



Dear Applicant,

Welcome and thank you for your interest in working for Helena home care LLC. We are a DDD Provider that dedicate our lives in supporting individuals with Developmental Disabilities.

We need Caregivers like yourself who are dedicated and compassionate in providing the care to our beloved individuals.

Below are the required documents to complete the onboarding process.

Please provide the copy of the following Credentials:

- o Driver's License
- o Social Security Card
- o Permanent Resident Card or Workers Permit for non-US Citizen.
- o Auto Insurance
- o Auto Registration
- o CPR/First Aid Certification
- o Highschool Diploma, Equivalent or higher
- o Fingerprint Receipt
- o Headshot photo for Company ID

You will also need to be set up for the following appointment:

- o Drug Screen – Pre-employment
- o Fingerprint appointment – <https://uenroll.identogo.com>

Once completed. Please provide the copy of the Fingerprint Receipt

- o CDS online classes – Link, log in and Password below: (upon completing the application)  
<https://login.elsevierperformancemanager.com/EMBCenter>

Log in: first letter of your first name, full last name, last 4 digit of your social security number.

Example: JDoe1234

Password: hello

While completing the onboarding process, you may be contacted by our staff member regarding your availability and willingness to travel for our cases. As part of our process, we conduct a

meet and greet with the individuals and their family members prior to starting the case. We request of you to wear casual/appropriate clothing during the said meeting.

Welcome and thank you for being part our team Helena Home Care!

Sincerely,



Info2helenahomecare@gmail.com

Tel. (516)-462-5071

## **APPLICANT ACKNOWLEDGEMENT**

*(NOTE: Application will not be considered complete without the applicant's signature)*

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment. I agree that, if hired, I may be discharged if Helena Home Care LLC learns of any falsification or material omission in the information I have provided and if discovered prior to hire, I would be ineligible for consideration not only for this position, but future positions, as well. (NOTE: You will not automatically be excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances such as the nature of the crime, the recency of the conviction, the type of work involved, etc.)

I understand and agree that all information concerning patients and their families is strictly confidential. I am not permitted to disclose any financial, medical or personal information related to any patient or family member to fellow employees, company administrative staff or individuals, except my supervisor at Helena Home Care LLC .

I authorize Helena Home Care LLC. to investigate my employment history, credentials, license verification and to obtain any relevant information, including a criminal background check needed to make an employment decision. I authorize Helena Home Care LLC. to disclose this application along with any information about me obtained through reference checks or during the interview process for state, federal, contractual or accreditation audit purposes. I also authorize Helena Home Care LLC to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release Helena Home Care LLC. and any individual or entity providing information to Helena Home Care LLC . from all liability for any damage from the disclosure of this information.

I also understand and agree that passing a medical examination (which is my responsibility) and/or medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hire of if hired, I may be terminated.

I understand and agree that I may be subject to pre-employment drug testing and/or alcohol testing, random testing, as well as testing where reasonable suspicion or improper usage has occurred, or were warranted by an on-the-job injury, circumstance, workplace conditions or contractual requirements.

I understand and agree nothing contained in this employment application or in granting of an interview creates an employment con- tract between Helena Home Care LLC. and I for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be terminable "at will;" that is, I will have the right to terminate my employment at any time and that Helena Home Care LLC. retains the same right to terminate my employment at any time.

I understand that should I become employed by Helena Home Care LLC, my work assignments, schedules and/or work locations are subject to change according to the needs of the business and the clients of Morning Star Supportive Services.

I understand that Helena Home Care LLC. is committed to promoting safety and high standards of employee performance, productivity and reliability. To achieve this, I may be subjected to a drug test prior being hired to assure Helena Home Care LLC. I do not currently have narcotics, sedatives, stimulants or other controlled substances and/or mood-altering substances in my body. I understand if I have any such substance in my body at the time of the drug test, Helena Home Care LLC will not hire me.

