## **PAPERWORK CHECK LIST**

**EMPLOYEE AGREEMENT BOOTCAMP LIST POLICY AND PROCEDURE JH TAX SERVICE POLICY APPLICATION FOR EMPLOYMENT AVAILABILITY ACCEPTABLE USE POLICY CODE OF CONDUCT BACKGROUND CHECK TAX PREPARER CUSTOMER CARE (CALL CENTER) OFFICE MANAGER JHNET LOGIN EMAIL LOGIN PAYROLL PAPERWORK NEW HIRE FORM** W-4 SIGNATURES MI-W4 SIGNATURES **CITY TAX FORM (if required)** FORM I-9 PAYCHEX DIRECT DEPOSIT FORM SIGNATURES

## Moore Tax Service LLC or Assigns D/B/A Jackson Hewitt Tax Service Employment Agreement

- **1.** Tax Season: For purpose of this agreement, the term "Tax Season" is the period from Jan. 1st to April 19<sup>th</sup>, 2016.
- **2. Terms of Agreement:** This agreement shall be for the tax season described above, the date terminated, or the date you quit. (We are a seasonal employer).
- **3. Future Seasonal Employment:** Employees with Moore Tax Service, LLC will receive a Reasonable Assurance by April 30<sup>th</sup> 2016. It is our hope that our valued employees will return season after season.
- **4. Duties:** Your specific duties include, but are not limited to: Prepare accurate tax returns on the computer using our proprietary software; check return for accuracy; offer electronic filing services for tax returns for qualified taxpayers; and perform general office services, all in accordance with our policies and procedures. You must complete our tax courses or equivalent of the tax courses we offer during the tax season. We will determine time and locations for any required training.
- **5. Compensation:** You will be paid the hourly rate agreed upon when hired. You will be paid time and a half for all overtime, as required by state law. Paychecks will be direct deposited every other week beginning in January (Friday by 5:00pm) unless provided by the law in your state. Paychecks that are not direct deposited will be mailed to you. We are not responsible for the postal service. We will withhold any amount required by federal, state, and local laws.
- **6. PTIN and CE requirement:** PTIN needs to be renewed by Dec. 31, 2015. Returning employees are required to complete 18 CE credits. Some are as follows: Ethics 2 CE, Federal Tax updates 3 CE and Federal taxation matters 10 CE. **YOU ARE RESPONSIBLE FOR COMPLETION OF THESE.**
- **7. Hours:** We schedule your hours to meet our customer demands because customer demand fluctuates throughout the tax season. You must "clock in" and "clock out" when you arrive and when you leave for the day, also when you leave and return from lunch break or other excused personal absence.
- **8.** Break Policy: You MUST take a break when you work a shift of 5 or more hours and customer flow allows.
- **9.** Excellent attendance is an expectation of all employees. Daily attendance is especially important to your team mates and customers.
  - \*Attendance Policy: No call No show, 1st offence" written warning 2nd offence "termination".
  - \*Call in Policy: You must call your supervisor directly. If at least 24 hour notice was not given your supervisor may deem your absence as unexcused. 1<sup>st</sup> offence "written warning" 2<sup>nd</sup> offence "termination".
- **10. Dress Code:** Attire and appearance are a large part of the public's impression of you and Jackson Hewitt. You should maintain a professional image. Please see attached, JH Corp. Requirements.
- 11. Refer-A-Friend Policy: You must comply with our Refer-A-Friend coupon policy. You may not receive any Refer-A-Friend payments for customers that you refer to us. The members of you immediate family and the members of your household are also not eligible to receive any Refer-A-friend payments for customers that you refer to us. Refer-A-Friends coupons are not to be passed out to customers already in our offices who are waiting to have their taxes prepared.
- **12. Termination (Or At-Will Employment):** Your employment with Moore Tax Service, LLC is at will and we can terminate you with or without cause for any reason, or no reason, at any time. Any form of theft or dishonesty is grounds for immediate termination.

