NEW HIRE PACKET

DIRECT SUPPORT WORKER NAME: ____________________________

CONSUMER NAME: ____________________________

Living Independently in Northwest Kansas

2401 E. 13th St. Hays, KS 67601
(785) 625-6942 (V/TT) (785) 625-2334 (FAX)
(785) 625-6137 Payroll Fax

DIRECT SUPPORT WORKER ENROLLMENT FORMS

☐ Employment Services Agreement

☐ Direct Support Worker Information

☐ W-4

☐ K-4

☐ I-9 - Employment Eligibility Verification

☐ Section 1 – Employee (DSW)

☐ Section 2 – Employer (Self Directing Individual)

☐ Direct Deposit Form

Please fill out the ENTIRE packet and return to LINK, Inc. either by mail or bringing to the Hays LINK, Inc. office.

*The consumer MUST verify identifications and complete and sign Section 2 of the I-9!
Contact LINK, Inc. for complete I-9 Instructions if you have any questions.

Please note Calendars, Handbooks and Forms can be found on our web page at www.linkinc.org
EMPLOYMENT SERVICES AGREEMENT  
(Between Consumer/Employer and Direct Support Worker/Employee)

THIS EMPLOYMENT SERVICES AGREEMENT, Made and entered into as of this ___ day of ____________, 20___, by and between ___________________________, (Employer) who is a qualified individual, or his/her representative, who has chosen to self-direct his/her direct care services in accordance with his/her Plan of Care (“POC”) or Individual Service Plan (ISP) pursuant to the Vendor Fiscal/Employer Agent (F/EA) Model adopted and authorized by the State of Kansas, hereinafter referred to as the “SDI” (Self Directing Individual) and ________________________________, (Employee) to provide direct support services to the SDI pursuant to his/her POC or ISP, hereinafter referred to as the “DSW” (Direct Support Worker).

WITNESSETH:

WHEREAS, the SDI is a participant in an HCBS Waiver program administered by the Kansas Department for Aging and Disability Services (“KDADS”) and/or Managed Care Organization (MCO), elected to self-direct his or her attendant care services, and has selected the DSW to be his/her self-directed worker for applicable HCBS Waiver services in strict compliance with the SDI’s POC/ISP and any and all other applicable HCBS program requirements; and

WHEREAS, the DSW acknowledges, understands and agrees that the SDI, or his/her representative, is the employer and has the right to direct, supervise and control the direct care services provided, including but not limited to the nature and extent of services, the schedule and the compensation; and

WHEREAS, the SDI has selected ___LINK, Inc____ as his/her Financial Management Services Provider (“FMS Provider”) and that the FMS Provider is authorized to do background and registry checks, obtain payroll and related human resource type information from the DSW to process such payroll, process time worked by the DSW, compute, withhold, process and pay applicable taxes and withholdings, and provide other assistance to the SDI pursuant to applicable rules and regulations and in accordance with its FMS Provider Agreement with the SDI; and

WHEREAS, KDADS and/or MCO is not a party to this Employment Services Agreement, however the parties intend that KDADS and/or MCO is a third-party beneficiary and agree that KDADS and/or MCO, at its option, may enforce the terms hereof; and

WHEREAS, the SDI desires to employ the DSW and the DSW desires to accept employment for the purpose of providing designated direct support services for the SDI for such compensation and under the terms and conditions set forth in this Employment Services Agreement; and

WHEREAS, the DSW agrees to strictly comply with the SDI’s Plan of Care (POC)/Integrated Service Plan (ISP) and any and all applicable HCBS Waiver Program requirements any and all Kansas statutes, regulations or policies relating or pertaining to services provided.

NOW, THEREFORE, in consideration of the above and foregoing and the mutual promises and agreements contained in this Employment Services Agreement, it is mutually agreed as follows:

1. EMPLOYMENT AND DUTIES: The SDI hereby employs the DSW, and DSW accepts such employment for the purpose of providing the designated direct support services for the SDI as are set forth on Exhibit “A” which is attached hereto and by reference made a part hereof. The SDI, or his/her
representative, shall have the right to determine the specific direct support services to be performed by the DSW and the means and the manner by which those duties shall be performed, and to modify those instructions from time to time during the term of this Employment Services Agreement, provided that such determinations are consistent with his/her POC/ISP and in compliance with applicable HCBS program requirements.