I understand that Helena Home Care LLC reserves the right to add to, change and/or delete their policies, procedures, work rules and benefits at any time and that no one in Helena Home Care LLC has the authority to enter into any agreement for any particular period of time, or contrary to the above terms, unless that agreement is set forth in writing and signed by an authorized representative of Helena Home Care LLC.

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

Pursuant to Title VII of the Civil Rights Act of 1965 (42 U.S.C., §20000d et seq.) and 45 C.F.F. Part 80, §504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §6101 et seq.), Helena Home Care LLC adheres to an equal opportunity policy for all persons seeking admission as clients or seeking employment and for all persons employed by Helena Home Care LLC. Helena Home Care LLC offers equal employment and advancement opportunities to qualified individuals without regard to race, color, religion, sex, age, national origin, marital status, disability, or any other category protected by any applicable local, state, federal law, ordinance, or regulation.

Application Reviewed by \_\_\_\_\_ Date \_\_\_\_\_



### Application for Employment

	Today's	Date		
_____ PERSONAL DATA - If you have lived at current address less than one year, list previous address.				
Name; Last:	First:	Middle		
Soc. Sec. #	Telephone #	SMS #		
Address	City	County	State	Zip
Previous Address:	City	County	State	Zip
<b>EDUCATION</b>				
Date	School, Location	Degree/Diploma	Course of Study	
Date	school, Location	Degree/Diploma	Course of Study	
Date	school, Location	Degree/Diploma	Course of Study	
<b>SPECIAL LICENSES, CERTIFICATIONS OR REGISTRATION</b>				
License/Certification Type	License/Certification No.	State	Expiration Date	
License/Certification Type	License/Certification No.	State	Expiration Date	
CPR Expiration Date	Last Physical Exam Date	Lab TB/Chest X-Ray Date		
<b>GENERAL INFORMATION</b>				
Are you legally authorized to work in the USA <input type="checkbox"/> Yes <input type="checkbox"/> No				
(If you became an employee of HHC, you will be required to provide documentation proving your eligibility to work in the USA)				
Has your professional license ever had any action taken against it or been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a felony or misdemeanor crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				

(This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction.) A criminal conviction will not necessarily bar you from employment.

We will consider the nature of the crime, the time that has expired since its occurrence and any rehabilitation you have undergone. If yes, state the basis for each conviction and the date of the conviction:

Are you able to perform the tasks according to the job description without accommodation?

Yes  No

If accommodation is needed, how would perform the task and with what accommodation?

\_\_\_\_\_

How did you hear about HHC?  Newspaper  Trade Publication  Job Fair/Open House

Employment Agency  HHC employee (name) \_\_\_\_\_

Work location \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

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

Telephone#  
Relationship

Address

# HELENA HOME CARE LLC

## REFERENCE REQUEST FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Agency Contact: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Phone Number/Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

-----  
Name of Agency Contact: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Phone Number/Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_ do hereby authorize Morning Star Supportive Services to verify my references and background.

NAME (Print) \_\_\_\_\_ Signature \_\_\_\_\_

## DSP Job Description

### Staff Qualifications

- Minimum 18 years of age – AND –
- Complete State/Federal Criminal Background checks and Central Registry checks
- Valid driver’s license and abstract (not to exceed 5 points) if driving is required
- Pass a drug Test
- Pass a Child and Adult Abuse Clearance
- Employer will train
- Support from staff to enable an individual to attend an event, take a class, etc.
- Support from staff to assist an individual participating in activities such as: assistance in completing activities of daily living, ordering off a menu, purchasing items, learning basic cooking, laundry skills, etiquette, travel training, accessing activities in the community, etc.
- One-on-one tutoring
- Support on a job site to assist in basic self-care, social skills, and activities of daily living.

Pay: \$15.00

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

**APPENDIX A COMMUNITY AGENCY HEAD AND EMPLOYEE CERTIFICATION,  
PERMISSION FOR BACKGROUND CHECK AND RELEASE OF INFORMATION**

I hereby authorize the Department of Human Services to conduct a criminal history background check and I agree to be fingerprinted in order to complete the state and federal background check process. I further authorize the release of all information regarding the results of my background check to the Department of Human Services. Check one of the options listed below.

