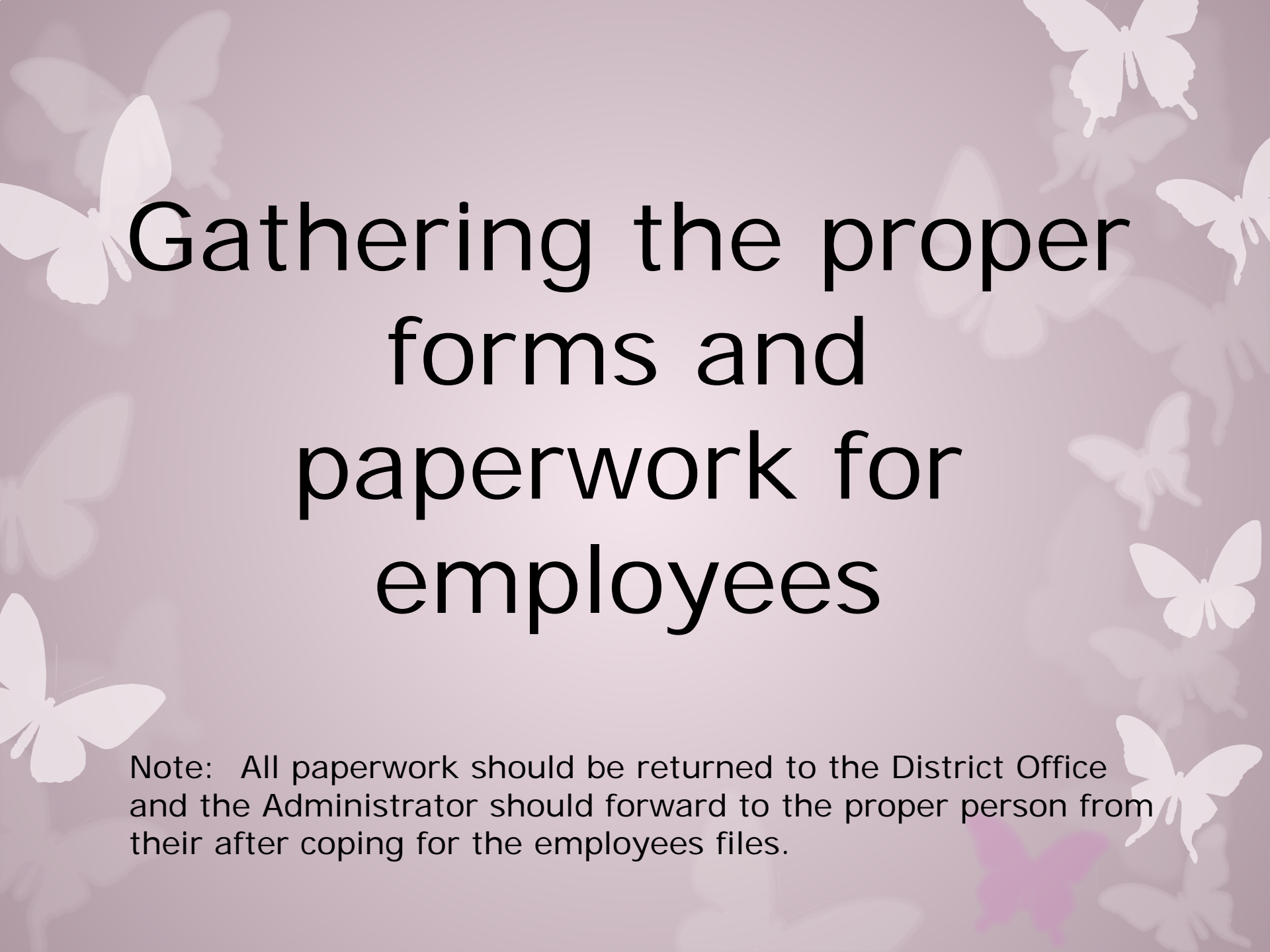


# **Getting Personnel**

**Gathering & Entering  
Employees Information**



# Gathering the proper forms and paperwork for employees

Note: All paperwork should be returned to the District Office and the Administrator should forward to the proper person from their after coping for the employees files.

# Employee Files

- Every Employee needs to have a personnel file where the hire documents, evaluations, NRCS access forms and all confidential materials are kept this should be labeled with their name and as personnel
- Every Employee needs to have a payroll file where their timesheets, paystubs, and any other payroll materials are kept this should be labeled with their name and as payroll
- This needs to be done to keep the confidential materials filed separately from materials that are public knowledge so payroll information is public but evaluations are not and if by some chance you have a request for information and they are in the same folder then there could be a breach of the employees confidential information.

**NOT CONFIDENTIAL**

**CONFIDENTIAL**

# New Employee Forms

- I-9 Form
- W-4 Form
- New Hire Form
- If you have Montana Public Employees Retirement (PERS) you will need the Optional Member Form or the Designation of Beneficiaries Form.
- Any other paperwork your district may have for retirement plan.



# I-9 FORM

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

OMB No. 1615-0047; Expires 08/31/12  
**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)**

Print Name: Last First Middle Initial Maiden Name

Address (Street Name and Number) Apt. # Date of Birth (month/day/year)

City State Zip Code Social Security #

**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):  
☐ A citizen of the United States  
☐ A noncitizen national of the United States (see instructions)  
☐ A lawful permanent resident (Alien #) \_\_\_\_\_  
☐ An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year) \_\_\_\_\_

Employee's Signature Date (month/day/year)

**Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.**

Preparer's/Translator's Signature Print Name Date (month/day/year)

Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

**Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)**

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative Print Name Title

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

**Section 3. Updating and Reverification (To be completed and signed by employer.)**

A. New Name (if applicable) B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

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

Signature of Employer or Authorized Representative Date (month/day/year)

Form I-9 (Rev. 08/07/09) Y Page 4

Note: On this form if the employee gives you their passport you do not need anything from List B or C

**LISTS OF ACCEPTABLE DOCUMENTS**  
All documents must be unexpired

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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
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 Birth Abroad issued by the Department of State (Form FS-545)
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. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the 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. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		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		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-24)

Form I-9 (Rev. 08/07/09) Y Page 5

Have the employee fill out the first page and then show you and you copy items from the second page to verify. These will be filed in the employee's personnel file.

# W-4 FORM

## Form W-4 (2012)

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

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 15, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$500 and includes more than \$300 of unearned income (for example, interest and dividends).

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

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

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

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nominee income.** If you have a large amount of nominee income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all pay using worksheets on only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest-paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, see Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$30,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

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

**A** Enter "1" for yourself if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

**B** Enter "1" if:   
 • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . . **B** \_\_\_\_\_

**C** Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . . **F** \_\_\_\_\_

**G** **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children.   
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child. . . . . **G** \_\_\_\_\_

**H** Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) . . . **H** \_\_\_\_\_

For accuracy, complete all worksheets that apply.   
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.   
 • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 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 below.

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

**W-4** **Employee's Withholding Allowance Certificate** OMB No. 1545-0074

Department of the Treasury Internal Revenue Service **2012**

1 Your first name and middle initial Last name 2 Your social security number

Home address (number and street or rural route) 3 ☐ Single ☐ Married ☐ Married, but withheld at higher Single rate.   
 Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ☐

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption.   
 • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and   
 • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.   
 If you meet both conditions, write "Exempt" here.

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.

Employer's signature (This form is not valid unless you sign it.) Date

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10229Q

Form W-4 (2012)

Form W-4 (2012)

Page 2

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . . 1 \$ \_\_\_\_\_

2 Enter:   
 \$11,900 if married filing jointly or qualifying widower   
 \$5,950 if single or married filing separately . . . . . 2 \$ \_\_\_\_\_

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

4 Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 509) . . . . . 4 \$ \_\_\_\_\_

5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2012 Form W-4 worksheet in Pub. 505.) . . . . . 5 \$ \_\_\_\_\_

6 Enter an estimate of your 2012 nominee income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_

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

8 Divide the amount on line 7 by \$3,000 and enter the result here. Drop any fraction . . . . . 8 \_\_\_\_\_

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

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

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

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

1 Enter the number from line H, page 1 for line 10 above if you used the Deductions and Adjustments Worksheet. . . . . 1 \_\_\_\_\_

2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . . 2 \_\_\_\_\_

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

**Note.** If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 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 number 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 2012. Enter the result here and on Form W-4, line 5, page 1. This is the additional amount to be withheld from each paycheck. . . . . 9 \$ \_\_\_\_\_

Table 1		Table 2	
Married Filing Jointly	All Others	Married Filing Jointly	All Others
If wages from LOWEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$35,000	0
\$5,001 - 12,000	1	\$35,001 - 125,000	1
12,001 - 22,000	2	125,001 - 150,000	2
22,001 - 25,000	3	150,001 - 340,000	3
25,001 - 30,000	4	340,001 and over	4
30,001 - 40,000	5		
40,001 - 45,000	6		
45,001 - 55,000	7		
55,001 - 65,000	8		
65,001 - 72,000	9		
72,001 - 85,000	10		
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

**Privacy Act and Paperwork Reduction Act Notice.** We use the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(c)(2) and 6109 and their regulations require you to provide this information. We use the information 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 use of this information includes giving it to the Department of Justice for civil and criminal litigation; to state, local, and tribal governments; and to U.S. courts and agencies. Information for use in administering their laws, and to the Department of Health and Human Services for use in the National Directory of Health and Human Services. We may also use this information to enforce federal tax 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 documents relating to a form or its instructions that are released as long as their contents may become obsolete in the administration of any Internal Revenue law. Generally, but not necessarily, routine information is not required. See section 6109.