- 13. Confidential Information: You acknowledge your employment will require you to see confidential information including, but not limited to, private information about our customers, our customer lists and our business methods. You may never make copies of our tax preparation software or use it for any purpose other than preparing tax returns for us during your employment with us. All customer information not being saved as part of a file is to be shredded. These items should never be put in the trash. CONFIDENTIALITY IS A MUST!!
- 14. Competing Work during Employment: You agree that during your employment with us, you will not, for yourself or any other business, directly or indirectly, at any location, in any capacity, prepare tax returns, or file returns for yourself or any other person or business other than for us. You further agree and accept as a condition of employment that all tax returns that you prepare, excluding your own, must be processed through our tax preparation and processing system, in accordance with all our policies and procedures. However, there will be no charge for preparing and electronically filing your personal income tax. See Appendix A for additional information regarding your non-compete clause with Moore Tax Service, LLC.
- 15. Competing After Your Employment is Ended: You agree that during the two (2) years after the date you leave our employment, you will not, within a 25 mile radius of the office or offices you worked, directly or indirectly for yourself or any other person or entity, prepare or electronically file any income tax return for any of the customers for whom you personally prepared or electronically filed a tax return during the last two (2) years of your employment or those customers whose identity you learned during your employment with us because of access to our customer names, customer lists, or any other customer confidential information.
- 16. Soliciting: You agree that during the two (2) years after the date you leave our employment, you will not, within a 25 mile radius of the office or office you worked, directly or indirectly for yourself or for any other person or entity, solicit or attempt to solicit any of our customers for who you personally prepared or electronically filed a tax return during the last two (2) years of your employment or those customers who identity you learned during your employment with us because of access to our customer names, customer lists, or any other customer confidential information. The term "solicit" means any targeted communication that seeks to procure the patronage of the customer or employment of any employee, such as a soliciting letter or telephone call to a known past customer or employee. "Solicit" does not include any community-wide advertising such as Yellow Pages listing: however, you may not hire our employees who respond to a "Help Wanted" advertisement.
- 17. Telephone Calls/Cell Phone: Excessive long-distance phone charges may be deducted from Bonus of employee or employees scheduled at time of phone calls. NO PERSONAL CELL PHONE USAGE DURING YOUR SCHEDULED SHIFT.
- 18. No Waiver: If we overlook any violation of this Agreement, it does not mean that we have waived any later or additional violation.
- 19. Remedies: You agree that if you breach or threaten to breach any provision of this Agreement, we are entitled to an injunction restraining, you from committing the breach or threatened breach. Nothing here in this Agreement shall be interpreted as prohibiting us from pursuing any other remedies available to us for such a breach or threatened breach including money damages.
- **20**. **Severability:** If any provision of this Agreement is void, or declared void by a court, this provision shall be deemed, and hereby is, severed from this Agreement and the remaining provisions shall remain in full force and effect.
- **21**. **Entire Agreement:** This Agreement contains the entire understanding between you and us and shall not be changed except by writing signed by our authorized agent.
- 22. Governing Law: This Agreement shall be consumed and enforced in accordance with the laws of the State of Michigan.

#### Appendix A

#### THE NON-COMPETE CLAUSE INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING:

- RETURNS MUST BE PREPARED THROUGH THE PROPRIETARY JACKSON HEWITT SOFTWARE. EXCEPT WHEN UNAVAILABLE AND WITH SUPERVISOR APPROVAL.
- YOU DO NOT PREPARE RETURNS FOR OTHERS OUTSIDE THE OFFICE OR REFER POTENTIAL CUSTOMERS TO OTHER OPTIONS OR PRINT TAX FORMS.
- YOU DO NOT HAVE CUSTOMERS CALL YOU ON YOUR PERSONAL PHONE NUMBER OR GO ANY PLACE OTHER THAN A JACKSON HEWITT OFFICE TO COMPLETE A RETURN THROUGH THE JACKSON HEWITT SYSTEM.
- NO PERSONAL COMPUTERS ARE TO BE BROUGHT TO THE OFFICE.
- NO OTHER TAX PREPARATION WEBSITES ARE TO BE ACCESSED ON ANY COMPUTERS OR DEVICES.
- ANY ACTIVITY THAT IS NOT IN THE BEST INTEREST OF THE JACKSON HEWITT FRANCHISEE AND BRAND IS NOT ALLOWED.
- YOU, ALONG WITH YOUR CO-WORKERS, ARE VERY ABLE TO RECOGNIZE INAPPROPRIATE BEHAVIOR. YOU WILL BE CONSIDERED TO BE IN VIOLATION OF YOUR EMPLOYMENT RESPONSIBILITIES IF YOU DO NOT REPORT INAPPROPRIATE CO-WORKER BEHAVIOR AS IT RELATES TO NON-COMPETEING BEHAVIOR AS WELL AS ANY UNPROFESSIONAL CONDUCT.