Option 1 \_\_\_\_\_ I hereby certify under penalties of perjury, that I have not been convicted of any of the offenses listed below and no such record exists in the State Bureau of Identification in the Division of State Police or in the Federal Bureau of Investigation, Identification Division.

Option 2 \_\_\_\_\_ I hereby affirm that I have been convicted of the following offense listed below \_\_\_\_\_ on \_\_\_\_\_. (date)

If I have checked Option 2 or the criminal history background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment.

FOR PROVISIONAL EMPLOYEES ONLY: As a provisional employee, I further understand that I may be employed by the agency for a period not to exceed six (6) months during which time a background check will be completed. I understand that I will work under the supervision of a superior where possible.

**Offenses covered under P.L. 1999, C. 358:**

In New Jersey, any crime or disorderly person offense: -involving danger to the person as set forth in N.J.S.A. 2C:11-1 et seq. through 2C:15-1 et seq. including the following:

- I. Murder
- ii. Manslaughter
- iii. Death by auto
- iv. Simple assault
- v. Aggravated assault vi. Recklessly endangering another person
- vii. Terroristic threats viii. Kidnapping
- ix. Interference with custody of children
- x. Sexual assault xi. Criminal sexual contact xii. Lewdness xiii. Robbery - against the children or incompetents as set forth in N.J.S.A. 2C:24- 1 et seq. including the following:

- i. Endangering the welfare of a child
- ii. Endangering the welfare of an incompetent person

-a crime or offense involving the manufacture, transportation, sale, possession or habitual use of a controlled dangerous substance as defined in N.J.S.A. 2C:24-1 et seq.

-in any other state or jurisdiction, conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above.

**FOR COMMUNITY AGENCY HEAD: I understand the results of this background check will be reported to the President of the Board of my agency.**

**PLEASE LIST THE NAME AND HOME OR BUSINESS ADDRESS OF THE BOARD PRESIDENT.**

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

\_\_\_\_\_  
Employee Name (please print)      Employee Signature Date

\_\_\_\_\_  
Witnessed by (please print)      Witness Signature Date

**CHILD ABUSE RECORD INFORMATION FORM  
STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN & FAMILIES**

**Indicate Reason for CARI by Checking Appropriate Box**

- DHS/DDD Employee:**  Community Provider/Agency  *check here if Agency head*  
 Community Care Residence Provider  *check here if CCR Licensee*  
 DHS Developmental Center Staff  *check here if New Employee*  
 *check here if Existing Employee*

Agency/Facility: \_\_\_\_\_

COST CODE: \_\_\_\_\_

PLEASE PRINT CLEARLY IN INK. DO NOT USE PENCIL. PLEASE GIVE YOUR FULL NAME; DO NOT USE INITIALS. COMPLETE BOTH PAGES OF THIS FORM. SIGN, DATE, AND RETURN THE FORM TO YOUR EMPLOYER FOR SUBMISSION TO DCF. ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED.

Print your full name (first, middle, last): \_\_\_\_\_

Previous name, maiden name or nicknames: \_\_\_\_\_

Date of name change, if applicable: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_



Social Security number: <sup>1</sup> \_\_\_\_\_

Sex: \_\_\_\_\_

Applicant Phone number: (      ) \_\_\_\_\_

Full Names and Dates of Birth of your children, if any, whether living with you or not:

**NOTE: If none, check this box**

Child's First Name	Middle Name	Last Name	Date of Birth
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

page 2

Your previous addresses since 1980 and the dates you lived at each address: **NOTE: If none, check this box**   
(ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED)

1) \_\_\_\_\_

_____	To:	_____	From:
(month)      (year)		(month) (year)	

2) \_\_\_\_\_

_____	To:	_____	From:
(month)      (year)		(month) (year)	

3) \_\_\_\_\_

_____	To:	_____	From:
(month)      (year)		(month) (year)	

4) \_\_\_\_\_

<sup>1</sup> Pursuant to the Federal Privacy Act of 1974 (P.L. 93-579), the disclosure of your Social Security Number is voluntary. Your Social Security Number, race, date of birth, and sex will only be used for the purpose of conducting a Child Abuse Record Information background check as authorized by N.J.S.A. 30:6D-76.