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.

You can download this form from the IRS website for the current year have the employee fill it out and return the bottom portion of page 1. File in the employee's payroll file and in the district tax file. Note: If they have an employee that they are Exempt on a w-4, or if they claim more than 9 exemptions, you are required to send it in to the IRS.

# New Hire Form

Have the employee fill out the middle section, you fill out the upper section and the optional section and mail or fax to the address on the bottom of the form. File a copy in the employee's personnel file.

Montana New Hire Reporting Form	
<i>Note: All applicable information in the Employer and Employee Sections "Is Required To Be Reported"</i>	
<b>EMPLOYER SECTION – REQUIRED INFORMATION</b>	
Federal ID Number:	_____
Business Name:	_____
Mailing Address:	_____
Address Line 2:	_____
City:	_____ State: _____ Zip Code: _____
Foreign Country:	_____ Zip Code: _____
Business Phone:	_____ Ext. _____ Fax Number: _____
<b>**If address changed, place X here, <input type="checkbox"/> and make corrections below**</b>	
Mailing Address:	_____
Address Line 2:	_____
City:	_____ State: _____ Zip Code: _____
Foreign Country:	_____ Zip Code: _____
<b>EMPLOYEE SECTION – REQUIRED INFORMATION</b>	
Social Security Number:	_____ Date of Hire: _____
Last Name:	_____ First Name: _____ MI: _____
Mailing Address:	_____
Address Line 2:	_____
City:	_____ State: _____ Zip Code: _____
Foreign Country:	_____ Zip Code: _____
Home Address:	_____
Address Line 2:	_____
City:	_____ State: _____ Zip Code: _____
Foreign Country:	_____ Zip Code: _____
<b>Optional Employee Information</b>	
Home Phone:	_____ Date of Birth: _____
Work Phone:	_____ State of Hire: _____
Is Health Insurance Available:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Health Insurance Is Available:	_____
<b>Phone 1-888-866-0327 for New Hire Reporting Questions</b>	
<b>Mail To:</b> Montana New Hire Reporting, PO Box 8013 Helena, MT 59604-8013	
or <b>Fax to</b> 1-888-272-1990 / <b>Local Fax</b> 406-444-0745	
(revised 7/2007)	



# Retirement Forms (Only for those that use PERS)

Montana Public Employee Retirement Administration  
PO Box 200131 • Helena MT 59620-0131  
(406) 444-3154 • Toll Free (877) 275-7372

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)  
OPTIONAL MEMBERSHIP ELECTION**

This election must be completed by both employee and employer and received by MPERA within **90 days** of the employee's hire date or the employee waives membership. If any information in this form conflicts with statute or rule, the statute or rule will apply. If you have any questions about optional membership, please contact our office.

EMPLOYEE INFORMATION – to be completed by employee		
Last Name	First Name, MI	Social Security Number *
Date of Birth	Email Address	Phone Number ( )

Membership is optional only for certain new employees. (See optional positions below.) If you are currently an active or inactive member of PERS (already have contributions in PERS through this or any other agency), you cannot elect out of PERS. If you are a retired member of PERS, the working retiree restrictions apply. § 19-3-1106, MCA. By signing below, I acknowledge that I understand:

- If I have contributions on account at MPERA, I must contribute to PERS;
- **If I decline membership, I cannot later become a member of PERS while still employed with the same employer but in a different optional position;**
- If I decline membership, terminate employment, and become employed in another optional position within 30 days of termination, I may not become a member in the second optional position;
- If I decline membership, terminate employment, and become employed in another optional position 30 days or more after my termination, I am allowed a new election;
- If I decline membership, I will not receive membership service or service credit for employment for which membership was declined; and
- If I subsequently accept employment in a position for which retirement is mandatory, I must become a member regardless of this election.

I am eligible to choose PERS membership due to employment with this agency and I am **not** an active, inactive or retired member of PERS.

**ELECTION**  
☐ I decline PERS membership  
☐ I elect PERS membership (Please complete a PERS Membership Card / Designation of Beneficiary)

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

EMPLOYER INFORMATION – to be completed by employer		
Employee's Hire Date	Employing Agency	Employer Number

Please verify the above employee is eligible for optional membership. Working retirees, excluded employees and mandatory members are NOT eligible for an optional membership election. § 19-3-401.403 and 412, MCA.

**Check the type of optional position** (you must check only one):

☐ Employee directly appointed by the Governor  
☐ Chief administrative officer of a city or county  
☐ Legislative branch employee working 10 months or less to perform work related to the legislative session  
☐ New employee of a county hospital or rest home  
☐ Employee working 960 hours or less in PERS-covered positions

Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Phone Number  
( ) \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed form to MPERA within 90 days of hire. Retain a copy for your records.

\* For identification and tax purposes. § 19-2-403(7) MCA, 26 USC § 6041A and 6109

Form 1016 - Revised 05/2013

Montana Public Employee Retirement Administration  
PO Box 200131 • Helena MT 59620-0131  
(406) 444-3154 • Toll Free (877) 275-7372  
http://mpera.mt.gov

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)  
MEMBERSHIP CARD / DESIGNATION OF BENEFICIARY**

Check all that apply: ☐ New Hire ☐ Other (specify job title) \_\_\_\_\_ ☐ Change beneficiaries

MEMBER INFORMATION					
Last Name	First Name, MI	Social Security Number *			
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Employing Agency	Employer Number (MPERA use only)		
Member's Mailing Address					
City		State	Zip Code		
Daytime Phone Number ( )		Email Address			

**PRIMARY AND/OR CONTINGENT BENEFICIARY DESIGNATION**

Completion of this section revokes all prior beneficiary designations. You may designate one or more primary or contingent beneficiaries by using a separate line for each person. Contingent beneficiaries receive benefits only if all listed primary beneficiaries are deceased. If you list two or more primary (or two or more contingent beneficiaries) they will be treated on a share and share alike basis. If you prefer a different allocation, please specify. If you designate a trust (for the benefit of a natural living person only), a charitable organization or your estate as a primary or contingent beneficiary, you will also need to complete the "Other designation" section.

**Primary Beneficiary - attach additional list if necessary.**

Full Name	Gender	Relationship	Birth Date	SSN*	Allocation
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%

**Contingent Beneficiary (optional) - attach additional list if necessary.**

Full Name	Gender	Relationship	Birth Date	SSN*	Allocation
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%

**Other Designation**  
 Name of Trust, Charity or Estate \_\_\_\_\_ Trustee/Contact Name \_\_\_\_\_ Address \_\_\_\_\_

REQUIRED SIGNATURES		
Member Signature	Date	
Witness Name printed (not a beneficiary)	Witness Signature	Date

Original signatures are required. MPERA cannot accept faxed or photocopies of this form.

Form 1001

\* For identification and tax purposes. § 19-2-403(7) MCA, 26 USC § 6041A and 6109

The form on the left is used if the employee is working less than 960 hours a year the form on the right is used if the person is working more than the 960 and has to be a member. For questions on filling out these forms please contact a PERS representative. Joel Thompson [jthompson3@mt.gov](mailto:jthompson3@mt.gov) 444-0199 ,Terry Dalton [tdalton@mt.gov](mailto:tdalton@mt.gov) 444-9172 Armando Orpeza [AOROPEZA@mt.gov](mailto:AOROPEZA@mt.gov) You will receive an informational packet from PERS that will give you more information on plan choices and education workshops to learn more.



# Existing Employees

- It is suggested to start your January payroll off with an updated W-4 from your employees to catch any changes, it is not mandatory and an employee can change their W-4 at anytime of the year as they need. Be sure to update the payroll records for the next payroll cycle.
- Retirement change forms as needed

# W-4 FORM

## Form W-4 (2012)

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

**Exemption from withholding.** If you are exempt, complete lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 15, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$500 and includes more than \$500 of unearned income (for example, interest and dividends).

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

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

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

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1302, Supplemental Form W-4, Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$300,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

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

A Enter "1" for yourself if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

B Enter "1" if:   
 • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work or your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . . **B** \_\_\_\_\_

C Enter "1" for your spouse. But, you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . . **E** \_\_\_\_\_

F Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or seven eligible children or less "2" if you have eight or more eligible children.   
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child. . . . . **G** \_\_\_\_\_

H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ► **H** \_\_\_\_\_

For accuracy, complete all worksheets that apply.   
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 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 below.

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

**W-4** **Employee's Withholding Allowance Certificate** **OMB No. 1545-0074**

Department of the Treasury Internal Revenue Service **2012**

1 Your first name and middle initial \_\_\_\_\_ Last name \_\_\_\_\_ 2 Your social security number \_\_\_\_\_

Home address (number and street or rural route) \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

3 ☐ Single ☐ Married ☐ Married, but withheld at higher Single rate.   
**Note.** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► ☐

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) **5** \_\_\_\_\_

6 Additional amount, if any, you want withheld from each paycheck . . . . . **6** \$ \_\_\_\_\_

7 I claim exemption from withholding for 2012, and I certify that the following conditions for exemption:   
 • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and   
 • This year I expect a refund of all federal income tax withheld because I expect to have no 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.