#### PERFORMANCE BONUS

- **1. Basic Performance Bonus:** You will receive a bonus at the end of the tax season if you meet all the following requirements:
  - **A.** You are not terminated for cause before the last day of the tax season.
  - **B.** You do not quit before the last day of the tax season.
  - **C.** You are on our payroll through the last day of the tax season.
  - **D.** You actually work your scheduled hours throughout the tax season.
  - **E.** You completed required training with scores of 70% or better.

Your bonus if any will be computed as follows:

•	50 - 100 returns	2%
•	101 – 150 returns	2.5%
•	151 - 200 returns	3%
•	201+	4%
•	Ton Performer at	

- Top Performer at Moore Tax Service, LLC 5%
- **2. Gold Guarantee Bonus** ~ You will receive \$2.00 per Gold Guarantee. If your GG numbers exceed 50% of your total paid returns, you will receive \$3.00 per Gold Guarantee.
- **3. American Express Serve Card Bonus** ~ You will receive \$1.00 per AmEx card issued for each paid return.

This is only on paid prepared returns (does not include bank products). Bonuses will be minus any excessive discounting. Excessive discounting will be deemed as ANY UNAUTHORIZED DISCOUNTING. Bonus may be forfeited if your IRS reject rate is above 3%: the IRS rejects returns when names, dates of birth and social security numbers are incorrect. Entering correct information will insure a low reject rate. Bonuses will be forfeited if you do not comply with IRS regulations and our policies regarding signatures, copies of W-2's, etc. Ask your supervisor for clarification if needed. In addition, you must pass the BTP Tax Course with at least a 70% correct score (at least once every 3 years) and/or EVERY YEAR complete the AFTR (that is with the IRS data base) and complete all Jackson Hewitt Mandatory and Core Modules plus 18 Learning Center CPE Credits before April 18, 2016. Employees may also be required to attend our tax seminars during the tax season. Completion dates for the tax course to be determined by the franchisee. Bonus paid within 30 days after the end of the tax season.

### **DUE DILIGENCE**

Due to the high amount of fraud in EITC claims, IRS has expanded the Due Diligence questions and added another page to Form 8867. There are now four pages to Form 8867 with six new Due Diligence questions. The highlights include:

- Documenting additional questions and client's answers
- Keeping copies of information used to determine residency, disability, or Schedule C
- Disallowing EITC if questions are not answered appropriately
- Answering whether documents were relied upon

There are 6 new diagnostics in profiler for Due Diligence for example:

Preparer EITC Warning Diagnostics with EITC and Schedule C

Preparer EITC Due Diligence Warning – A note is required to explain
why parent(s) of children being claimed for EITC is not claiming them.

EITC Due Diligence Penalty is \$500.00, per failure to comply, on returns filed after Dec. 31, 2011.

In addition to the required training, IRS recommends that all preparers take the free EITC Due Diligence Best Practices Training, it takes about 50-60 minutes. IRS EITC Website: http://www.eitc.irs.gov/Tax-Preparer-Toolkit/ddmodule

PREPARER NOTES MADE IN PROFILER NEED TO BE SPECIFIC, DETAILED AND CLEARLY ADDRESS THE ISSUE AT HAND. COPIES OR SCANNING OF DOCUMENTS SHOULD INCLUDE ANYTHING THAT WAS "RELIED" UPON WHEN EIC IS TAKEN ON A RETURN INCLUDING CUSTOMER DATA SHEETS BEING USED. There is no regulation provided by IRS outlining what these documents should be however a combination of **detailed notes**, scanned/copied "relied upon" items, customer data sheets will best substantiate due diligence efforts. This procedure should

be used to address all unusual issues and not limited to EIC.

