However, it could take longer due to the background check process. Please allow two weeks before scheduling your employee's first day of work to be sure all federal and state clearances have been received.

## **Employee State and Local Tax Withholding**

Louisiana state and local income tax will be withheld from all employees' pay based on state and local income tax withholding guidelines. Employees who live in another state may be required to file and pay state withholding tax in Louisiana and the state in which they live. Individuals in this situation should consult a tax advisor with any concerns they may have about their state tax liability.

## **Employee Changes and Termination**

Complete the Employee Change Form if an employee changes his or her name or address. Complete the Termination Form when an employee no longer works for you. These changes should be reported to Acumen as soon as possible. Fax or mail completed forms to Acumen. Remember, you must notify Acumen when you terminate an employee or when an employee stops working for you. You must also mail a completed "*Verification of Employment or Termination*" form to the Self Directed Program Manager. Please refer to Section 6 of your Employer Handbook.

## **Employee Files**

Acumen recommends that you always make a copy of any forms you submit and that you keep these copies in a safe place, as they contain sensitive and personal information. Please refer to Section 2 of your Employer Handbook.

## **Confidentiality and Protection of Records**

Employees must not disclose or knowingly permit the disclosure of any information concerning the participant, the employer, or his/her family to any unauthorized person.

## **Benefits**

Your employees may be eligible for healthcare benefits such as Major Medical, Limited Medical, Dental and other health benefits. Acumen has partnered with a company that provides these benefits to employees even if your employee does not work full time. Please contact us for more information.

## **Earned Income Credit**

Some employees are eligible for Earned Income Tax Credit (EITC). EITC is a refundable federal income tax credit for low to moderate income working individuals and families. To qualify, taxpayers must meet certain requirements and file a tax return, even if they do not have a filing requirement. To learn more about the rules and income limits to qualify for EITC, contact the IRS at [www.irs.gov/eitc](http://www.irs.gov/eitc) or call (800) 829-1040.

## **Progress Notes**

Progress notes are notes that describe the participant's day-to-day activities and progress toward achieving personal outcomes, as identified in the approved Plan of Care. All employees must complete progress notes. Progress notes must include sufficient content and must:

- Reflect descriptions of activities, procedures, and incidents
- Give a picture of the service provided
- Show progress toward personal outcomes
- Record any changes in medical condition, behavior, or home situation which may indicate a need for reassessment and Plan of Care change,
- Record any changes or deviations from the Typical Weekly Schedule in the approved Plan



- of Care, and
- Reflect each entry on the timesheet

Checklists alone are not adequate documentation for progress notes. The following examples of general terms when used alone are **not** sufficient content for progress notes:

- “Supported *participant*” or “Assisted *participant*”
- “*Participant* is doing fine” or “*Participant* had a good day”
- “Prepared meals”

All progress note entries must be legible and written in ink. They must also include the name, title, and legible signature of the person making the entry and the full date of the documentation. Progress notes do **not** need to be submitted to Acumen. Your support coordinator will review progress notes every quarter to monitor progress toward personal goals. Please refer to Section 2 (Service Documentation) in your Employer Handbook.



**Acumen Fiscal Agent, LLC.**

5416 E. Baseline Rd., Suite 200  
Mesa, AZ 85206

Toll-Free Phone: (855) 514-9938

Toll-Free Fax: (866) 923-5334

TTY: (888) 853-0010

[customerservice@acumen2.net](mailto:customerservice@acumen2.net)

[www.acumenfiscalagent.com](http://www.acumenfiscalagent.com)

# EMPLOYMENT APPLICATION

PARTICIPANT'S NAME: \_\_\_\_\_

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**PERSONAL INFORMATION:**

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
HOME PHONE NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

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**EMPLOYMENT ELIGIBILITY:**

Are you interested in serving as a (check all that apply):

\_\_\_\_\_ Full-time employee? \_\_\_\_\_ Part-time employee? \_\_\_\_\_ Backup employee?

Are you currently employed: \_\_\_\_\_ YES \_\_\_\_\_ NO

Date available for employment: \_\_\_\_\_ How many hours a week can you work? \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ YES \_\_\_\_\_ NO

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**LICENSES AND CERTIFICATIONS:**

Do you have a valid Louisiana driver's license? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you willing to complete all required training? \_\_\_\_\_ YES \_\_\_\_\_ NO

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**EDUCATION:**

High School Graduate or equivalent (GED)? \_\_\_\_\_ YES \_\_\_\_\_ NO

Vocational/Business School? \_\_\_\_\_ YES \_\_\_\_\_ NO

if yes, field of study: \_\_\_\_\_ # of months: \_\_\_\_\_ completion date: \_\_\_\_\_