**Employer's signature** (This form is valid unless you sign it.) ► \_\_\_\_\_ **Date** ► \_\_\_\_\_

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) \_\_\_\_\_ 9 Office code (optional) \_\_\_\_\_ 10 Employer identification number (EIN) \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 1022902 Form W-4 (2012)

Form W-4 (2012)

Page 2

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . . **1** \$ \_\_\_\_\_

2 Enter:   
 • \$11,900 if married filing jointly or qualifying widower)   
 • \$8,700 if head of household   
 • \$5,950 if single or married filing separately . . . . . **2** \$ \_\_\_\_\_

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

4 Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)   
 Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2012 Form W-4 worksheet in Pub. 505.) . . . . . **4** \$ \_\_\_\_\_

5 Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . . **5** \$ \_\_\_\_\_

6 Subtract line 5 from line 4. If zero or less, enter "-0-" . . . . . **6** \$ \_\_\_\_\_

7 Divide the amount on line 6 by \$3,800 and enter the result here. Drop any fraction . . . . . **7** \_\_\_\_\_

8 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . **8** \_\_\_\_\_

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

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

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

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

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . . **2** \_\_\_\_\_

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

**Note.** If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 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 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 5, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** \$ \_\_\_\_\_

Table 1		Table 2	
Married Filing Jointly	All Others	Married Filing Jointly	All Others
Wages from LOWEST paying job are—	Enter on line 2 above	Wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$10,000	\$20
5,001 - 12,000	1	10,001 - 125,000	300
12,001 - 22,000	2	125,001 - 100,000	1,000
22,001 - 25,000	3	100,001 - 340,000	1,200
25,001 - 30,000	4	340,001 and over	1,300
30,001 - 40,000	5		
40,001 - 45,000	6		
45,001 - 55,000	7		
55,001 - 65,000	8		
65,001 - 72,000	9		
72,001 - 85,000	10		
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(g) and 6050 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, resulting in additional tax being withheld from your pay. Routine use of this information includes giving it to the Department of Justice for civil and criminal litigation, to state, local, and tribal governments, and to U.S. courts and agencies for use in administering their laws, and to the Department of Health and Human Services for use in the National Directory of Health. We may also disclose this information to other agencies under a treaty, for federal and state agencies to enforce federal 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 related information are confidential, as required by Code section 7105.

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.

You can download this form from the IRS website for the current year have the employee fill it out and return the bottom portion of page 1. File in the employee's payroll file and in the district tax file.

# Retirement Change Forms



Montana Public Employee Retirement Administration  
PO Box 200131 • Helena MT 59620-0131  
(406) 444-3154 • Toll Free (877) 275-7372  
<http://mpera.mt.gov>

## PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS) MEMBERSHIP CARD / DESIGNATION OF BENEFICIARY

Check all that apply: ☐ New Hire ☐ Other (specify job title) ☐ Change beneficiaries

MEMBER INFORMATION					
Last Name		First Name, MI		Social Security Number*	
Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Employing Agency		Employer Number (MPERA use only)	
Member's Mailing Address					
City		State	Zip Code		
Daytime Phone Number ( )		Email Address			
PRIMARY AND/OR CONTINGENT BENEFICIARY DESIGNATION					
Completion of this section revokes all prior beneficiary designations. You may designate one or more primary or contingent beneficiaries by using a separate line for each person. Contingent beneficiaries receive benefits only if all listed primary beneficiaries are deceased. If you list two or more primary (or two or more contingent beneficiaries) they will be treated on a share and share alike basis. If you prefer a different allocation, please specify. If you designate a trust (for the benefit of a natural living person only), a charitable organization or your estate as a primary or contingent beneficiary, you will also need to complete the "Other designation" section.					
Primary Beneficiary - attach additional list if necessary.					
Full Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Birth Date	SSN*	Allocation %
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
Contingent Beneficiary (optional) - attach additional list if necessary.					
Full Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Birth Date	SSN*	Allocation %
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
Other Designation					
Name of Trust, Charity or Estate		Trustee/Contact Name		Address	
REQUIRED SIGNATURES					
Member Signature				Date	
Witness Name printed (not a beneficiary)		Witness Signature		Date	

Original signatures are required. MPERA cannot accept faxed or photocopies of this form.

Form 1001

\* For identification and tax purposes. §19-2-403(7) MCA, 26 USC § 6041A and 6109



Montana Public Employee Retirement Administration  
PO Box 200131 • Helena MT 59620-0131  
(406) 444-3154 • Toll Free (877) 275-7372  
<http://mpera.mt.gov>

## NAME CHANGE FORM

PREVIOUS NAME		
Last Name	First	Middle
NEW NAME		
Last Name	First	Middle
RETIREMENT SYSTEM		
Check all that apply		
<input type="checkbox"/> I am a member of a retirement system		
<input type="checkbox"/> I am an alternate payee/beneficiary of (name of member)		
MEMBER INFORMATION		
Social Security Number*	Employing Agency	
Member's Mailing Address		
City	State	Zip Code
Daytime Phone Number ( )	Email Address	
Reason for Name Change:		
<input type="checkbox"/> Change in marital status		
<input type="checkbox"/> Other: Attach Court Order and specify reason		
SIGNATURE AND DATE (required)		
Signature		Date

Form 1009

\* For identification and tax purposes. §19-2-403(7) MCA, 26 USC § 6041A and 6109

If the employee changes their name due to marriage, divorce they use the form on the right to note those changes. If the employee needs to change their beneficiaries they use the form on the left. File a copy in the employee's personnel file.

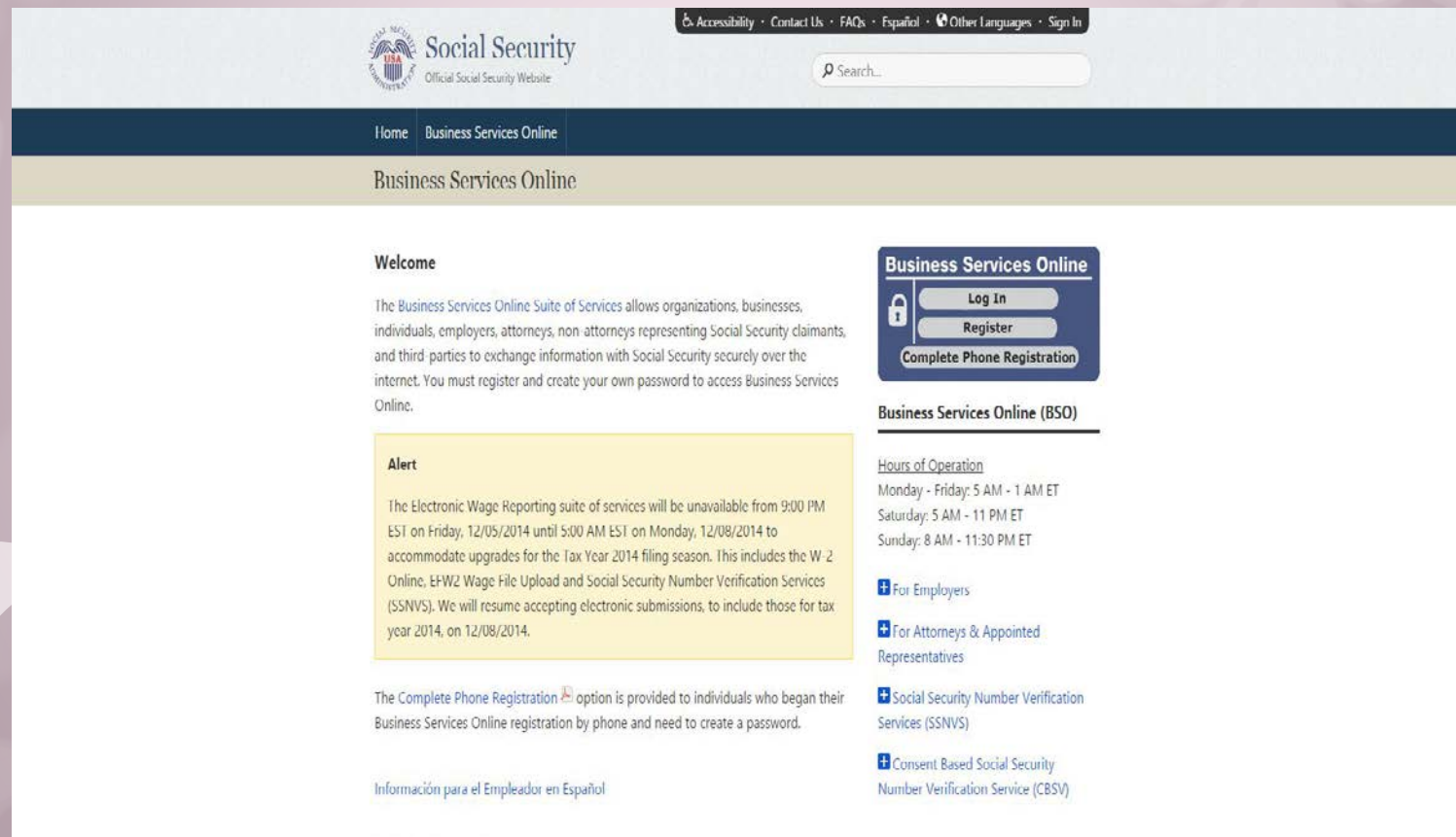


# E-verifying New Employees

- Ensure that the district is able to use the e-verify system on the Social Security website to verify social security numbers.
- Verify all employees social security numbers through the system upon hire and keep a record.
- This step should be done by the district unless the district has protocol stating otherwise.

# Getting access to the Social Security Website

<http://www.socialsecurity.gov/bso/bsowelcome.htm>



**Social Security**  
Official Social Security Website

Accessibility • Contact Us • FAQs • Español • Other Languages • Sign In

Search...