**Exercising Judgement** is the best resource for ensuring due Diligence and defending against fraud. If you have any questions please contact the Tax Compliance Officer prior to filing any return. Any returns flagged for SUPERVISOR REVIEW will be checked for DUE DILIGENCE.

Our Tax Compliance Officer: Renee Rockafellow

rockafelrm@mijhtaxpro.com

Report online: www.reportlineweb.com/jtax or call toll-free: 1-866-447-5042

Employment Agreement for 2016

Employee Signature		_
Home Address, City, Zip		
Social Security Number	 _	
Telephone Number	 _	
Telephone Number		

## JACKSON HEWITT TAX SERVICE'S

## **NEW HIRE BOOTCAMP**

Name:		
		Manager's Initial
•	Employee Paperwork	.00
•	10 Practice Problems #complete 1 2 3 4 5 10 11 12 13 14 15	
•	City Returns must be completed in profiler	1
•	Jackson Hewitt Mandatory Modules	
•	Pass TPRT%%%%	
•	Mandatory Products Training	
•	Products and Programs Test (in Learning Center)	-
•	Job Aid Reviews	
•	How to Avoid Voids	
•	Holds Training	
•	IRS EITC Training <a href="http://www.eitc.irs.gov/Tax-Preparer-Toolkit">http://www.eitc.irs.gov/Tax-Preparer-Toolkit</a>	<u>/ddmodule</u>
	about 50 minutes	(m
•	Gold Guarantee Presentation	
•	RAF (Refer-A-Friend) Presentation	-
•	Employee e-mail is working	
•	Basic Jhnet.com information	
•	Ask Jackson + New Chat Feature	
•	Office Paperwork / Folders	
•	Practice Check Printing	
•	Credit Card Charges	
•	Customer Look-up	<u> </u>
•	Return Retrieval	
•	Help Protocol	3
•	Use Lobby Queue	
•	See Schedule in Jhnet.com	
•	Use Appointment Setter	
•	Role Play Exam	
•	Training Review and Plan	
•	Applied for PTIN	
•	Proper Uniform (worn) – Dress for Walmart	
•	Office Filing System	
•	Privacy Issues Shredding / SS#'s / IDS / Copies on Desks	
•	ARs ~ ALL AR returns must also include State AR	
•	Pricing How to answer customers questions	
•	Punch In & Out	
•	MyJH	=
•	Fee Estimates	
•	Walmart Associate Discounts	×
•	Full Review of Front Office Paperwork	

## **JACKSON HEWITT TAX SERVICE'S**

## **NEW HIRE BOOTCAMP**

•	www.mijhtaxpro.com	
•	Due Diligence Training a	nd Sign off
•	ACA (Obama Care) Over	rview
•	\$50 Gift	
•	Profiler Notes	
•	American Express Serve	Card
•	V.A.L.U.E.S review	of 1471 2011 that the first interest the state of the same of the
•	<b>Review Office Goals</b>	
•	Set Your Goals	THE PARTY OF THE SECOND
•	Review Bonus Program	and the second s
•	2016 Loyalty Program	
•	Unique Customer Emails	s Mandatory
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•	Client Data Sheets	
•	ESS	
•	Gi	
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		and the state of t
		Poblic Scilet A. Helond) Press (Aution
		galijas J. ligus a tagriginii
	t	nottoroutal envision(fi. junio)
	Completed:	*Once complete, Office Manager must scan and send to Training
Coot	rdinator Renee Rockafellow	The second secon

#### Policy and Procedure Statement for Moore Tax Service LLC d/b/a Jackson Hewitt Tax Service

#### Refer-A-Friend

Refer-A-Friend print outs are to be stapled to the top of the customer folder to allow the customer to easily see and give to their friends and family. Refer-A-Friend coupons are not to be passed out from a finished customer to other customers in the office.

#### **Coupons**

Coupons are used to bring customers into the offices. Coupons are not to be given to customers who are already in the offices. **NO DOUBLE DISCOUNTING** 

#### Referrals

Referring customers to anyone who is not currently on our payroll is not allowed. Letting customers know how to find current co-worker that is in one of our other offices is encouraged if the customer prefers to work with that employee. Employees are not to take work or customer files home.