\_\_\_\_\_  
\_\_\_\_\_  
(month) (year) To: \_\_\_\_\_  
(month) (year)

From:

5)

\_\_\_\_\_  
\_\_\_\_\_  
(month) (year) To: \_\_\_\_\_  
(month) (year)

From:

All persons completing this form **must** read the following and sign below:

I consent to have the Department of Children and Families conduct a Child Abuse Record Information check to determine whether an allegation of child abuse or neglect has been substantiated against me. I certify that I am not currently being investigated for any allegation of child abuse or neglect. I understand that if a record of substantiated child abuse or neglect is found, or if I refuse to sign this consent form, I may not be permitted to work, or continue to work as a DHS employee, contractor, or volunteer. I certify that all information I have given on this form is accurate and complete to the best of my knowledge.

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



FOR DEPARTMENT OF CHILDREN & FAMILIES USE ONLY

CARI staff initials \_\_\_\_\_

CARI 05/2018

**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.

		First Name ( <i>Given Name</i> )	Middle Initial	Other Last Names Used ( <i>if any</i> )										
Address ( <i>Street Number and Name</i> )		Apt. Number	City or Town	State ZIP Code										
Date of Birth ( <i>mm/dd/yyyy</i> )	U.S. Social Security Number	Employee's E-mail Address		Employee's Telephone Number										
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>													

**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*)

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> )  <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	Today's Date ( <i>mm/dd/yyyy</i> )
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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 ( <i>mm/dd/yyyy</i> )		
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code



### Employment Eligibility Verification

**USCIS  
Form I-9**

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

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	<table border="1" style="width:100%; height:100%;"> <tr> <td style="width:30%;">Additional Information</td> <td style="width:70%;">Do Not Write In This QR Code - Sections Space2 &amp; 3</td> </tr> </table>					Additional Information	Do Not Write In This QR Code - Sections Space2 & 3
Additional Information						Do Not Write In This QR Code - Sections Space2 & 3	
Issuing Authority							
Document Number							
Expiration Date (if any)(mm/dd/yyyy)							
Document Title							
Issuing Authority							
Document Number							
Expiration Date (if any)(mm/dd/yyyy)							

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

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

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

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

A. New Name (if applicable)	B. Date of Hire (if applicable)
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Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial	Date ( <i>mm/dd/yyyy</i> )
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**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 ( <i>if any</i> ) ( <i>mm/dd/yyyy</i> )
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented 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 ( <i>mm/dd/yyyy</i> )	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	LIST B Documents that Establish Employment Authorization	LIST C Documents that Establish Identity
<b>OR</b>	<b>AND</b>	
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

<b>6.</b> 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	<b>10.</b> School record or report card
	<b>11.</b> Clinic, doctor, or hospital record
	<b>12.</b> Day-care or nursery school record

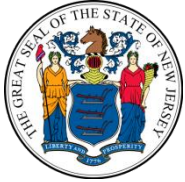
**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

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

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

retained as long as their contents may

become material in the administration of



New Jersey Department of Human Services  
 Division of Developmental Disabilities [www.nj.gov/humanservices/ddd](http://www.nj.gov/humanservices/ddd)

**Community Based / Individual Supports**

*(Not applicable when delivering daily rate version of Individual Supports. Only used for 15 minute unit version)*

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

Service Plan Year: \_\_\_\_\_

ISP Outcome: \_\_\_\_\_

**Service Strategies (check all that apply):**

- Assistance with Activities of Daily Living (such as getting dressed, eating, personal hygiene, etc.)
- Assistance with Increasing Community Participation (such as daily errands, attending events, restaurant, purchasing items, travel training, etc.)
- Assistance with Increasing Independence (such as helping the individual learn to do laundry, cook, clean, dress, grocery shop, pay for items, etc.)
- Assistance with On-The-Job Support (such as safety awareness, using the restroom, attending to task, lunch/breaks, etc.)
- Assistance with Learning Activities (such as basic tutoring – math, reading, writing; support in attending a class; etc.)