Home Business Services Online

## Business Services Online

### Welcome

The Business Services Online Suite of Services allows organizations, businesses, individuals, employers, attorneys, non attorneys representing Social Security claimants, and third parties to exchange information with Social Security securely over the internet. You must register and create your own password to access Business Services Online.

**Alert**

The Electronic Wage Reporting suite of services will be unavailable from 9:00 PM EST on Friday, 12/05/2014 until 5:00 AM EST on Monday, 12/08/2014 to accommodate upgrades for the Tax Year 2014 filing season. This includes the W-2 Online, EFW2 Wage File Upload and Social Security Number Verification Services (SSNVS). We will resume accepting electronic submissions, to include those for tax year 2014, on 12/08/2014.

The Complete Phone Registration option is provided to individuals who began their Business Services Online registration by phone and need to create a password.

Información para el Empleador en Español

### Business Services Online

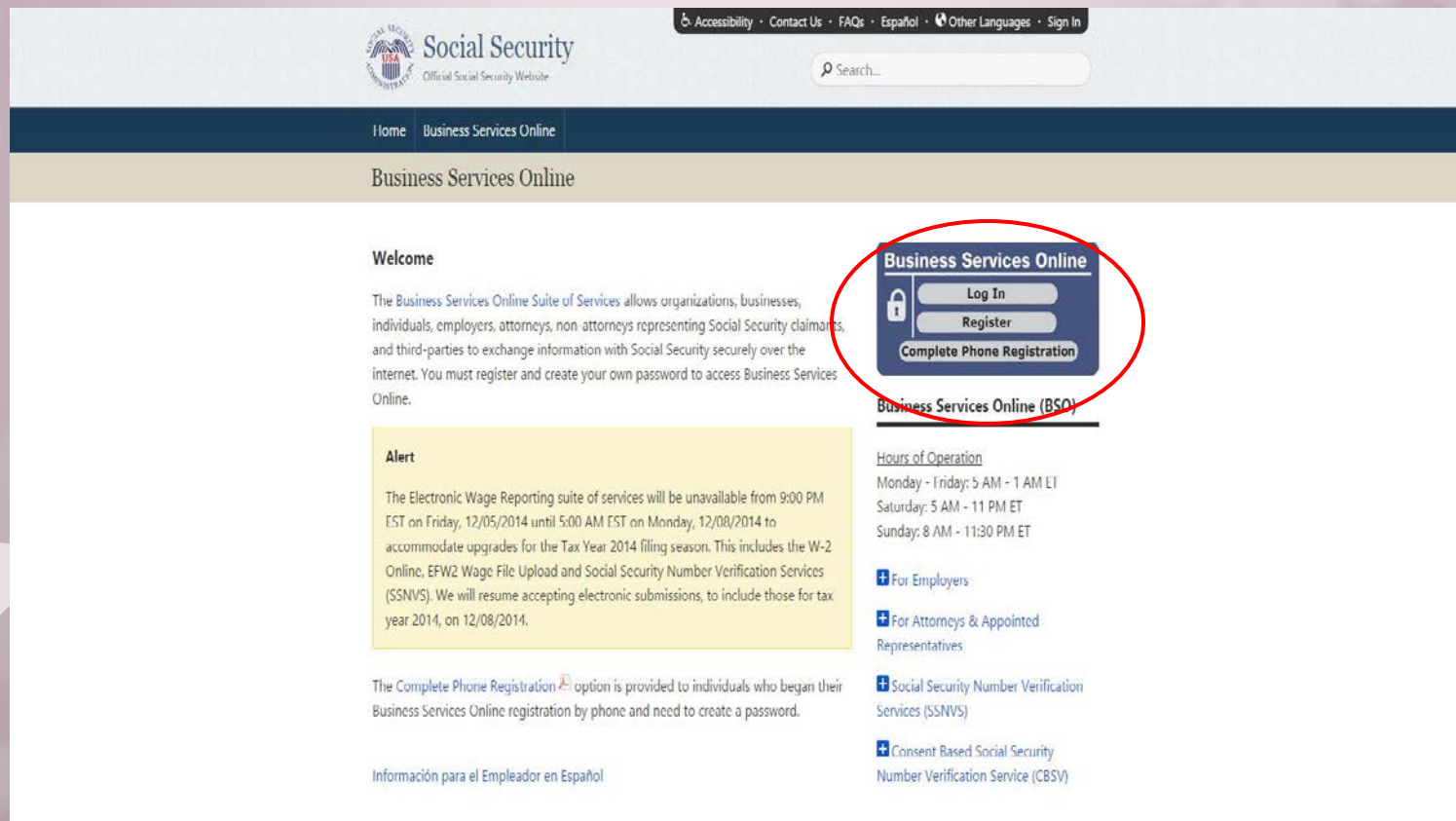
**Log In**  
**Register**  
**Complete Phone Registration**

### Business Services Online (BSO)

Hours of Operation  
Monday - Friday: 5 AM - 1 AM ET  
Saturday: 5 AM - 11 PM ET  
Sunday: 8 AM - 11:30 PM ET

- For Employers
- For Attorneys & Appointed Representatives
- Social Security Number Verification Services (SSNVS)
- Consent Based Social Security Number Verification Service (CBSV)

Click on the register button or complete phone registration. Note if you click the phone registration someone will walk you through the process.



The screenshot shows the Social Security Business Services Online (BSO) website. At the top, there is a navigation bar with links for Accessibility, Contact Us, FAQs, Español, Other Languages, and Sign In. Below this is a search bar. The main header area includes a 'Home' link and a 'Business Services Online' link. The page title is 'Business Services Online'.

**Welcome**

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The 'Business Services Online' login box is circled in red, containing the following buttons:

- Log In
- Register
- Complete Phone Registration




# Read through the requirements and then click the I agree button

Social Security Online  
www.socialsecurity.gov

Business Services Online  
BSO Welcome | BSO Information | Keyboard Navigation

Online Services Availability

- Monday-Friday: 5 AM - 11 AM ET
- Saturday: 5 AM - 11 PM ET
- Sunday: 8 AM - 11:30 PM ET

**User Registration Attestation**

HELP

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**Please read the following information about registering to use Business Services Online.**

Please select the link below to read about SSA's legal authority for collecting information.

[Paperwork Reduction Act Statement](#)

**Registering for Business Services**

To obtain a User ID and password, complete the registration form and select the submit button on the following page. The information you submit will be verified against our records.

Upon successful registration, you will have your User ID and password.

You may update your registration information or change your password at any time.

I understand that the Social Security Administration (SSA) will validate the information I provide against the information in SSA's files.

---

**User Certification for SSA Business Services Online**

I certify that:

- I understand that SSA may prevent me from using these services if SSA determines or suspects there has been misuse of these services.
- I understand that I may be subject to penalties if I submit fraudulent information.
- I am aware that any person who knowingly and willingly makes any representation to falsely obtain information from Social Security records and/or intends to deceive the Social Security Administration as to the true identity of an individual could be punished by a fine or imprisonment, or both.


---

**By selecting the "I Accept" button, you certify that you have read, understand and agree to the user certification of Business Services Online.**

www.socialsecurity.gov

# Enter your information and then click next in the bottom right corner.

- Monday-Friday: 5 AM - 1 AM ET
- Saturday: 5 AM - 11 PM ET
- Sunday: 8 AM - 11:30 PM ET

**Create a Login Account**

Step 1: Provide Information

Create an Account

- Provide Information**
- Create Password
- Review and Submit
- Print User ID

[Privacy Act Statement](#)  
The information you provide will be compared against our records in order to verify your identity.  
\* Indicates required information  
Form Approved: OMB No. 0960-0626 Expiration date: 09/30/2015

Personal Information

\*FirstMiddle\*LastSuffix


\*Name:

\*Date of Birth:

mmddyyyy

\*Social Security Number (SSN):

xxxxxxxx

 [More Information](#)

Personal Contact Information

\*Country:

United States

\*Home Street Address:

\*City:

\*State:

AR

\*Zip Code:


Ext.:

\*Daytime Phone Number:


Extension:

Fax Number:

\*Email Address:

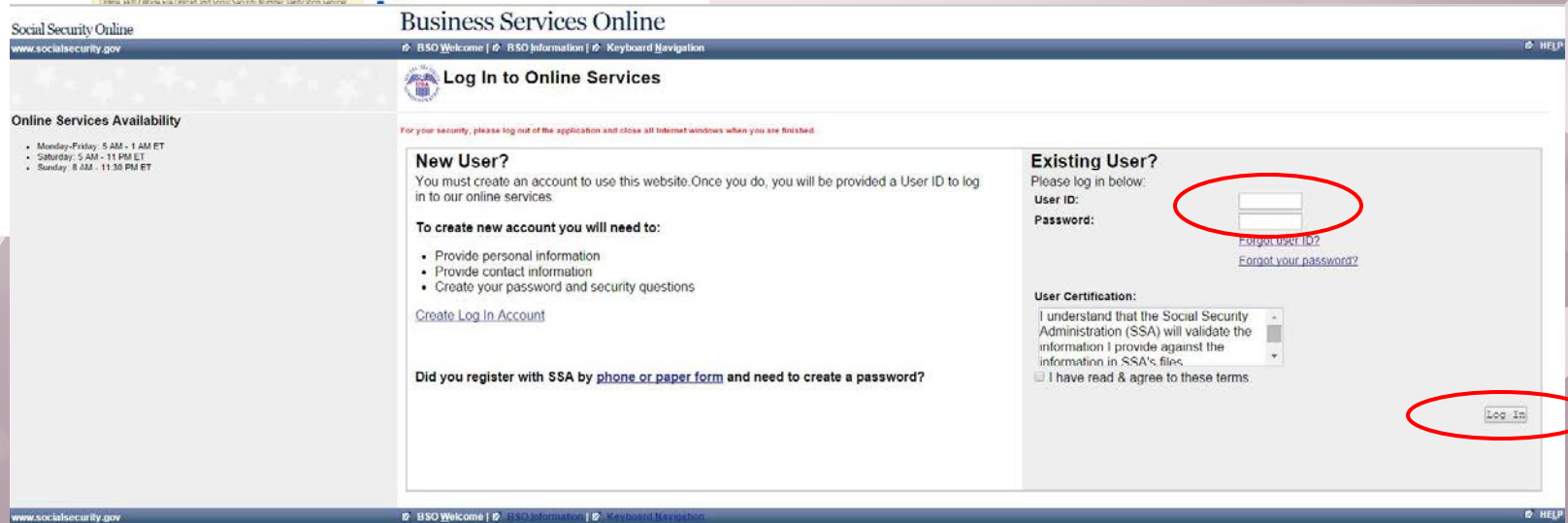
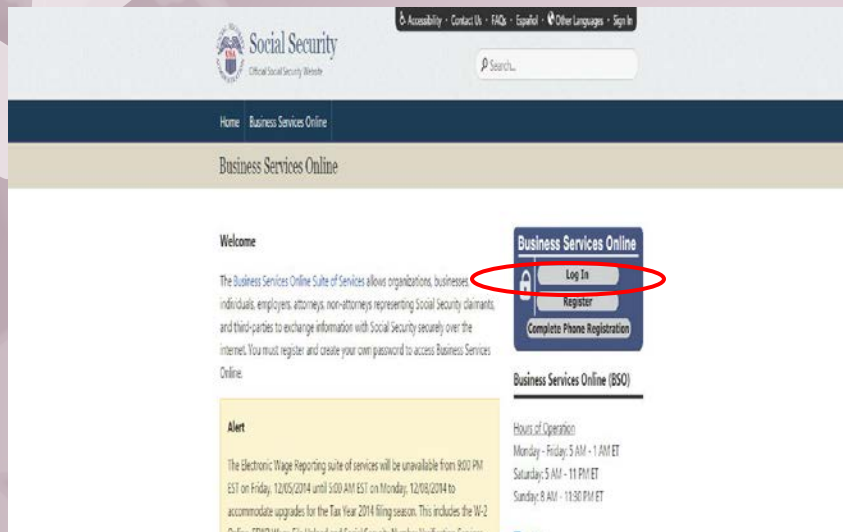
 [Why do you need an email address?](#)

Cancel & Exit



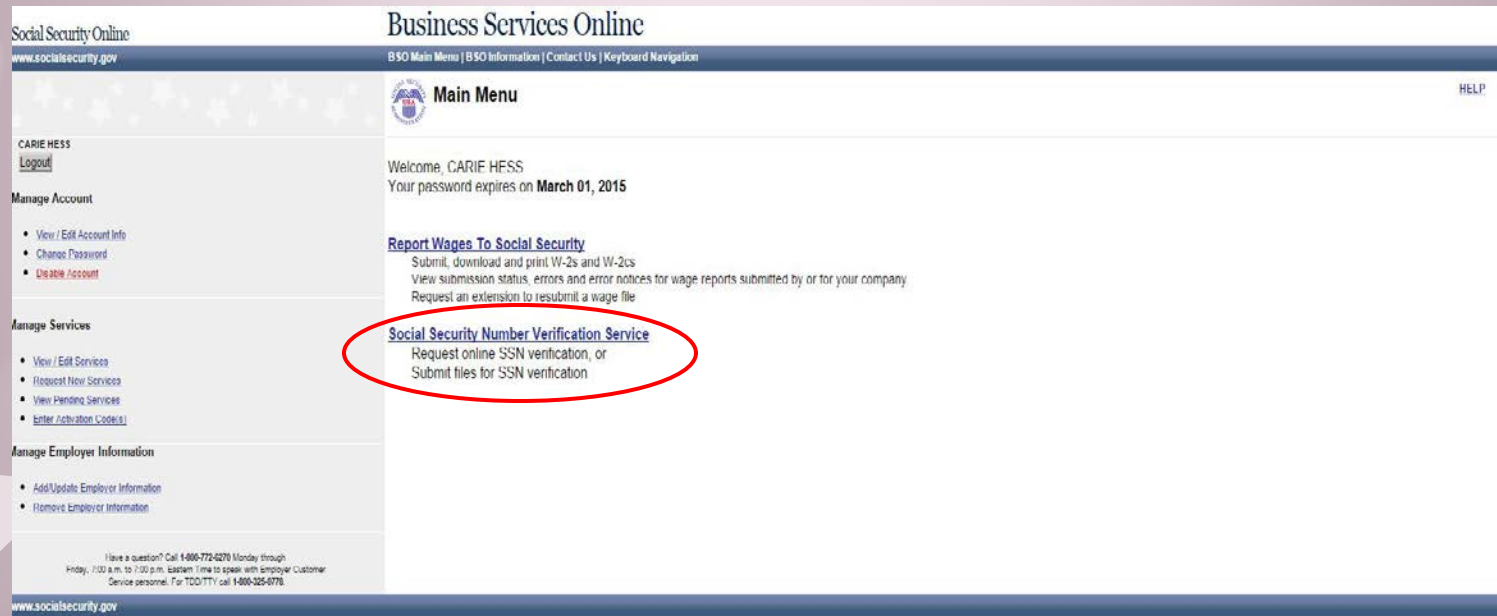
Continue to follow the prompts and directions until you have a successful registration.

Click on the homepage and then log-in. Enter the username and password that they gave you. Now click Log in on the bottom right corner.





# Click on the "Social Security Number Verification Service"



Social Security Online  
www.socialsecurity.gov

Business Services Online  
BSO Main Menu | BSO Information | Contact Us | Keyboard Navigation

**Main Menu** HELP

Welcome, CARIE HESS  
Your password expires on **March 01, 2015**

**Report Wages To Social Security**  
Submit, download and print W-2s and W-2cs  
View submission status, errors and error notices for wage reports submitted by or for your company  
Request an extension to resubmit a wage file

**Social Security Number Verification Service**  
Request online SSN verification, or  
Submit files for SSN verification

**Manage Account**

- [View / Edit Account Info](#)
- [Change Password](#)
- [Disable Account](#)

**Manage Services**

- [View / Edit Service](#)
- [Request New Services](#)
- [View Pending Services](#)
- [Enter Activation Codes\(s\)](#)

**Manage Employer Information**

- [Add/Update Employer Information](#)
- [Remove Employer Information](#)

Have a question? Call 1-800-772-6270 Monday through Friday, 7:00 a.m. to 7:00 p.m. Eastern Time to speak with employer Customer Service personnel. For TDD/TTY call 1-800-325-0770.

www.socialsecurity.gov

# Click on "Request Online SSN verification"

The screenshot displays the Social Security Business Services Online (BSO) interface. The top navigation bar includes the Social Security Online logo, the URL [www.socialsecurity.gov](http://www.socialsecurity.gov), and links for BSO Main Menu, BSO Information, Contact Us, and Keyboard Navigation. The main heading is "Business Services Online". Below this, the "Social Security Number Verification Service" section is highlighted with a red oval. This section contains the following links and descriptions:


- [Request Online SSN Verification](#): Manually enter and submit up to 10 Social Security Numbers and Names to be verified by Social Security. Results are returned immediately for review.
- [Submit an Electronic File for SSN Verification](#): Submit a file containing Names and Social Security Numbers to be verified by Social Security. The data in the file must be in the correct format.
- [View Status and Retrieval Information](#): View the current status of a submission.
- [View Social Security Number Verification Service Handbook](#): Review additional information on submitting files to Social Security for verification and retrieving the results of the submissions.

On the left side of the interface, there are sections for "Manage Account" and "Manage Services". The "Manage Account" section includes links for "View / Edit Account Info", "Change Password", and "Disable Account". The "Manage Services" section includes links for "View / Edit Services", "Request New Services", "View Pending Services", and "Enter Activation Code(s)". The "Manage Employer Information" section includes links for "Add/Update Employer Information" and "Remove Employer Information". At the bottom, there is a footer with contact information: "Have a question? Call 1-800-772-6270 Monday through Friday, 7:00 a.m. to 7:00 p.m. Eastern Time to speak with Employer Customer Service personnel. For TDD/TTY call 1-800-325-0778."

Read the information on this page then click on the “accept” button at the bottom.