The DSW shall perform his or her duties under this Employment Services Agreement in a good and workmanlike manner and in accordance with rules and instructions provided by the SDI and in accordance with applicable HCBS program requirements. The DSW agrees that he/she will at all times faithfully, industriously and truthfully perform all of the duties required of his/her position. In carrying out these duties and responsibilities, the DSW shall comply with all SDI directives, both written and oral, as are announced by the SDI from time to time. It is also understood and agreed to by the DSW that his/her assignment, duties, responsibilities and reporting arrangements may be changed by the SDI without causing termination of this agreement; provided however, such duties shall be subject to the contents and hourly limitations as contained in the SDI HCBS POC/ISP.

In addition to determining the specific direct support services and the manner and frequency with which they are performed, the SDI has the right to control and determine general rules of conduct during the performance of the support services, such as, but not limited to, no smoking.

This is a personal services contract and none of the direct support services may be assigned or transferred by the DSW without the prior written consent of the SDI, or his/her representative.

2. **CONFIDENTIALITY:** The DSW acknowledges that, as a condition of his or her employment by the SDI, he or she may obtain access to confidential information of the SDI or protected health information. The DSW shall not in any manner or at any time during his or her employment, or after the date of the termination of his or her employment, either directly or indirectly, divulge, disclose, or communicate to any person, firm, or corporation any personal information related to the SDI. In addition, the DSW agrees to maintain the confidentiality of all SDI information and affairs. Except as required in the performance of the DSW’s services, the DSW will not, during the term of employment or after termination, use or disclose any confidential or proprietary information of SDI, without first obtaining the consent of the SDI. The SDI agrees to maintain the confidentiality of all such information and affairs. To the extent that the DSW may qualify as a “business associate” as defined by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and privacy regulations published by the U.S. Department of Health and Human Services contained at 45 CFR §§ 160 and 164 (“HIPAA Regulations”), which may be periodically revised or amended, and other applicable laws, the DSW agrees to protect and provide for the privacy and security of Protected Health Information (“PHI”), as defined by HIPAA that comes into the DSW’s possession.

3. **TERM:** Both parties acknowledge and agree that this employment relationship is one of employment-at-will and may be terminated by either party at any time with or without cause.

4. **COMPENSATION:** The compensation to be paid to the DSW for the direct support services is set forth on Exhibit “A” which is attached hereto. Compensation for various services may vary. The SDI negotiates the rate of pay with the PCSW. The DSW is responsible for calling the Kansas Authenticare toll free number (800-903-4676) from the SDI’s phone they have registered with FMS Provider. The DSW will call the number at the beginning of their time worked to clock in. At the end of the time worked the DSW will call the number to clock out and enter the activity codes for each task they did during the time worked. If a
clock-in or a clock-out time is missed the SDI should immediately contact FMS Provider and report the time and the activity codes, if applicable, until such time the AuthentiCare system is made available to the SDI for verification of their DSW’s time worked. Payments will be subject to applicable payroll taxes and withholdings. This includes the SDI’s request for Workers Compensation coverage on all of their employees regardless of relationship. The FMS Provider will issue payment on behalf of the SDI to the DSW on a twice monthly basis during the term of this Employment Services Agreement. DSW shall strictly comply with all rules, regulations and/or policies (State or Federal), including those maintained by the AuthentiCare System, regarding logging of units/hours of services provided on a daily basis in order to receive payment for services rendered. Failure to provide accurate and truthful data regarding services rendered may result in termination and referral to State and/or Federal authorities for Medicaid Fraud, criminal prosecution or the like.

The DSW will not seek, request or encourage the SDI to provide him or her with additional compensation or benefits in addition to the compensation described above. The DSW/employee understands they are expected to work within the parameters of the POC/ISP and compensation for hours worked above this are the responsibility of the SDI/Employer to pay out of pocket.

__________ (DSW initials) I understand if I am directed by the SDI to work above the approved ISP/POC I will receive payment for hours above the approved POC/ISP on the payroll following the FMS agent’s receipt of payment from the SDI/Employer.

__________ (DSW Initials) DSW’s may NOT work over 40 total hours per week per consumer. (Sunday through Saturday)

__________ (DSW initials) I understand if I fail to clock in and out on time any hours above the approved POC/ISP will be billed to the SDI (unless SDI corrects the time in the AuthentiCare System). I understand I will be paid for these hours on the next payroll after the FMS agent receives receipt of payment from the SDI/Employer.