<u>Date</u>	<u>Start Time</u>	<u>End Time</u>	<u>Individualized Activity</u>	<u>Tell us about the day, and how the activities will help the individual reach the above outcome</u>

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Completed By:

June 2018





# New Jersey Universal Fingerprint Form

[www.bioapplicant.com/nj](http://www.bioapplicant.com/nj)

(1) Originating Agency Number (ORI #) <b>NJ920540Z</b>		(2) Category <b>HSK</b>	(3) Statute Number <b>30:6D-64</b>		
(4) Reason for Fingerprinting <b>HUMAN SERVICES PRIVATE CONTRACTOR</b>			(5) Document Type <b>RB2</b>	(6) Payment Information <b>BILL STATE AGENCY</b>	
(7) Contributor's Case # (Unique Identifier) <b>PC 3364</b> <small>(enter 4 digit cost code after PC)</small>			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number ) -		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) [ ] Female [ ] Male [ ] Both	(22) Hair Color	(23) Eye Color	(24) Race (Select One) [ A ] Asian/ Pacific Islander (includes Asian Indian) [ B ] Black [ I ] American Indian / Alaska Native [ W ] White ( Includes Hispanic/ Spanish Origin) [ U ] Unknown		
(25) Occupation / Position (with respect to Requirement)	(26) Employer / Organization Name (with respect to Requirement) <b>Morning Star Supportive Services.</b> Employer Address 8803 Timberline Ct. City <b>Monmouth junction</b> State <b>NJ</b> Zip <b>08852</b>				
<b>Identification Requirement</b> - Identification must be presented at the <u>time of printing</u> . Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria; Photo, Name, Address (home/employer), Date of Birth and is issued by a Federal, State, County or Municipal entity for Identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).					

**Please READ this form carefully**

and follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** you **present** this completed Universal Fingerprint Form, IDG\_NJAPP\_020115\_V2, at your scheduled appointment.

**Appointment Scheduling:**

Scheduling is available anytime at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj). Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

**Payment:**

When an Applicant is responsible for payment, Payment Is Required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, or electronic debit (ACH) from a checking account; accounts will be debited immediately.

**Cancel/ Reschedule:**

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**Unable to be Fingerprinted:** An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment; Inability to present proper Identification; Inability to present this completed Universal Fingerprint Form IDG\_NJAPP\_020115\_V2; Information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 appointment fee; MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**PCN and Receipts:**

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide *duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.*

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:

You **MUST** retain a copy of this form and the receipt of printing for your personal records.  
**APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM**

IDG\_NJAPP\_020115\_V2



## Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials may be at risk of acquiring hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination currently. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name (Print) \_\_\_\_\_ Social Security \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Hepatitis B Vaccination Consent Form

Hepatitis B vaccine is usually well tolerated. The most common side effect is soreness at the local injection site and fatigue. The vaccine is administered in three doses.

**CONTRAINDICATIONS:** Employees who are pregnant, breast-feeding mothers, have allergies to the vaccine or its components, mercury, or yeast, have a fever or active infection, heart disease, Guillain-Barre Syndrome, or immune deficiency disorders will be referred to their private physician for evaluation, prior to receiving the vaccine.

**POSSIBLE ADVERSE REACTIONS:** Flushed face, redness, swelling, or warmth at injection site, muscle aches, fatigue, and dizziness. Low-grade fever (less than 101 degrees F) occurs occasionally.