#### **Saved Returns**

Saved returns will be transmitted to the IRS for filing. Any return that does not have ALL signatures from taxpayers is not to be saved, but should be placed on hold until all signatures are obtained.

#### **Payments**

Checks, cash, or credit card receipt is to be attached to the B copy of the paid receipt and turned into the office or person that is responsible for deposits. **DO NOT put any money in for payment to go forward in return until you have actually received the payment.** 

#### **Paid Returns**

Paid returns are returns that print file-able paperwork and/or register as a completed return. You are responsible for accounting for cash/check/charge from your paid returns.

#### **Incoming Phone Calls and Visitors**

You will make every effort to address customer questions when they call or visit your office and then turn them into a Jackson Hewitt customer.

#### **Completing Returns**

All returns must be processed through the Jackson Hewitt Computers. Any exceptions would be for tax years not on the computer system and when there are forms unavailable in profiler. Must have supervisor approval. <u>City returns also must be processed through Profiler</u>

### **Customer Signatures**

Forms 8453, 8879, bank loan forms, taxpayer information, certificate of gold guarantee, State E-file form, direct deposit form and EIC forms must have customer(s) signatures before they are transmitted to the IRS. Non-Compliance of this policy could cause not receiving your bonus and possible termination. *If any changes are made to a tax return that require new signatures*, we need CLIENTS to RESIGN (no lines, "see prior signatures", or your own signing of their name(s)) NO EXCEPTIONS!!

### **Mystery Shoppers**

We will, at times, hire a shopping service to evaluate employee performance in the above areas. Our intent is to determine if work habits need to be corrected. Some negative results could call for immediate termination.

## Filing

Proper documentation that allows your co-workers to finish a return, if needed, is required.	ed. All files are to be kept in our Hold,
Pick-up, ACR, Office Copy drawers or in the crate waiting for IRS or bank information.	DO NOT leave file unattended or open on
desks. No more than <b>one</b> customer file and paperwork is to be on the desk at one time.	

## **Jackson Hewitt Tax Service Policy**

Our company is an at-will employer. This means that regardless of any provisions in our policy statements, either you or the company may terminate the employment relationship at any time, for any reason, with or without cause or notice. Nothing in this or any other document or statement, written or oral, shall limit the right to terminate employment-at-will.

## **EQUAL EMPLOYMENT OPPORTUNITY**

Our company is committed to equal employment opportunity. We will not discriminate against employees or applicants for employment on any legally recognized basis including, but not limited to: veteran status, race, color, religion, sex, national origin, age and physical or mental disability.

In addition to the above: disability, religion, race, color, national origin, age, sex, pregnancy, childbirth or related medical condition, height, weight, family status, marital status and genetic information are protected classes in Michigan.

## **AMERICANS WITH DISABILITIES ACT**

Our company is committed to provide equal employment opportunities to otherwise qualified individuals with disabilities, which may include providing reasonable accommodation where appropriate. Upon doing so, the office manager may ask you for input or the type of accommodation you believe may be necessary for the functional limitations caused by your disability. Also, when appropriate, we may need your permission to obtain additional information from your physician or other medical or rehabilitation professionals.

### **NON-HARASSMENT**

We prohibit harassment of one employee by another employee, supervisor or third party for any reason including, but not limited to: veteran status, race, color, religion, sex, national origin, age and physical or mental disability. Harassment of third parties by our employees is also prohibited.

While it is not easy to define precisely what harassment is, it includes slurs, epithets, threats, derogatory comments or visual depictions, unwelcome jokes and teasing.

Violations of this policy are not permitted and may result in disciplinary action, up to and including discharge.

## **SEXUAL HARASSMENT**

Sex harassment of one employee by another employee, supervisor or third party is against company policy and is unlawful under state and federal law.

Sexual harassment of third parties by our employees is also prohibited.

While it is not easy to define precisely what sexual harassment is, it includes: unwelcome sexual advances, requests for sexual favors and/or verbal or physical conduct of a sexual nature including, but not limited to: sexually-related drawings, pictures, jokes, teasing, uninvited touching or other sexually-related comments. Violations of the policy may result in disciplinary action, up to and including termination.

## **IMMIGRATION REFORM AND CONTOL ACT (I-9)**

Each new employee, as a condition of employment, must complete the employment eligibility verification form I-9 and present documentation establishing identity and employment eligibility.