5. **FRINGE BENEFITS:** There are no fringe benefits provided by the SDI.

6. **TERMINATION:** This Employment Services Agreement may be terminated by either party at any time, with or without cause.

7. **GOVERNING LAW:** It is agreed that this Employment Services Agreement shall be governed by, construed, and enforced in accordance with the laws of the state of Kansas and applicable governmental statutes, rules, and regulations, Medicaid Provider requirements, and other applicable policies and procedures.

8. **MODIFICATION OF AGREEMENT:** Any modification of this Employment Services Agreement shall be binding only if evidenced in writing signed by each party or an authorized representative of each party. The Parties shall not assign, subcontract, or delegate any duties or obligations required by this Agreement to any other individual, agency, or organization. This Agreement supersedes all prior negotiations and agreements between the parties relative to the transaction and services contemplated by this Agreement (written or oral), which contains the entire understanding of the parties. The terms and provisions of this Agreement shall be construed in accordance with and governed by the laws of the State of Kansas. In the event Judicial Intervention is necessary, the Parties agree that venue shall solely be in the District Court for Shawnee County, Kansas.
9. **BINDING EFFECT:** This Employment Services Agreement shall bind and inure to the benefit of the respective heirs, personal representatives, successors, and assigns of the parties.

10. **BACKGROUND CHECK:**

_________ (DSW Initials) Per HCBS Waiver regulations Parties acknowledge that DSW’s employment is subject to his/her passing all background checks at least every two (2) years. During DSW’s employment, you will notify your employer and LINK, Inc. if you are convicted/adjudicated of an offense which prohibits employment in an adult or child care home, home health agency, or as an HCBS Provider, service providing employee, contractor or subcontractor in the State of Kansas, pursuant to K.S.A. 39-970, K.S.A. 85-5117 and K.S.A. 39-2009, respectively. Such conviction/adjudication will result in immediate dismissal per the above sited statutes. DSW shall cooperate in providing requisite information regarding the same.

_________ (DSW Initials) I understand that I am responsible for paying in advance, $21.32 by Cash (exact change only), Money Order or Cashier’s Check only for ALL initial and subsequent Background checks, as required by the State of Kansas and that I am required to report ANY felonies/misdemeanors after the initial background check is conducted, but before the next 2 year check. (No personal checks accepted)

_________ (DSW Initials) In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

I understand that if hired, my employment is **at will** and may be severed by either party at any time with or without cause. I agree to submit to all required backgrounds check if hired. I understand that neither this document, nor an offer of employment, constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

_________ (DSW Initials) UNEMPLOYMENT COMPENSATION

Upon Separation of employment from a consumer, whether temporary or permanent, I agree to immediately notify LINK FMS Department and request additional work. I acknowledge that failure to do so may disqualify me from unemployment benefits

“**SELF DIRECTING INDIVIDUAL**” (SDI)/Employer

________________________________________________ Date: ____________

*Signature, individually or by representative*

“**DIRECT SUPPORT WORKER**” (DSW)/Employee

________________________________________________ Date: ____________

*Printed Name*

________________________________________________

*Signature*

***IT IS REQUIRED THAT YOU PROVIDE AN EMAIL ADDRESS***
DIRECT SUPPORT WORKER
INFORMATION

Name ___________________________ ________________ ___________________________

First     Middle    Last

Social Security Number______/____/______

Address _____________________________________________________________________

NUMBER & STREET    CITY   STATE  ZIP CODE

Mailing Address if different than physical Address (PO Box, etc.)________________________

Telephone Numbers:     Home (____)    -    Cell (____)    -

Male __________ Female __________  County of Residence ________________

**E-mail Address: _____________________________ Birthdate _______________________

**All DSW’s must be at least 18 years of age**

******************************************************************************

Please circle correct answer:

Bilingual – Yes or No       Sign Language - Yes or No

Is Worker related to Consumer – Yes or No   If Yes, What Relationship ______________________

Language Accommodation Required – Yes or No

******************************************************************************

Check the following:

Referral Source:     ☐Friend      ☐State Employment Office

☐Advertisement. If so, where? ________________

☐Other (Specify) ________________

Are you interested in working for another client?    ☐Yes ☐No

I certify the answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed six (6) months.
This page intentionally left blank
Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

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<th>Form W-4</th>
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Step 1:
Enter
Personal Information

(a) First name and middle initial
(b) Last name

Social security number

Address

City or town, state, and ZIP code

Does your name match the name on your social security card? If not, to assure you get credit for your earnings, contact SSA at 1-800-772-1213 or go to www.ssa.gov.