College? \_\_\_\_\_ YES \_\_\_\_\_ NO College Graduate? \_\_\_\_\_ YES \_\_\_\_\_ NO

if yes, degree: \_\_\_\_\_ completion date: \_\_\_\_\_

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**LIST THREE PERSONAL REFERENCES:**

\_\_\_\_\_  
(Name) (Address) (Phone Number)

\_\_\_\_\_  
(Name) (Address) (Phone Number)

\_\_\_\_\_  
(Name) (Address) (Phone Number)

**LIST PREVIOUS JOBS YOU HAVE HAD (BEGINNING WITH MOST RECENT):**

EMPLOYER'S NAME: \_\_\_\_\_  
DATES OF EMPLOYMENT: \_\_\_\_\_  
EMPLOYER'S ADDRESS: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
LIST OF JOB DUTIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

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EMPLOYER'S NAME: \_\_\_\_\_  
DATES OF EMPLOYMENT: \_\_\_\_\_  
EMPLOYER'S ADDRESS: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
LIST OF JOB DUTIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

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EMPLOYER'S NAME: \_\_\_\_\_  
DATES OF EMPLOYMENT: \_\_\_\_\_  
EMPLOYER'S ADDRESS: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
LIST OF JOB DUTIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

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**BRIEFLY LIST REASONS YOU SHOULD BE CONSIDERED FOR THIS JOB:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**APPLICANT ACKNOWLEDGEMENT**

You \_\_\_ may \_\_\_ may not contact my current employer. If not, reason: \_\_\_\_\_

If offered a position, will you be able to be at work on time and according to the schedule discussed? \_\_\_ Yes \_\_\_ No

Comments: \_\_\_\_\_

I, \_\_\_\_\_ (print name), the applicant certify that the *information provided is true and correct* to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if employer has employed me, no matter when discovered by employer. I also acknowledge that *a criminal background history check is required* and that some convictions prevent employment. I also acknowledge that I may be required to keep certain certifications current and may be required to complete additional training as a condition of my employment.

I authorize this potential employer to investigate all statements contained in this application, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation, without giving me prior notice of such disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or this employer. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon this employer unless made in writing.

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

Louisiana Self-Direction Option  
Residential Options Waiver  
**Applicant Verification Form**

APPLICANT NAME:
PARTICIPANT NAME:
SUPPORT COORDINATOR NAME:

The potential employee/applicant must meet the following required qualifications:

1. Be at least eighteen (18) years of age.
2. Have a high school diploma, GED, or trade school diploma in the area of human services, has demonstrated competency, or has verifiable work experience in providing support to individuals with disabilities.
3. Be able to complete the tasks listed on the participant's Plan of Care.
4. Must not be the employer.
5. Must not be the participant or the participant's spouse.
6. Must not be an authorized representative.
7. Must not live in the same household as the participant.
8. Must pass criminal history background and direct service workers registry checks, as well as Federal and State exclusion lists. The fiscal/employer agent will verify that the applicant is not barred from employment based on the results of the criminal background check.
9. If employee is a relative, they must meet the same guidelines and requirements as all paid staff (pass background checks, not live in same house as participant, able to complete tasks on Plan of Care, etc.).

The fiscal agent will verify that the applicant is not barred from employment based on the results of the criminal background check. **The participant/employer may not allow any potential employee to begin working for him/her until the fiscal agent clears the potential employee for hire.** It will take approximately four (4) business days for the fiscal agent to clear an applicant to begin working once the required paperwork is received.

By signing below, I attest that the employee meets the listed qualifications above.

\_\_\_\_\_  
EMPLOYER'S NAME (PLEASE PRINT)

\_\_\_\_\_  
EMPLOYER'S SIGNATURE

\_\_\_\_\_  
DATE



## Employee Rate Form LA Self Directed Services Option

In efforts to ensure proper payment, please provide Acumen with the following information so the employee is paid the correct rate for the service(s) provided. This is a request for ACUMEN to make the following rate change for the below employee. Rate change forms **must be received by Acumen two weeks prior to the effective date** for which the rate change is to take effect. If a two week notice is not provided, the form will **not** be processed. Retroactive (backdated) rate changes are **not** allowed. Please consult the "Show me the Money" for rate information.

Employee Name (please print): \_\_\_\_\_

Employee SSN (last 4 digits): \_\_\_\_\_

Service: CLS      Rate:\$ \_\_\_\_\_

Service: CL2      Rate:\$ \_\_\_\_\_

Service: CL3      Rate:\$ \_\_\_\_\_

**CLS** = Community Living Supports  
**CL2** = Community Living Supports Shared Support 2 Persons  
**CL3** = Community Living Supports Shared Support 3 Persons

Effective Date (must be 1<sup>st</sup> or 16<sup>th</sup> of the month): \_\_\_\_\_  
\*rate changes cannot be retroactive

Employer Name (please print): \_\_\_\_\_

Participant Name (if different from employer): \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Please complete this form for each new employee.
- Please complete this form for each employee that you wish to have the payroll rate changed.
- This form must be received by Acumen **two weeks** prior to the effective date. If a two week notice is not provided, the form will **not** be processed.