Social Security Online

Business Services Online



## Social Security Number Verification System (SSNVS)

OMB Approval No. 0960-0660 Expires 09/30/2015

[SSNVS Attestation](#)

**Proper Use of Social Security Number Verification Service (SSNVS)**

- SSNVS should only be used for the purpose for which it is intended.
- SSA will verify Social Security Numbers (SSNs) solely to ensure the records of current or former employees are correct for the purpose of completing Internal Revenue Service (IRS) Form W-2 (Wage and Tax Statement).
- It is illegal to use the service to verify SSNs of potential new hires or contractors or in the preparation of tax returns.
- It is appropriate to use SSNVS only once an official employer-employee relationship has been established. SSA defines the existence of an employer-employee relationship as when one of the following has occurred:
  - The employer's offer of employment and acceptance by the person being hired (even though he/she has not started working); and/or
  - The future employee's completion of the paperwork to establish the payroll record.
- Company policy concerning the use of SSNVS should be **applied consistently to all workers**; for example:
  - If used for newly hired workers, verify information on all newly hired workers.
  - If used to verify information on other workers, verify the information for all other workers.
- Third-party use of SSNVS is strictly limited to organizations that contract with employers to either handle the wage reporting responsibilities or perform an administrative function directly related to annual wage reporting responsibilities of hired employees. It is suggested that contracts between the third-party and the employer stipulate that the functions being performed by the third-party contractor adhere to the proper use of SSNVS. It is not proper to use SSNVS for non-wage reporting purposes, such as identity, credit checks, mortgage applications, etc.
- Anyone who knowingly and willfully uses SSNVS to request or obtain information from SSA under false pretenses **violates Federal law** and may be punished by a fine, imprisonment or both.
- SSA may ban you and/or the company you represent from the use of SSNVS if SSA determines there has been misuse of the service.
- SSA returns all names and SSNs submitted. If the name and SSN do not match our records, SSA advises the following:
  - This response does not imply that you or your employee intentionally provided incorrect information about the employee's name or SSN.
  - This response does not make any statement about your employee's immigration status.
  - This response is not a basis, in and of itself, to take any adverse action against the employee, such as laying off, suspending, firing, or discriminating against the employee.

***If you rely only on the information SSA provides regarding name and SSN verification to justify adverse action against a worker, you may violate State or Federal law and be subject to legal consequences.***

---

**Federal Privacy Act Statement for Third-Party Submitters**

You can use a fee-based approach when offering SSNVS to your clients. However, caution should be taken. SSA offers services, like SSNVS, free of charge. Some companies in the private sector offer those same services for a fee and develop misleading brochures and advertisements. To discourage the use of misleading mailings about Social Security and Medicare, Congress enacted specific prohibitions in Section 312 of the Social Security Independence and Program Improvements Act of 1994 that broadened the existing deterrents. The prohibitions are codified at Title 42 of the U.S. Code, Section 1320b-40. You should ensure that you are aware of these legal provisions and conform to their requirements and:

- Be cautious not to suggest to your clients that this service is only available through you;
- Advise all clients that this service is available at no cost from SSA and that this service is not a unique or exclusive arrangement between SSA and your company; and
- Be sure not to give any impression when describing your SSNVS service to your clients that your company has an arrangement that allows direct access to SSA databases, program software, etc.

**Paperwork Reduction Act Statement**

This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by Section 2 of the [Paperwork Reduction Act of 1995](#). You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 2 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our estimate of the time needed to complete the form to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001.

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**User Certification for Use of SSNVS - Please Read Carefully!**

I certify that:

- I have read and understand the above section titled "Proper Use of Social Security Number Verification Service (SSNVS)" and the "Federal Privacy Act Statement for Third-Party Submitters".
- I am verifying SSNs solely to ensure that the records of my client's or my current or former employees are correct for the purposes of Form W-2 reporting.
- I am authorized, under valid contracts with all outside employers of any individual for whom I will request SSN verification, to transmit employee SSNs and identifying information and to receive the results of SSNVS.

or

I have the authority from my employee (or am the owner of the company) to transmit employee SSNs and identifying information and to receive the results of SSNVS.

---

By selecting the "I Accept" button, you certify that you have read, understand and agree to the user certification of Business Services Online.




Enter the employee's information in the correct fields and the click submit. Print the report for your records.

Social Security Online

Business Services Online

www.socialsecurity.gov | BSO Main Menu | BSO Information | Contact Us | Keyboard Navigation | Logout

 **Social Security Number Verification System (SSNVS)**

[SSNVS Help](#)

SSN Verification

Name: CARIE HESS

Please enter the following information for each employee you would like to verify. Mandatory fields are indicated by an \*. Field specific help is available by selecting the underlined links below.

**Please Note:**

- Effective 09/24/11, gender is no longer used as part of the SSN verification process.
- All verified, unverified and deceased records will be returned.
- In the event SSNVS may not be able to process your request, you will be given two (2) options:
  - Overnight Processing - saves the data you entered to a file for overnight processing and displays a confirmation number on the Confirmation page that you will need to check the status of your request
  - BSO Main Menu - cancels the request and any data you entered on the SSN Verification form is not saved

\* Employer's EIN  
(9 9 9 9 9 9 9 9)

The Employer's EIN is the Employer Identification Number (EIN) of the employer whose employees' names and SSNs are being verified. For security and audit purposes, this information must be provided and will not be processed without it.

	<u>* SSN</u> (9 9 9 9 9 9 9 9)	<u>* First Name</u>	<u>Middle Name</u>	<u>* Last Name</u>	<u>Suffix</u>	<u>Date of Birth</u> (M M D D Y Y Y Y)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						


You may want to print or save this page BEFORE you submit, as this information will NOT be visible after submission.

This page contains confidential information. Please keep the printed / saved page in a secure place.

Submit

Clear Form

Have a question? Call 1-800-772-6270 Mon. - Fri. 7AM to 7PM Eastern Time to speak with Employer Customer Service personnel. For TDD/TTY call 1-800-325-0778.

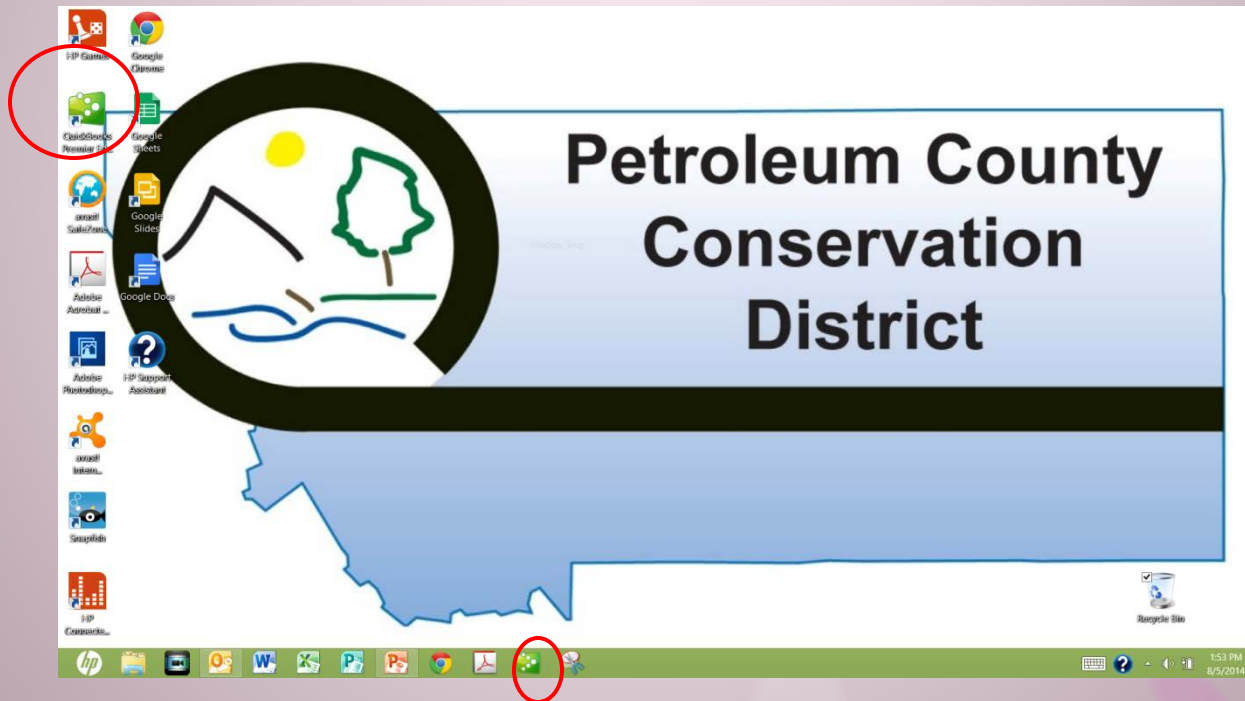
The background of the slide is a solid light purple color. It is decorated with numerous white butterfly silhouettes of various sizes and orientations, scattered across the entire surface. Some butterflies are larger and more prominent, while others are smaller and fainter.

Remember to verify every  
employee upon hire.

Keep a copy of the report for  
the districts employment  
records.

# Inputting Information into QuickBooks

Click on the QuickBooks icon on your desktop or taskbar this should open the program.