(c) Single or Married filing separately

Married filing jointly (or Qualifying widow(er))

Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)

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 online estimator, 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 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(b) 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 2020 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.)

Step 3: Claim Dependents

If your 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 ▶ $  

Multiply the number of other dependents by $500 ▶ $  

Add the amounts above and enter the total here

3 $  

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). 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.

4(a) $  

(b) Deductions. 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.

4(b) $  

(c) Extra withholding. Enter any additional tax you want withheld each pay period.

4(c) $  

Step 5: Sign Here

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

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

Date

Employers Only

Employer's name and address

First date of employment

Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10226Q

Form W-4 (2020)
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.

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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c) 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 2020 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 need only submit a new Form W-4 by February 16, 2021.

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

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 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 the 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 to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1992, 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 the difference in pay between the two jobs.

Multiples. 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. Step 3 of Form W-4 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. 372, 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 2020 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.

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.

\[ \text{Line 1: } \$ \]

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.

2a \[ \text{Line 2a: } \$ \]

2b \[ \text{Line 2b: } \$ \]

2c \[ \text{Line 2c: } \$ \]

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.

\[ \text{Line 3: } \]

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).

\[ \text{Line 4: } \$ \]

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

1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SF)). 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.

\[ \text{Line 1: } \$ \]

2 Enter:

- \$24,800 if you're married filing jointly or qualifying widow(er)
- \$18,650 if you're head of household
- \$12,400 if you're single or married filing separately

\[ \text{Line 2: } \$ \]

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

\[ \text{Line 3: } \$ \]

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

\[ \text{Line 4: } \$ \]

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

\[ \text{Line 5: } \$ \]
## Married Filing Jointly or Qualifying Widow(er)

### Higher Paying Job

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<thead>
<tr>
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<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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### Single or Married Filing Separately

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### Head of Household

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<td>$50,000 - 59,999</td>
<td>$50,000 - 59,999</td>
</tr>
<tr>
<td>$60,000 - 69,999</td>
<td>$60,000 - 69,999</td>
</tr>
<tr>
<td>$70,000 - 79,999</td>
<td>$70,000 - 79,999</td>
</tr>
<tr>
<td>$80,000 - 89,999</td>
<td>$80,000 - 89,999</td>
</tr>
<tr>
<td>$90,000 - 99,999</td>
<td>$90,000 - 99,999</td>
</tr>
<tr>
<td>$100,000 - 109,999</td>
<td>$100,000 - 109,999</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td>$110,000 - 120,000</td>
</tr>
</tbody>
</table>

---

**Form W-4 (2020)**
KANSAS
EMPLOYEE’S WITHHOLDING ALLOWANCE CERTIFICATE

Use the following instructions to accurately complete your K-4 form, then detach the lower portion and give it to your employer. For assistance, call the Kansas Department of Revenue at 785-368-6222.

Purpose of the K-4 form: A completed withholding allowance certificate will let your employer know how much Kansas income tax should be withheld from your pay on income you earn from Kansas sources. Because your tax situation may change, you may want to re-figure your withholding each year.

Exemption from Kansas withholding:
To qualify for exempt status you must verify with the Kansas Department of Revenue that: 1) last year you had the right to a refund of all STATE income tax withheld because you had no tax liability; and 2) this year you will receive a full refund of all STATE income tax withheld because you will have no tax liability.

Basic Instructions: If you are not exempt, complete the Personal Allowance Worksheet that follows. The total on line F should not exceed the total exemptions you claim under “Exemptions and Dependents” on your Kansas income tax return. NOTE: Your status of “Single” or “Joint” may differ from your status claimed on your federal Form W-4.

Using the information from your Personal Allowance Worksheet, complete the K-4 form below, sign it and provide it to your employer. If your employer does not receive a K-4 form from you, they must withhold Kansas income tax from your wages without exemption at the “Single” allowance rate.

Head of household: Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the cost of keeping up a home for yourself and for your dependents.

Non-wage income: If you have a large amount of non-wage Kansas source income, such as interest or dividends, consider making Kansas estimated tax payments on Form K-40ES. Without these payments, you may owe additional Kansas tax when you file your state income tax return.