EMAIL, FAX or MAIL to:  
[enrollment@acumen2.net](mailto:enrollment@acumen2.net)

1-866-923-5334

Acumen Fiscal Agent, LLC  
5416 E. Baseline Rd., Suite 200  
Mesa, Arizona 85206





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

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

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

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

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

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

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

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

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

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



Employer Completes Next Page





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

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

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

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

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

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity  AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		<b>For persons under age 18 who are unable to present a document listed above:</b>	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
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			

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

# The EMPLOYEE completes this form.

## Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

### General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**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

#### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Write your full name here

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2019</b>		Write your SSN here	
1 Your first name and middle initial		Last name		2 Your social security number		Check 1 box here	
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. Note: If married filing separately, check "Married, but withhold at higher Single rate."		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.		Write total from line H, pg3	
City or town, state, and ZIP code		5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		6 \$		Date here	
7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. • 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> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here		8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

### **Deductions, Adjustments, and Additional Income Worksheet**

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### **Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### **Instructions for Employer**

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).



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

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b>	_____
<b>D</b>	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one job; or</li> <li>• You're married filing jointly, have only one job, and your spouse doesn't 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> </div>	<b>D</b>	_____
<b>E</b>	<b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>		
<b>F</b>	<b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .</li> </ul>		
<b>G</b>	<b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .		
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b>	_____

For accuracy,  
complete all  
worksheets  
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

<b>1</b>	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: <div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> <li>\$24,400 if you're married filing jointly or qualifying widow(er)</li> <li>\$18,350 if you're head of household</li> <li>\$12,200 if you're single or married filing separately</li> </ul> </div> </div>	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, above . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 of that worksheet on page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . **1** \_\_\_\_\_
  - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 through 9 below to figure 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 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. 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** \$ \_\_\_\_\_

<b>Table 1</b>				<b>Table 2</b>			
<b>Married Filing Jointly</b>		<b>All Others</b>		<b>Married Filing Jointly</b>		<b>All Others</b>	
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 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**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 who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's 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.

	<b>Employee Withholding Exemption Certificate (L-4)</b> Louisiana Department of Revenue
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**Purpose:** Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

**Instructions:** Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

**Note to Employer:** Keep this certificate with your records. If you believe that an employee has improperly claimed too many exemptions or dependency credits, please forward a copy of the employee's signed L-4 form with an explanation as to why you believe that the employee improperly completed this form and any other supporting documentation. The information should be sent to the Louisiana Department of Revenue, Criminal Investigations Division, PO Box 2389, Baton Rouge, LA 70821-2389.

#### Block A

- Enter "0" to claim neither yourself nor your spouse, and check "*No exemptions or dependents claimed*" under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim yourself, and check "*Single*" under number 3 below. If you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. Enter "1" to claim one personal exemption if you will file as head of household, and check "*Single*" under number 3 below.
- Enter "2" to claim yourself and your spouse, and check "*Married*" under number 3 below.

**A.**

#### Block B

- Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents are claimed, enter "0."

**B.**



Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

Form <b>L-4</b> Louisiana Department of Revenue	<h2 style="text-align: center;">Employee's Withholding Allowance Certificate</h2>		
1. Type or print first name and middle initial	Last name		
2. Social Security Number	3. Select one <input type="checkbox"/> No exemptions or dependents claimed <input type="checkbox"/> Single <input type="checkbox"/> Married		
4. Home address (number and street or rural route)			
5. City		State	ZIP
6. Total number of exemptions claimed in Block A			6.
7. Total number of dependents claimed in Block B			7.
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.			8.
I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.			
Employee's signature			Date
<p style="text-align: center;"><b>The following is to be completed by employer.</b></p>			
9. Employer's name and address		10. Employer's state withholding account number	





## Pay Selection Options

Below are the options employees have for receiving their paychecks through Acumen. Please read the information about each option and select the one that is right for you. Paystubs will be sent to the email provided on the Authorization for Direct Deposit or Pay Card on the following page. **You will need to provide additional information based on your selection; please read the instructions below and return all the necessary forms.**

### Direct Deposit

With this option, your paycheck will be automatically deposited into your bank account on payday. There is no charge from Acumen to receive your pay via direct deposit. You won't have to wait for the mail or make a trip to the bank. Paystubs will be sent to you by email on payday. You can have your paycheck deposited into one or two accounts, and you may change your account information at any time. Please note: if you choose to have your check deposited into two accounts, you must indicate the percentage to be deposited to each. The percentage total must be 100%. If no amounts are indicated, 100% will be deposited into the primary account. To enroll, fill out the information on the Authorization for Direct Deposit section of the form and return it, along with the additional requested items, to Acumen. You will receive paper checks by mail until your bank information is verified – usually within two pay periods.