I have read the above information and have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of hepatitis B vaccine and consent to vaccination.

Name (Print) \_\_\_\_\_ Social Security \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

FIRST INJECTION	SECOND INJECTION	THIRD INJECTION
Employee Signature	Employee Signature	Employee Signature
Date Vaccinated	Date Vaccinated	Date Vaccinated
Vaccine/Lot#/Exp. Date	Vaccine/Lot#/Exp. Date	Vaccine/Lot#/Exp. Date
Site of Injection	Site of Injection	Site of Injection

Administered by	Administered by	Administered by
Time Administered	Time Administered	Time Administered



## NJ MVR RELEASE CONSENT FORM

In conjunction with my potential employment at **Helena Home Care LLC**

("the company"), I\_(applicant) consent to the release of my Motor Vehicle Records (MVR) to the company.

I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act" and is intended to constitute "written consent" as required by this Act.

Signed (applicant) \_\_\_\_\_

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

Drivers' License Number: \_\_\_\_\_

State: \_\_\_\_\_

## DRIVER RECORDS

Regardless of what business you are in, the deadliest hazard faced by American workers is that of the road. More workers are killed in vehicular accidents than by any other cause. Since most accidents are the result of human error, not vehicular condition, one of the best controls available for vehicular accidents, is to properly screen drivers. One of the best tools available for screening drivers is the MVR, or Motor Vehicle Record, of the driver. This is a report, available from the state, listing all tickets, accidents, and other similar infractions for a given driver, over a set period of years (usually 3 years, or 7 years). It is recommended that an MVR be obtained and reviewed **prior** to hiring an employee who will drive, and **certainly before allowing that employee to drive on company business**. MVR's should also be reviewed at least annually for all driving employees. This is the only way to be certain problems have not come up undetected. Drivers do not usually come in and announce a rash of speeding tickets, or a DUI. Many employers assume they know their employees well, and they would know if they got a ticket. This is not the case. A

criterion should be set up for the evaluation of MVR's and should be fairly and uniformly applied to all drivers.



STATE OF NEW JERSEY

CHRIS CHRISTIE GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES

Elizabeth Connolly  
*Acting Commissioner*

KIM GUADAGNO  
LT. GOVERNOR

PO BOX 726  
TRENTON, NJ 08625-0726  
609.631.2200

Dawn Apgar  
*Deputy Commissioner*  
Elizabeth M. Shea  
*Assistant Commissioner*

[www.nj.gov/humanservices/ddd](http://www.nj.gov/humanservices/ddd)

### **Acknowledgement of Receipt of Information Regarding “Danielle’s Law”**

I have received the following information pertaining to Danielle’s Law:



In accordance with Danielle’s Law, 911 is to be called in life threatening emergencies. As defined in the law, “Life threatening emergency means a situation in which a prudent person *could* reasonably believe that immediate intervention is necessary to protect the life of a person receiving services, or to protect the lives of other persons at the facility or agency from an immediate threat or actual occurrence of a potentially fatal injury, impairment to bodily functions or dysfunction of a bodily organ or part.”

Failure to call 911 in a life-threatening emergency includes monetary fines: \$5,000 for the first offense, \$10,000 for the second offense, and \$25,000 for the third and each subsequent offense. Additionally, a health care professional, licensed or alternately authorized to provide services, may be subject to revocation of that professional license or other authorization to practice as a health care professional.

I have received training on Danielle’s Law including a Power Point Presentation on Danielle’s Law, Frequently Asked Questions about Danielle’s Law, a Fact Sheet on Life Threatening Emergencies, and a copy of Chapter 191, the actual Law.