---

Personal Allowance Worksheet (Keep for your records)

| A Allowance Rate: If you are a single filer mark “Single” If you are married and your spouse has income mark “Single” If you are married and your spouse does not work mark “Joint” |
| B Enter “0” or “1” if you are married or single and no one else can claim you as a dependent (entering “0” may help you avoid having too little tax withheld) |
| C Enter “0” or “1” if you are married and only have one job, and your spouse does not work (entering “0” may help you avoid having too little tax withheld) |
| D Enter “2” if you will file head of household on your tax return (see conditions under Head of household above) |
| E Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on their form K-4 |
| F Add lines B through E and enter the total here |

\[ \text{\textbullet\ Cut here and give the lower portion to your employer. Keep the top portion for your records.} \]

KANSAS EMPLOYEE’S WITHHOLDING ALLOWANCE CERTIFICATE

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the Kansas Department of Revenue. Your employer may be required to send a copy of this form to the Department of Revenue.

1 Print your First Name and Middle Initial
2 Social Security Number
3 Allowance Rate
Mark the allowance rate selected in Line A above.

\[ \text{\textbullet\ Single} \quad \text{\textbullet\ Joint} \]

4 Total number of allowances you are claiming (from Line F above) ................................................................. 4

5 Enter any additional amount you want withheld from each paycheck (this is optional) .............................................. 5 $

6 I claim exemption from withholding. (You must meet the conditions explained in the “Exemption from withholding” instructions above.) If you meet the conditions above, write “Exempt” on this line .................................................. 6

\[ \text{\textbullet\ Note: The Kansas Department of Revenue will receive your federal W-2 forms for all years claimed Exempt.} \]

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. SIGN HEREBY

7 Employer’s Name and Address
8 EIN (Employer ID Number)
**Employment Eligibility Verification**

**Department of Homeland Security**

**U.S. Citizenship and Immigration Services**

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

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

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

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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):

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number): ______________________
- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):
  Some aliens may write "NA" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
1. Alien Registration Number/USCIS Number: ______________________
2. Form I-94 Admission Number: ______________________
3. Foreign Passport Number: ______________________
   Country of Issuance: ______________________

Signature of Employee: ______________________

Today's Date (mm/dd/yyyy): ______________________

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

- [ ] I did not use a preparer or translator.
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator: ______________________

Today's Date (mm/dd/yyyy): ______________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Employer Completes Next Page**
Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

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." )

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
<th>Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
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</tr>
</tbody>
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<table>
<thead>
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<th>Document Title</th>
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<td>Issuing Authority</td>
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<td>Issuing Authority</td>
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<tr>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

Additional Information

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)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer’s Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

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

A. New Name (if applicable) B. Date of Rehire (if applicable)

| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) |

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

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

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

| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |

Form I-9 07/17/17  N  Page 2 of 3
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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity AND</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter’s registration card</td>
<td></td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td></td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent’s ID card</td>
<td></td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td></td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td></td>
</tr>
<tr>
<td>(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.</td>
<td>9. Driver’s license issued by a Canadian government authority</td>
<td></td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

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.
DIRECT DEPOSIT FORM
(Direct Deposit is Required)

DSW Name:_________________________________________  !!! PLEASE PRINT CLEARLY!!!

➢ If you have a bank account, fill out the bank information below:
  Bank Name: ________________________________________________
  Routing #: ______________________________
  Checking Acct #: ________________________ Savings Acct #: _________________

(Attach voided blank check)

➢ If you do not have a bank account:

☐ Commerce Direct Check Card (complete form below) $4.95 setup fee will be deducted from first direct deposit.

<table>
<thead>
<tr>
<th>Authorization for Electronic Entries to Commerce Direct Check Card</th>
</tr>
</thead>
<tbody>
<tr>
<td>The undersigned hereby authorizes LINK, Inc. (the Employer) to make electronic credit entries and any necessary adjustments involving these entries in the account identified below at Commerce Bank (the Bank) and authorizes the Bank to accept such entries and make any necessary adjustments. It is agreed that these entries will be made under the rules of the National Automated Clearing House Associations. This authorization will remain in effect until written notice of termination is delivered to the Employer in a timely manner so as to afford the Employer an opportunity to act thereon. In no event shall such termination be effective as to entries processed prior of such notice.</td>
</tr>
</tbody>
</table>

Employee Information

Name

Social Security #   Home Phone ___Cell Phone___ Date of Birth

Mailing Address

City, State, Zip

Signature: ____________________________  Date: ________________