### Pay Card

Pay cards – also called pre-paid debit cards – work just like a regular debit card, but are used only for payroll deposits. Acumen does not charge for this option, although the card provider may charge fees for certain transactions. Pay cards are up to 80% less expensive to use than check cashing services. Paystubs will be sent by email on payday. To enroll, complete the Authorization for Pay Card section of the form and return it to Acumen. Money Network will send you an information kit. **You will need to activate the card with Money Network and then contact Acumen with your account information.** You will receive paper checks by mail until this process is complete.

**Please return the completed form to Acumen.** You may send by email, fax, or mail listed below:

Email: [enrollment@acumen2.net](mailto:enrollment@acumen2.net)

Fax: (866) 923-5334

Mail: 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206

Note: if you do not select one of the options, Acumen will send your pay check via regular mail, according to the established pay schedule you have received. We make every effort to get your check to you by payday; however it is impossible to guarantee the date that paper checks will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If your paper check does not arrive within 5 business days of payday, you can call Acumen to issue a stop payment and have a new check issued. A processing fee of \$35 will be deducted from the new check for each stop payment request. This fee may be waived by signing up for direct deposit or pay card.

***I choose to receive my pay by (please check one box below):***

Check ☐ Direct Deposit ☐ Pay Card ☐

**DIRECT DEPOSIT INFORMATION**

Attach a voided check for checking account(s). For savings accounts, please send a printout from your bank that provides the routing number and account information. Submit any changes to your account(s) immediately!

<b>Primary Account</b> Account Type: <input type="checkbox"/> <b>Checking</b> (attach a voided check) <input type="checkbox"/> <b>Savings</b> (attach routing & account information printout)	<b>Secondary Account (optional)</b> Account Type: <input type="checkbox"/> <b>Checking</b> (attach a voided check) <input type="checkbox"/> <b>Savings</b> (attach routing & account information printout)
Financial Institution Name	Financial Institution Name
Financial Institution Address	Financial Institution Address
Routing Number	Routing Number
Account Number	Account Number
% of check to be deposited	% of check to be deposited

**Are you the account holder for the account(s) listed above?** ☐ **Yes** ☐ **No**

If "no," what is the name of the account holder? \_\_\_\_\_

If "no," employee agrees to have their funds deposited into this account. \_\_\_\_\_

*Employee Signature*

**AUTHORIZATION FOR DIRECT DEPOSIT or PAY CARD or PAPER CHECK**

I hereby authorize Acumen Fiscal Agent, LLC (herein after "Company") to deposit any amount owed to me for wages and/or reimbursements by initiation of credit entries to my account at the financial institution (hereinafter "Bank") handling my choice indicated above. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize 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 Company receives written notice from me of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it. If my method of payment is pay card, as the pay card holder, it is my responsibility to close this account should I no longer choose to have payments deposited in this manner. If I selected Paper Check, I understand that Acumen will make every effort to ensure my check will arrive by payday; however, it is impossible to guarantee the date that my paper check will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If my paper check does not arrive within 5 business days of payday, I can call Acumen to issue a stop payment and have a new check issued. I understand that if I request a stop payment, a processing fee of \$35.00 will be deducted from my new check. If I require that this fee be waived, I must sign up for either direct deposit or a Pay Card.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Email Address for Paystub Delivery

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return completed form by email [enrollment@acumen2.net](mailto:enrollment@acumen2.net), fax (866) 923-5334 or mail to  
5416 E. Baseline Rd., Ste. 200, Mesa, AZ 85206



## Employee Information Form Relationship Disclosure

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
County of Physical Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_  
Name of Participant: \_\_\_\_\_  
Name of Employer (if applicable): \_\_\_\_\_

**Instructions:** There are some tax exemptions for certain domestic employer and employee relationships. Please select any of the below boxes if a relationship exists between you as the employee and the employer:

- ☐ **None**, no relation to employer
- ☐ **\*Spouse** of the employer,
- ☐ **\*Child** of the employer and under the age of 21
- ☐ **\*Parent** of the employer - if this option is marked, read below and check all that apply:
  - ☐ **You are employed by your son or daughter**
  - ☐ **Your son or daughter has a child or stepchild living in the home**
  - ☐ **Your son or daughter is a widower, divorced, or is living with a spouse who, because of a mental or physical condition, cannot care for the child or stepchild for at least 4 continuous weeks in a calendar quarter**
  - ☐ **Your son or daughter's child or stepchild is under the age of 18 and requires the personal care of an adult for at least 4 continuous weeks in a calendar quarter due to a mental or physical condition**