Click on the Company name and then click on open

## No Company Open

Select a company that you've previously opened and click Open

COMPANY NAME	LAST MODIFIED	FILE SIZE
Petroleum County Conservation District.QBW	08/05/2014, 01:47 PM	49.70 MB
MRCDC.QBW	08/04/2014, 12:48 PM	35.79 MB
MACDEO.QBW	07/30/2014, 08:48 AM	24.25 MB

Open

[Edit List](#)

LOCATION: C:\Documents and Settings\All Users\Documents\Intuit\QuickBooks\Company Files\PCCD\



Create a  
new company



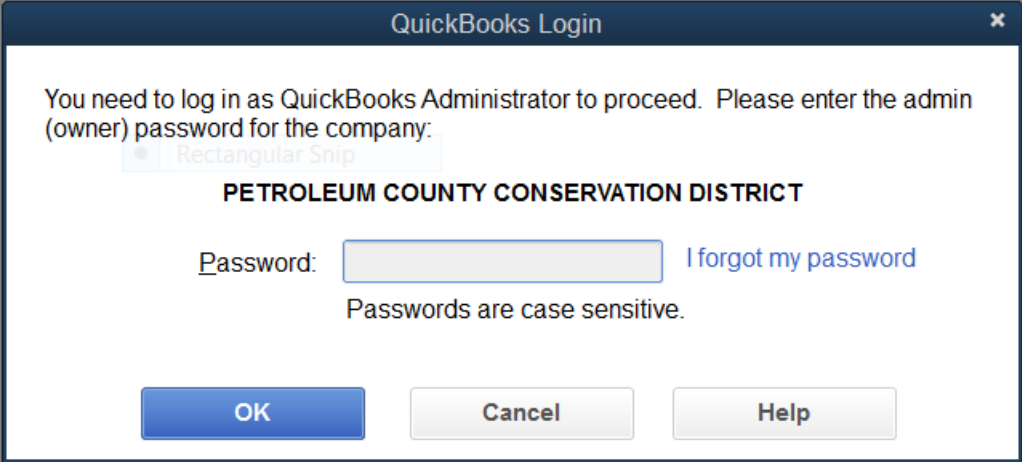
Open or restore an  
existing company



Open a  
sample file



Enter your company password and click ok



The image shows a screenshot of a 'QuickBooks Login' dialog box. The dialog has a dark blue title bar with the text 'QuickBooks Login' and a close button (X). The main content area is white and contains the following text: 'You need to log in as QuickBooks Administrator to proceed. Please enter the admin (owner) password for the company:'. Below this text is a small icon of a rectangular ship and the text 'Rectangular Ship'. The company name 'PETROLEUM COUNTY CONSERVATION DISTRICT' is displayed in bold. There is a password field with the label 'Password:' and a blue link 'I forgot my password'. Below the password field, it says 'Passwords are case sensitive.' At the bottom, there are three buttons: 'OK' (blue), 'Cancel' (gray), and 'Help' (gray).

QuickBooks Login

You need to log in as QuickBooks Administrator to proceed. Please enter the admin (owner) password for the company:

Rectangular Ship

**PETROLEUM COUNTY CONSERVATION DISTRICT**

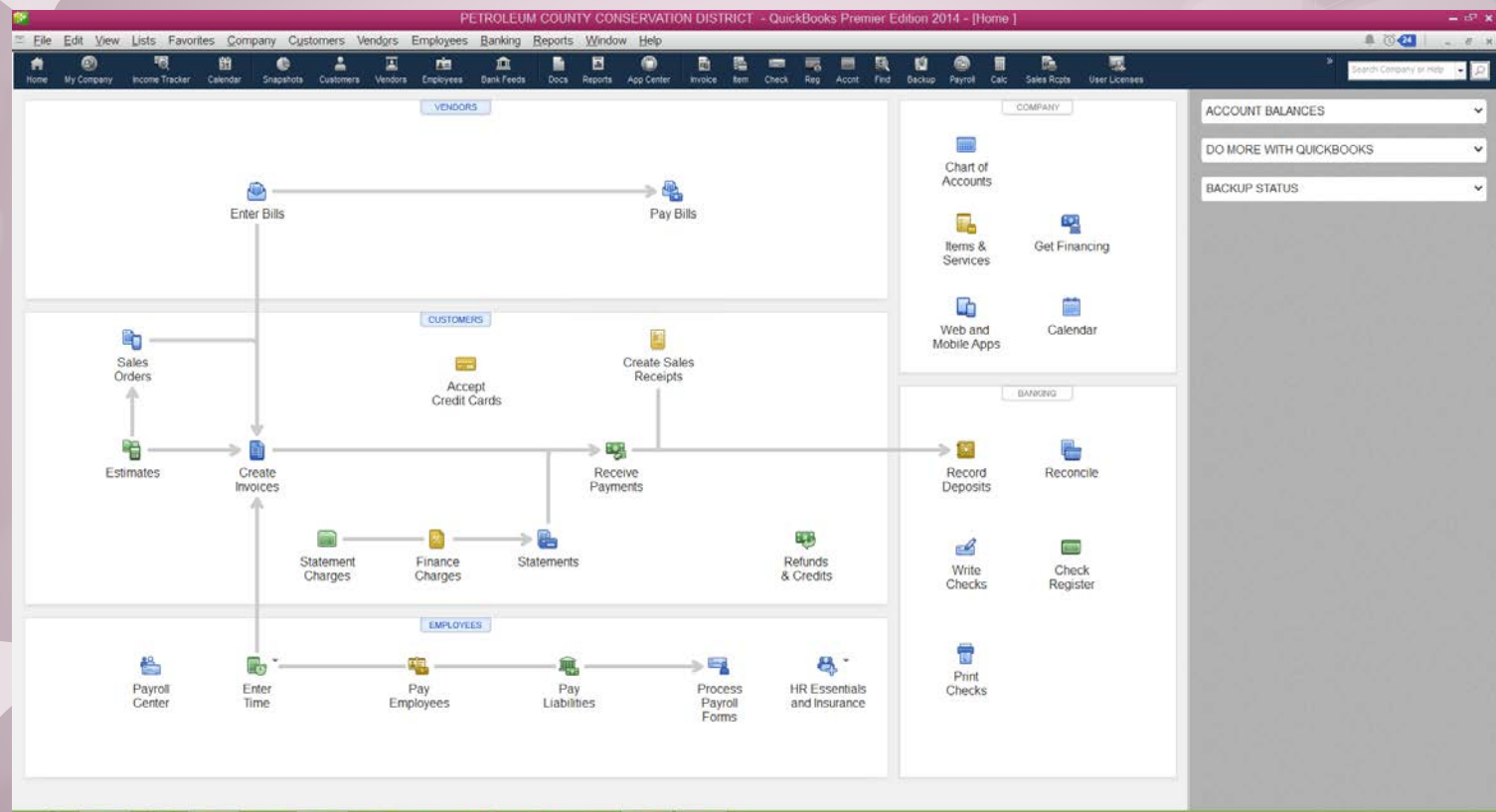
Password:  [I forgot my password](#)

Passwords are case sensitive.

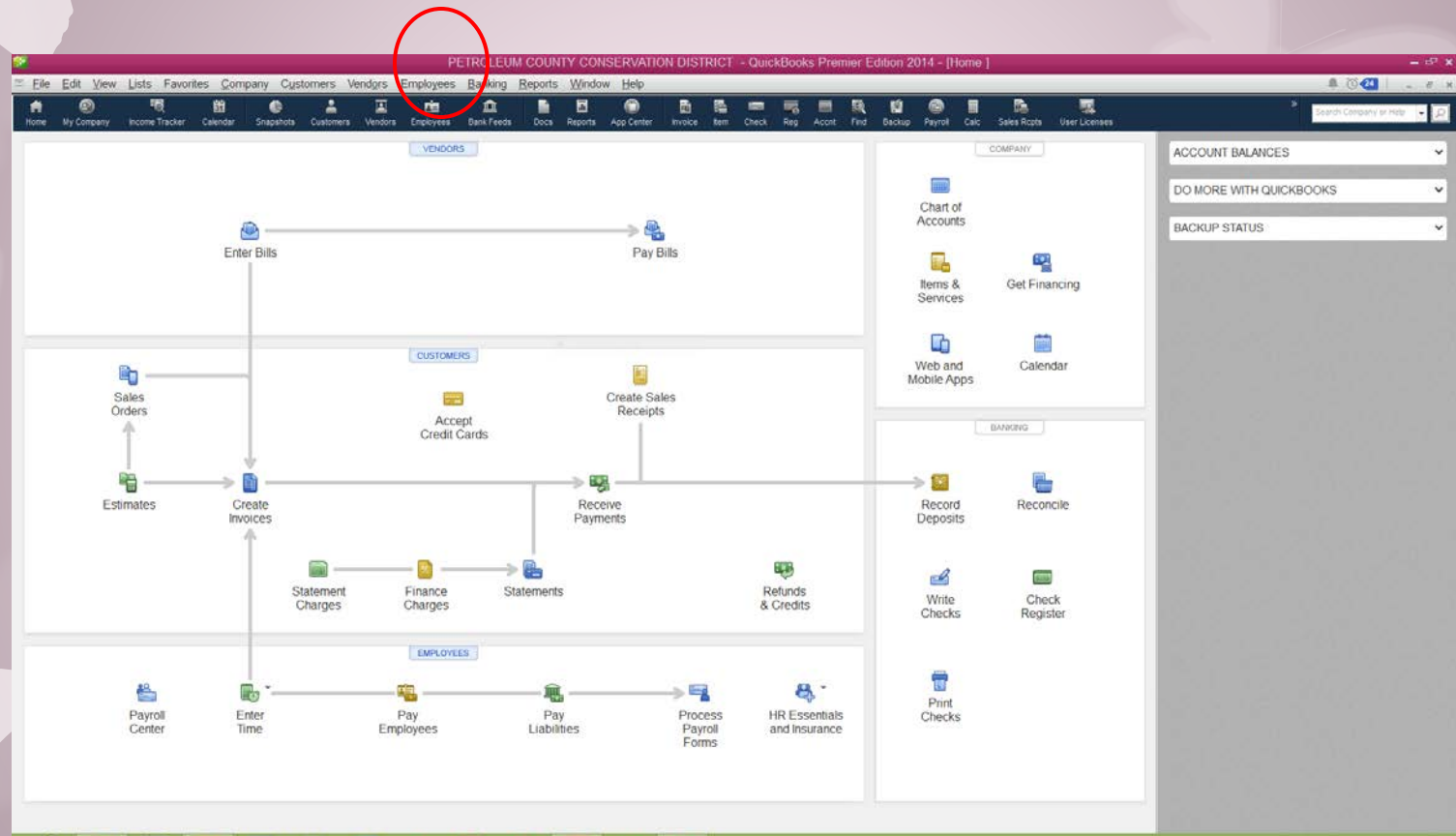
OK Cancel Help

This should take you to the Home Screen in the program

# Home Screen



# Click on the Employee



This should take you to the Employee Center. Click on the New Employee

**PETROLEUM COUNTY CONSERVATION DISTRICT - QuickBooks Premier Edition 2014 - [Employee Center: CARIE A HESS]**

File Edit View Lists Favorites Company Customers Vendors Employees Banking Reports Window Help