## ATTENDANCE AND PUNCTUALITY

Attendance and punctuality are important factors for your success within our company. We work as a team and this requires each person be at the right place at the right time. If you are absent for three days without notifying the company, it is assumed that you have voluntarily abandoned your position with the company, and you will be removed from the payroll.

If you are going to be late for work or absent, notify the office supervisor and, whenever possible, make arrangements with a co-worker to cover your absence.

## **SMOKING IN THE WORKPLACE**

Smoking is not permitted in the workplace. This includes electronic cigarettes.

Signature	Date

# **Employment Application Form**

Address

Major Studies

Employment App	lication Form	Applicatio	on Date	Interview Date
General Information				
Last Name Fire	st Name	Initial	Social Sec	urity No.
Address			Home Tele	phone
City, State, Zip			Message T	- elephone
Position Applied For			Salary Des	sired
Date Available	Hours Available	E TEMPORARY	PERMANENT	
Are you able to peform the essential job the position you are applying with or wit accommodations?   YES   NO	hout reasonable	If hired, will you be able t	o work overtime?	
Are you at least 18 years of age?	If under 18, do you have a v ☐ YES ☐ NO	vork permit?		
Have you ever been convicted of a crim court? A yes response does not automate				
Education Information				

Degree, Diploma, License or Certificate (list type and date)

## **Education Information**

Military Service (list dates, ranks and training)

YES: \_\_

\_\_\_WORDS PER MINUTE

School

High School
Vocation/Business/Other
College/university
College/university
Graduate
Other Special Knowledge, Skills otQualifications (list any construction or manufacturing equipment, office skills, technical equipment or training)

YEH Form: Employment Application 1002

For Clerical Applicants Only: Do you type? ☐ N0 ComputerSkills (hardware/software)

## **Employment History** List all employers, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information. Most Recent Employer Is this your current employer? ☐ NO ☐ YES May we contact this employer for references? $\square$ NO $\square$ YES Job Title Starting Salary **Ending Salary Employed From Employed To Employer Name Employer Addess** Supervisor's Phone Supervisor's Name Job Duties and Responsibilities Reason for Leaving **Next Most Recent Employer Employed From Employed To** Job Title Starting Salary **Ending Salary** Employer Name **Employer Addess** Supervisor's Phone Supervisor's Name Job Duties and Responsibilities Reason for Leaving **Next Most Recent Employer Employed From** Job Title Starting Salary **Ending Salary Employed To Employer Name Employer Addess** Supervisor's Name Supervisor's Phone Job Duties and Responsibilities Reason for Leaving **Next Most Recent Employer** Employed From Employed To Job Title Starting Salary **Ending Salary** Employer Name Supervisor's Phone **Employer Addess** Supervisor's Name Job Duties and Responsibilities Reason for Leaving

Voluntary Astritics (list experienting type of coming data)		
Volunteer Activities (list organization, type of service, dates)		
Hobbies, Interests (optional)		
Certification and Authorization		
The above information is true and correct.		
I authorize the Company to inquire into my education, past er research my qualifications for this position.	mployment history, and references as needed to	
If employed, I will be required to provide original documents v United States under the Immigration Reform and Control Act used for the completion of Form I-9.	which verify my identity and right to work in the (IRCA) of 1986. The document(s) provided will be	
I hereby acknowledge that I have read and agree to the above	re statements.	
Signature	 Date	
9,	2000	

**Other Information** 

## JACKSON HEWITT TAX SEVICE AVAILABILITY

Storefront Offices may be open Monday – Friday 9 AM to 9 PM and Saturday 9 AM to 5 PM Walmart Offices may be open Monday – Friday 9 AM to 9 PM, Saturdays 9AM to 7PM and Sundays 1 PM to 6 PM

Hours will vary due to business volume and/or Walmart requirements.