**\*Internal Use Only**

- If Parent (employee) selected all 4 parent conditions, parent/employee is **FUTA and SUTA Exempt**
- If Parent (employee) did **NOT** select all 4 parent conditions, parent/employee is **FICA, FUTA, SUTA Exempt**
- If Spouse or Child are selected, employee is **FICA, FUTA, SUTA Exempt**

The fine print - under IRS guidelines, Publication 15 (Circular E) Section 3, employees are not subject to Social Security, Medicare and federal unemployment tax (FUTA) if these relationships exist. The exemptions are as follows:

- A. Child employed by parents – Payments for work other than in a trade or business, such as domestic work in the parent's private home, are not subject to Social Security, Medicare, and FUTA tax until the child reaches age 21. (*IRS Pub.15, Section 3, Paragraph 1*)
- B. One spouse employed by another – Payments for services of one spouse employed by another in other than a trade or business, such as domestic service in a private home, are not subject to Social Security, Medicare, and FUTA tax. (*IRS Pub.15, Section 3, Paragraph 2*)
- C. Parent employed by child – Payments for the services of a parent employed by his or her child in other than a trade or business, such as domestic services, are not subject to Social Security, Medicare and FUTA tax as long as the above conditions apply. (*IRS Pub.15, Section 3, Paragraph 4*)

The State of Louisiana follows the federal guidelines in applying liability for state unemployment tax (SUTA). If the Caregiver falls into the category of Spouse or Child as outlined above, Social Security and Medicare tax will not be withheld from their checks. If the Caregiver falls into the category of Parent and meets all 4 parent conditions, Social Security and Medicare tax **will** be withheld from their checks. If the employee is exempt from FUTA, SUTA, Social Security and Medicare, the employer will not be charged for their share of Social Security and Medicare or FUTA and SUTA withholdings.

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



**State of Louisiana**  
Department of Health and Hospitals  
**PROVIDER AGREEMENT**

Agreement with the Bureau of Health Services Financing (BHSF), the Office for Citizens with Developmental Disabilities (OCDD), and/or the Office of Aging and Adult Services (OAAS)

Provider/Employer: \_\_\_\_\_

**PLEASE PRINT**

**DESCRIPTION/DEFINITIONS**

**Self-Direction** is a service delivery option which allows eligible Medicaid participants (or their authorized representative) to become the Employer of the workers they choose to hire to provide supports for them.

Self-Direction is supported by both federal and state funds. These funds are used to pay **Providers**, or employees, to provide specific services to eligible participants, as authorized by the OCDD or OAAS.

The **Plan of Care** is a document which specifies the participant's needs, the types of tasks required to meet those needs, and the amount of time, frequency, and duration required for delivery of the participant's services.

The **Fiscal Agent** is a private entity which will process the employment-related payroll and withhold the necessary taxes on behalf of the Employer.

The **Support Coordination Agency/Support Coordinator** is a resource to assist participants and/or their authorized representatives in the coordination of needed services. The support coordinator monitors the participant's service delivery to ensure that services meet his/her needs.

**AGREEMENTS**

1. The provider/employee understands and acknowledges that neither the Louisiana Department of Health and Hospitals nor the fiscal/employer agent, Acumen Fiscal Agent, is the employer and that they are not responsible for the actions of the employer.
2. The provider/employee agrees to accept payment from Acumen Fiscal Agent as payment in full for services provided.
3. The provider/employee agrees that no additional charges will be made or accepted from the participant or his/her authorized representative.
4. The provider/employee agrees to provide only the services authorized on the Plan of Care.
5. The provider/employee acknowledges that he/she meets the necessary skills and requirements to be able to perform the services hired to perform.
6. The provider/employee understands and acknowledges that employees without a valid driver's license, current state inspection sticker, and current proof of automobile insurance as required by the State of Louisiana may not transport individuals in connection with their employment responsibilities.