Home Income Tracker Calendar Snapshots Customers Vendors Employees Bank Feeds Docs Reports App Center Invoice Item Check Reg Acct Find Backup Payroll Calc Sales Rpts User Licenses

**New Employee...** Manage Employee Information Print Enter Time Excel Word

**Employees** transactions Payroll

**Active Employees**

- NAME
- Rachel A Frost
- Laura K Nowlin
- CARIE A HESS**

**Employee Information**

Full Name: **CARIE A HESS** Main Phone: 406-429-2215  
Address: CARIE A HESS Mobile: 406-672-4424  
P.O. BOX 31  
WINNETT, MT 59087 Main Email: hrt2hrt@midrivers.com

REPORTS FOR THIS EMPLOYEE

- QuickReport
- Payroll Summary
- Paid Time Off Report
- Payroll Transaction Detail

**Transactions** To Do's Notes Sent Email

SHOW All Transactions DATE This Calendar Year 01/01/2014 - 12/31/2014

TRANSACTION TYPE	DATE	ACCOUNT	AMOUNT
Paycheck	07/28/2014	CHECKING-Garfield County Bank	1,444.79
Paycheck	06/30/2014	CHECKING-Garfield County Bank	2,017.22
Paycheck	05/27/2014	CHECKING-Garfield County Bank	1,444.44
Paycheck	04/28/2014	CHECKING-Garfield County Bank	1,757.47
Paycheck	03/31/2014	CHECKING-Garfield County Bank	1,464.77
Paycheck	02/24/2014	CHECKING-Garfield County Bank	1,192.98
Paycheck	01/27/2014	CHECKING-Garfield County Bank	1,057.74



PERFORMA COUNTY CONSERVATION DISTRICT - QuickBooks Premier Edition 2014 - [New Employee]

ADD INFORMATION FOR

**Personal**

LEGAL NAME: First Last

Address & Contact: FROM ON CHECKBOOK

Additional Info: SOCIAL SECURITY NO.

Payroll Info: GENDER

Employment Info: DATE OF BIRTH

Workers' Comp: MARITAL STATUS

U.S. CITIZEN

ETHNICITY

DISABILITY: DISABLED

DISABILITY DESCRIPTION

U.S. FORCE: ON FILE

WORK AUTHORIZATION EXPIRES

MILITARY: U.S. VETERAN

STATUS

☐ Employee is inactive

OK Cancel Help

Enter all of the new employee's data in the field (Change tabs to the left)

- Personal, Address and Contact, Additional, Payroll Information, Employment information, and Worker's Comp.
- Under the Payroll Information tab be sure to set up what payroll schedule they are in taxes, leave, payroll items such as grants and payroll additions or deductions, and whether or not they use direct deposit.
  1. make sure to add the state on the state tab. If you don't, there will be no MT withholding and they will not show up on the quarterly reports for state unemployment.
  2. make sure you have the state withholding number in addition to the Unemployment number
  3. uncheck the "subject to federal unemployment" button because the districts are not subject to FUTA tax.
- Employment Information tab be sure to enter the date of hire, termination, and the type of employee.
- Once all information is entered click ok which should lead you back to the Employee Center Screen.

# Employee Center Click on Home

**PETROLEUM COUNTY CONSERVATION DISTRICT - QuickBooks Premier Edition 2014 - [Employee Center: CARIE A HESS]**

**Home** Company Income Tracker Calendar Snapshots Customers Vendors Employees Bank Feeds Docs Reports App Center Invoice Item Check Reg Acct Find Backup Payroll Calc Sales Rpts User Licenses

**Employees** Transaction Payroll

**Active Employees**

- NAME
- Rachel A Frost
- Laura K Nowlin
- CARIE A HESS**

### Employee Information

Full Name: **CARIE A HESS** Main Phone: 406-429-2215  
Address: CARIE A HESS P.O. BOX 31 WINNETT, MT 59087 Mobile: 406-672-4424  
Main Email: hrt2hrt@midrivers.com

REPORTS FOR THIS EMPLOYEE

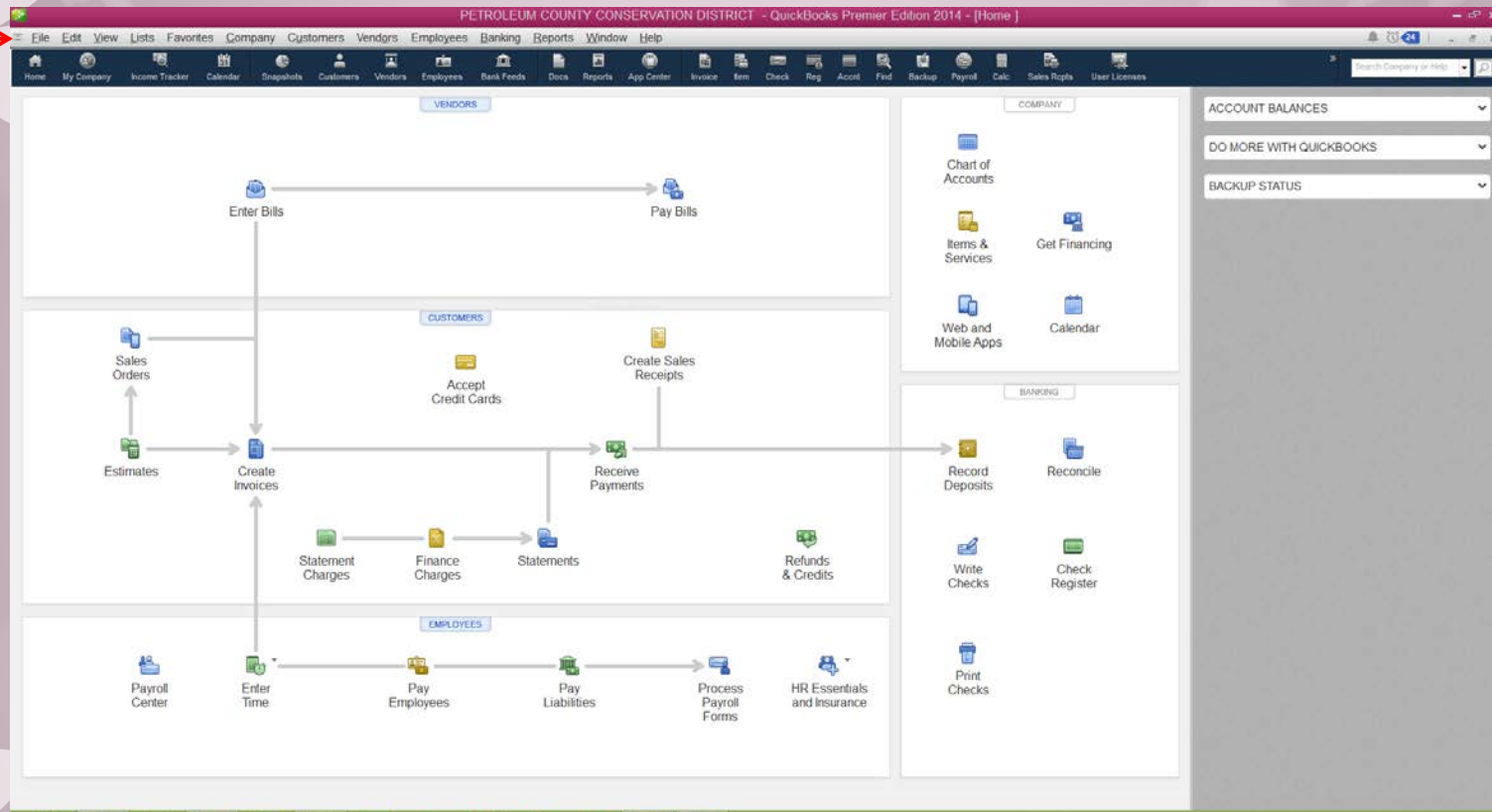
- [QuickReport](#)
- [Payroll Summary](#)
- [Paid Time Off Report](#)
- [Payroll Transaction Detail](#)

### Transactions

SHOW All Transactions DATE This Calendar Year 01/01/2014 - 12/31/2014

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Paycheck	03/31/2014	CHECKING-Garfield County Bank	1,464.77
Paycheck	02/24/2014	CHECKING-Garfield County Bank	1,192.98
Paycheck	01/27/2014	CHECKING-Garfield County Bank	1,057.74

# Home Screen



Click on file and close company to log out of QuickBooks. Remember to file all change forms in each employee's file.