I understand that it is my responsibility to call 911 if a person served by the Division of Developmental Disabilities is experiencing a life-threatening emergency, as defined in Danielle’s Law.” I understand it is the responsibility of the emergency medical professionals to assess the severity of the emergency. My responsibility is to make the call to 911, provide information regarding the condition of the person, and direct emergency workers to the scene of the emergency. It is also my responsibility to provide immediate care until the emergency medical professionals arrive and take over.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Title \_\_\_\_\_

New Jersey is an Equal Opportunity Employer



### EMPLOYEE DIRECT DEPOSIT REQUEST

NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

Complete the required information. Allow at least 2-3 weeks for processing. For checking accounts, a copy of a voided check must be provided. For savings accounts, a copy of a deposit slip must be provided.

#### DIRECT DEPOSIT 1

NAME OF BANK: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_  CHECKING

SAVINGS I would like to deposit:

Entire Net Pay      \$ \_\_\_\_\_      % \_\_\_\_\_

#### ATTACH A COPY OF A VOIDED CHECK / SAVINGS DEPOSIT SLIP

In order for this direct deposit authorization to be valid, the name of the employee must be on the voided check or deposit slip. A notice from the bank authorizing the employee to deposit funds into the account will be accepted.

#### DIRECT DEPOSIT 2

NAME OF BANK \_\_\_\_\_ :

ACCOUNT #: \_\_\_\_\_  CHECKING  SAVINGS I

would like to deposit:

Entire Net Pay      \$ \_\_\_\_\_      % \_\_\_\_\_

#### ATTACH A COPY OF A VOIDED CHECK / SAVINGS DEPOSIT SLIP

For this direct deposit authorization to be valid, the name of the employee must be on the voided check or deposit slip. A notice from the bank authorizing the employee to deposit funds into the account will be accepted. I hereby authorize my employer to deposit any amounts owed me by initiating credit entries to my account at the financial institution(s) listed above. Further, I authorize the financial institution(s) listed above to accept and to credit any entries indicated by Morning Star Supportive Services to my account. If Morning Star Supportive Service deposits funds erroneously into my account, I authorize Morning Star Supportive Service to debit my account not to exceed the original amount of the erroneous credit. This authorization is to remain in full force

and effect until Morning Star Supportive Service. has received written notice from me of its termination in such time and in such manner as to afford Morning Star Supportive Service a reasonable amount of time to act on it.

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

Date \_\_\_\_\_

Form <b>W-4</b> (Rev. December 2020) Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Certificate</b>		OMB No. 1545-0074
	<input type="checkbox"/> <b>Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.</b> <input type="checkbox"/> <b>Give Form W-4 to your employer.</b> <input type="checkbox"/> <b>Your withholding is subject to review by the IRS.</b>		2021
<b>Step 1:</b>  <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		<input type="checkbox"/> <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly or Qualifying widow(er)</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) <input type="checkbox"/>		

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t

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

**Step 2:**  
**Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld .....

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

<b>Step 3:</b> <b>Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	Multiply the number of qualifying children under age 17 by \$2,000 <input type="checkbox"/> \$ _____			
	Multiply the number of other dependents by \$500 ..... <input type="checkbox"/> \$ _____			
	Add the amounts above and enter the total here . . . . .		<b>3</b>	\$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .		<b>4(a)</b>	\$
	<b>(b) Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .		<b>4(b)</b>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b>		<b>4(c)</b>	\$

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

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

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

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

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

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

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you

receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

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

## Specific Instructions

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

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

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

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



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

job. **Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

**Step 4 (optional).**

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want



to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



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

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

**1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_

**2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

**a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_

**b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . 2c \$

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . 3

4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . 4 \$

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



1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . 1 \$

{ 2 Enter: • \$18,800 if you're head of household } . . . . . 2 \$
• \$25,100 if you're married filing jointly or qualifying widow(er)
• \$12,550 if you're single or married filing separately

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . 3

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . 4 \$

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4 . . . . . 5 \$

Married Filing Jointly or Qualifying Widow(er)

Table with 2 columns: Higher Paying Job, Lower Paying Job Annual Taxable Wage & Salary

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

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

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

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

Annual Taxable Wage & Salary	Single or Married Filing Separately											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Higher Paying Job Annual Taxable Wage & Salary	Head of Household											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320

\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980

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\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350