7. The provider/employee acknowledges that the funds used to pay the employee are Medicaid funds and that the submission of false information on time records may subject the employee to criminal action, in addition to repayment of any funds.
8. The provider/employee acknowledges that federal income tax withholding, Medicare, social security, and Louisiana state income tax withholding (as applicable) shall be withdrawn from the employee's wages per state and federal laws.
9. The provider/employee agrees to complete the required training as specified in the Self-Direction Manual.
10. The provider/employee understands and agrees that he/she will not be paid for providing any services unless he/she has completed the required training and his/her training certifications are current and on file with Acumen Fiscal Agent.
11. The provider/employee understands and acknowledges that any work in excess of forty (40) hours per week will be paid at a straight time rate.
12. The provider/employee understands and acknowledges that work performed in excess of the authorized amount or service limits will not be paid by the Louisiana Department of Health and Hospitals nor Acumen Fiscal Agent.
13. The provider/employee agrees to provide only the services authorized in the participant's Plan of Care. The provider/employee agrees that his/her duties must be consistent with the service specifications for the service he/she provides, as specified in the Self-Direction Manual.
14. The provider/employee agrees to complete progress notes each time he/she provides a paid service, as specified in the Self-Direction Manual.
15. Upon request, the provider/employee agrees to provide information regarding the service for which payment was made to the Louisiana Department of Health and Hospitals or its designee.
16. The provider/employee agrees to maintain all information regarding the employer, participant, his/her family, in a confidential manner.
17. The provider/employee agrees to immediately notify a person designated by the employer of any medical emergency, illness, or visit to a physician.
18. If you suspect an adult between the ages of 18 and 60 or a person under 18 who has been legally declared an adult has been abused or mistreated, you are required to report it to the Adult Protection Services at 1-800-898-4910.
19. If you suspect an adult who is age 60 or older and has been abused or mistreated, you are required to report to the Elderly Protective Services at 1-800-259-4990 (if calling from within Louisiana) or at 1-225-342-2297 (if calling from outside of Louisiana)
20. The provider/employee agrees to report all critical incidents, as specified in the Self-Direction Manual, to the participant's support coordinator.
21. The provider/employee understands and acknowledges that employment is contingent upon the employer's participation in the Self-Direction option.

My signature on this document verifies my acknowledgement and agreement to follow the policies and procedures of the Self-Direction option and policies and procedures of the program under which services are provided.

---

Provider/Employee Signature

---

Date

**Statement of Understanding of Tasks**

By signing below, I verify that \_\_\_\_\_ (employee) is able to complete the tasks on the participant's Plan of Care. This statement is to cover any type of individualized training that the participant may require.

\_\_\_\_\_  
Employer/Legally Responsible party/Authorized Representative (Printed)

\_\_\_\_\_  
Employer/Legally Responsible party/Authorized Representative Signature

\_\_\_\_\_  
Date



**AccuScreen Systems™**

1038 Main Street  
Baton Rouge, Louisiana 70802  
(225) 343-TEST



## CRIMINAL BACKGROUND SEARCH AUTHORIZATION FORM

As a condition of employment with the self-directed program with the State of Louisiana, I have been informed Louisiana State Law, Title 40 R.S. 1300.51, requires a State Police records check be performed prior to employment. I hereby authorize AccuScreen Systems through Larry Bruce Childers and/or Darin N. Morgan, authorized agents under Title 40 R.S. 1300.51 to perform this check. I hereby hold harmless AccuScreen Systems, Larry Bruce Childers, and Darin N. Morgan, and **Acumen Fiscal Agent LLC, OAAS, and OCDD** from any cause of action that may arise from inaccurate information contained in State Police records. I also understand any adverse information contained within the files of State Police and released to the authorized agency will be provided to me upon written request within ten (10) business days of receiving notice that a record exists. **By signing this form, applicant authorizes Acumen Fiscal Agent LLC, OAAS, and OCDD to release information to the self-directed program with the State of Louisiana and my prospective employer as it pertains to my potential employment. Also by signing this form, applicant acknowledges it is unlawful to provide false or misleading information concerning a criminal history or security check to an employer.**

**Fax this form to: 866-923-5334**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*To ensure an accurate and timely search, please **print clearly** and complete this form **entirely**.*

Print Complete Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

SSN: \_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_ State Where Issued: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**If you have lived in any state other than Louisiana in the LAST 7 YEARS ONLY, complete the following:**

\_\_\_\_\_  
(City, State)                      (County/Parish)                      (All LAST names YOU used while living here)                      (Mo./ Yr.) - (Mo./ Yr.)

\_\_\_\_\_  
(City, State)                      (County/Parish)                      (All LAST names YOU used while living here)                      (Mo./ Yr.) - (Mo./ Yr.)

\_\_\_\_\_  
(City, State)                      (County/Parish)                      (All LAST names YOU used while living here)                      (Mo./ Yr.) - (Mo./ Yr.)

**Person Submitting  
this Search:** \_\_\_\_\_

**Phone Number &  
Area Code:** \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_

*Promoting A Drug Free Work Environment*

• Drug Testing • Criminal History • Driving Records • Employment and Education Verification • Nationwide Service •

## **CHANGE INFORMATION FORM: EMPLOYEE**



Please complete this form and return to Acumen by one of the following methods:

**Mail:** 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206

**Fax:** (866) 923-5334

**Email:** [enrollment@acumen2.net](mailto:enrollment@acumen2.net)

### **Change Employee Information**

Complete this section when there is a change in employee information. The employee is the person providing service.

For a change in name, fax or mail this form, a copy of the new Social Security card, and the employee's original I-9 form with Section 3 completed.

For a name change, please provide the previous and new name. For all other changes, only the new information is required.

Change In (select all that apply): Name ☐ Address ☐ Phone Number ☐ E-mail Address ☐

☐

Current/Previous Name:

New Name:

Street Address (if changed):

City/State/Zip (if changed):

Phone Number (if changed):

E-mail Address:

Participant Name and ID Number:

Employee ID Number:

Signature (Employer or Authorized Rep):

Date:





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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 08/31/2019

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

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

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

Last Name (Family Name) <b>Doe</b>		First Name (Given Name) <b>Jane</b>		Middle Initial <b>A.</b>	Other Last Names Used (if any) <b>N/A</b>	
Address (Street Number and Name) <b>123 Main Street</b>		Apt. Number <b>N/A</b>	City or Town <b>Anytown</b>		State <b>State</b>	ZIP Code <b>11223</b>
Date of Birth (mm/dd/yyyy) <b>01/02/1975</b>	U.S. Social Security Number <b>1 1 1 - 2 2 - 3 3 3 3</b>		Employee's E-mail Address <b>(enter email or place "N/A" here)</b>		Employee's Telephone Number <b>(enter # or place "N/A" here)</b>	

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

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

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

Signature of Employee <i>Jane A. Doe</i>	Today's Date (mm/dd/yyyy) <i>02/01/2017</i>
---	--

**Preparer and/or Translator Certification (check one):**

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

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

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



Employer Completes Next Page





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

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

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

<b>Employee Info from Section 1</b>	Last Name (Family Name) <b>Doe</b>	First Name (Given Name) <b>Jane</b>	M.I. <b>A.</b>	Citizenship/Immigration Status <b>1</b>
-------------------------------------	---------------------------------------	--	-------------------	--

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title <b>Driver's License</b>		Document Title <b>Social Security Card (SSC)</b>
Issuing Authority		Issuing Authority <b>GA DMV</b>		Issuing Authority <b>Social Security Administration (SSA)</b>
Document Number		Document Number <b>A111222333</b>		Document Number <b>111 - 22 - 3333</b>
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy) <b>01/02/2020</b>		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				

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

The employee's first day of employment (mm/dd/yyyy): 02/15/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <b>Alice Smith</b>	Today's Date (mm/dd/yyyy) <b>02/01/2017</b>	Title of Employer or Authorized Representative <b>DOMESTIC EMPLOYER</b>	
Last Name of Employer or Authorized Representative <b>Smith</b>	First Name of Employer or Authorized Representative <b>Alice</b>	Employer's Business or Organization Name <b>Alice Smith</b>	
Employer's Business or Organization Address (Street Number and Name) <b>456 Main Street</b>		City or Town <b>Anytown</b>	State <b>State</b>
			ZIP Code <b>11223</b>

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

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

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

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**Form W-4 (2018)**

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

**General Instructions**

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**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****Personal Allowances Worksheet**

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:**

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.**

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Write your full name here

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> OMB No. 1545-0074 <b>2018</b>		Write your SSN here
1 Your first name and middle initial <b>Jane E.</b>		Last name <b>Employee</b>		2 Your social security number <b>123-45-6789</b>
Home address (number and street or rural route) <b>111 Main Street, Apt. 2</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		Check 1 box here
City or town, state, and ZIP code <b>Anytown, State 12345</b>		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .		5 <b>3</b>		Write total from line H, pg 3
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$		
7 I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption. • 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> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. 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 (This form is not valid unless you sign it.) <b>Jane E. Employee</b>		Date <b>02/16/2018</b>		Date here
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)

	<b>Employee Withholding Exemption Certificate (L-4)</b>
	Louisiana Department of Revenue

**Purpose:** Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

**Instructions:** Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

**Note to Employer:** Keep this certificate with your records. If you believe that an employee has improperly claimed too many exemptions or dependency credits, please forward a copy of the employee's signed L-4 form with an explanation as to why you believe that the employee improperly completed this form and any other supporting documentation. The information should be sent to the Louisiana Department of Revenue, Criminal Investigations Division, PO Box 2389, Baton Rouge, LA 70821-2389.

#### Block A

- Enter "0" to claim neither yourself nor your spouse, and check "No exemptions or dependents claimed" under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim yourself, and check "Single" under number 3 below. If you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. Enter "1" to claim one personal exemption if you will file as head of household, and check "Single" under number 3 below.
- Enter "2" to claim yourself and your spouse, and check "Married" under number 3 below.

A. 1

#### Block B

- Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents are claimed, enter "0."

B. 1



Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

Form **L-4**

Louisiana  
Department of  
Revenue

### Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial <b>Jane A.</b>		Last name <b>Employee</b>	
2. Social Security Number <b>111-22-3333</b>		3. Select one <input type="checkbox"/> No exemptions or dependents claimed <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married	
4. Home address (number and street or rural route) <b>111 Main Street, Apt. 2</b>			
5. City <b>Anytown</b>		State <b>LA</b>	ZIP <b>70000</b>
6. Total number of exemptions claimed in Block A			6. <b>1</b>
7. Total number of dependents claimed in Block B			7. <b>1</b>
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.			8. <b>0</b>

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature <i>Jane A. Employee</i>	Date <b>06/15/2018</b>
---	---------------------------

The following is to be completed by employer.

9. Employer's name and address	10. Employer's state withholding account number
--------------------------------	---

**I choose to receive my pay by (please check one box below):**

Check ☐ Direct Deposit ☒ Pay Card ☐

**DIRECT DEPOSIT INFORMATION**

Attach a voided check for checking account(s). For savings accounts, please send a printout from your bank that provides the routing number and account information. Submit any changes to your account(s) immediately!

<b>Primary Account</b> Account Type: <input checked="" type="checkbox"/> <b>Checking</b> (attach a voided check) <input type="checkbox"/> <b>Savings</b> (attach routing & account information printout)	<b>Secondary Account (optional)</b> Account Type: <input type="checkbox"/> <b>Checking</b> (attach a voided check) <input checked="" type="checkbox"/> <b>Savings</b> (attach routing & account information printout)
<b>Bank One</b>	<b>Bank Two</b>
Financial Institution Name <b>123 Oak Lane, Anytown, State 12345</b>	Financial Institution Name <b>123 Oak Lane, Anytown, State 12345</b>
Financial Institution Address <b>111222333</b>	Financial Institution Address <b>111222333</b>
Routing Number <b>9876543210</b>	Routing Number <b>01234567890</b>
Account Number <b>50</b>	Account Number <b>50</b>
% of check to be deposited	% of check to be deposited

**Are you the account holder for the account(s) listed above?** ☒ **Yes** ☐ **No**

If "no," what is the name of the account holder? \_\_\_\_\_

If "no," employee agrees to have their funds deposited into this account. \_\_\_\_\_

*Employee Signature*

**AUTHORIZATION FOR DIRECT DEPOSIT or PAY CARD or PAPER CHECK**

I hereby authorize Acumen Fiscal Agent, LLC (herein after "Company") to deposit any amount owed to me for wages and/or reimbursements by initiation of credit entries to my account at the financial institution (hereinafter "Bank") handling my choice indicated above. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize 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 Company receives written notice from me of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it. If my method of payment is pay card, as the pay card holder, it is my responsibility to close this account should I no longer choose to have payments deposited in this manner. If I selected Paper Check, I understand that Acumen will make every effort to ensure my check will arrive by payday; however, it is impossible to guarantee the date that my paper check will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If my paper check does not arrive within 5 business days of payday, I can call Acumen to issue a stop payment and have a new check issued. I understand that if I request a stop payment, a processing fee of \$35.00 will be deducted from my new check. If I require that this fee be waived, I must sign up for either direct deposit or a Pay Card.

<u>Jane A. Employee</u> Print Name	<u>111-22-3333</u> Social Security Number	<u>01/02/1975</u> Date of Birth
<u>test@example.com</u> Email Address for Payscale Delivery	<u>Jane A. Employee</u> Signature	<u>06/15/2018</u> Date

Return completed form by email [enrollment@acumen2.net](mailto:enrollment@acumen2.net), fax (866) 923-5334 or mail to  
4542 E. Inverness Ave., Ste. 210, Mesa, AZ 85206



## Employee Rate Form LA Self Directed Services Option

In efforts to ensure proper payment, please provide Acumen with the following information so the employee is paid the correct rate for the service(s) provided. This is a request for ACUMEN to make the following rate change for the below employee. Rate change forms **must be received by Acumen two weeks prior to the effective date** for which the rate change is to take effect. If a two week notice is not provided, the form will **not** be processed. Retroactive (backdated) rate changes are **not** allowed. Please consult the "Show me the Money" for rate information.

Employee Name (please print): Jane A. Employee

Employee SSN (last 4 digits): 3333

Service: CLS      Rate:\$ 10.00

Service: CL2      Rate:\$ \_\_\_\_\_

Service: CL3      Rate:\$ \_\_\_\_\_

**CLS** = Community Living Supports  
**CL2** = Community Living Supports Shared Support 2 Persons  
**CL3** = Community Living Supports Shared Support 3 Persons

Effective Date (must be 1<sup>st</sup> or 16<sup>th</sup> of the month): 07/01/2018  
\*rate changes cannot be retroactive

Employer Name (please print): Alice Smith

Participant Name (if different from employer): Patty Participant

Employer Signature: Alice Smith      Date: 06/15/2018

- Please complete this form for each new employee.
- Please complete this form for each employee that you wish to have the payroll rate changed.
- This form must be received by Acumen **two weeks** prior to the effective date. If a two week notice is not provided, the form will **not** be processed.

EMAIL, FAX or MAIL to:  
[enrollment@acumen2.net](mailto:enrollment@acumen2.net)

1-866-923-5334

Acumen Fiscal Agent, LLC  
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