NAMEADDRESS							
PHONE	HOME			CELI	A		
	RED LOCA		ns				
ALPINE WA	LMART	PLAIN	PLAINFIELD		OWOSSO WALMART		8 <sup>TH</sup> STREET
GREENVILI	LE WALMAR	T CUTLE	ERVILLE	FENTO	N WALMA	RT I	BURTON
MUSKEGON	N WALMART	SPART.	A	54 <sup>TH</sup> S7	T WALMAR	T I	EONARD
BIG RAPIDS	S WALMART	HOWE	LL WALMART	KENOV	WA AVE WA	ALMART	
CADILLAC	WALMART						
HOURS AVAILABLE Circle One  Other: (Explain)  Or list days & hours available to work Example: Any Days, Any Hours,							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
****ADI	DITIONAL	PEAK AV	AILABILIT	ES****			

<sup>\*</sup> You will be held to availabilities given during interview process. Note any additional information we may need below.

## 1 Overview

The purpose of this policy is to establish acceptable and unacceptable use of electronic devices and network resources at Moore Tax Services, LLC in conjunction with its established culture of ethical and lawful behavior, openness, trust, and integrity.

Moore Tax Services, LLC provides computer devices, networks, and other electronic information systems to meet missions, goals, and initiatives and must manage them responsibly to maintain the confidentiality, integrity, and availability of its information assets. This policy requires the users of information assets to comply with company policies and protects the company against damaging legal issues.

## 2 Scope

All employees, contractors, consultants, temporary and other workers at Moore Tax Services, LLC, including all personnel affiliated with third parties must adhere to this policy. This policy applies to information assets owned or leased by Moore Tax Services, LLC, or to devices that connect to a Moore Tax Services, LLC network or reside at a Moore Tax Services, LLC site.

Information Security must approve exceptions to this policy in advance through email to admin@mijhtaxpro.com.

## 3 Policy Statement

## 3.1 General Requirements

- You are responsible for exercising good judgment regarding appropriate use 3.1.1 of Moore Tax Services, LLC resources in accordance with Moore Tax Services, LLC policies, standards, and guidelines. Moore Tax Services, LLC resources may not be used for any unlawful or prohibited purpose.
- 3.1.2 For security, compliance, and maintenance purposes, authorized personnel may monitor and audit equipment, systems, and network traffic per the Audit Policy. Devices that interfere with other devices or users on the Moore Tax Services, LLC network may be disconnected. Information Security prohibits actively blocking authorized audit scans. Firewalls and other blocking technologies must permit access to the scan sources.

## 3.2 System Accounts

3.2.1 You are responsible for the security of data, accounts, and systems under your control. Keep passwords secure and do not share account or password information with anyone, including other personnel, family, or friends. Providing access to another individual, either deliberately or through failure to secure its access, is a violation of this policy.

- 3.2.2 You must maintain system-level and user-level passwords in accordance with the Password Policy.
- You must ensure through legal or technical means that proprietary 3.2.3 information remains within the control of Moore Tax Services, LLC at all times. Conducting Moore Tax Services, LLC business that results in the storage of proprietary information on personal or non- Moore Tax Services, LLC controlled environments, including devices maintained by a third party with whom Moore Tax Services, LLC does not have a contractual agreement, is prohibited. This specifically prohibits the use of an e-mail account that is not provided by Moore Tax Services, LLC, or its customer and partners, for company business.

## 3.3 Computing Assets

- You are responsible for ensuring the protection of assigned Moore Tax 3.3.1 Services, LLC assets that includes the use of computer cable locks and other security devices. Laptops left at Moore Tax Services, LLC overnight must be properly secured or placed in a locked drawer or cabinet. Promptly report any theft of Moore Tax Services, LLC assets to the Moore Tax Services, LLC.
- 3.3.2 All PCs, PDAs, laptops, and workstations must be secured with a passwordprotected screensaver with the automatic activation feature set to 10 minutes or less. You must lock the screen or log off when the device is unattended.
- 3.3.3 Devices that connect to the Moore Tax Services, LLC network must comply with the Minimum Access Policy.
- 3.3.4 Do not interfere with corporate device management or security system software.

## 3.4 Network Use

You are responsible for the security and appropriate use of Moore Tax Services, LLC network resources under your control. Using Moore Tax Services, LLC resources for the following is strictly prohibited:

- 3.4.1 Causing a security breach to either Moore Tax Services, LLC or other network resources, including, but not limited to, accessing data, servers, or accounts to which you are not authorized; circumventing user authentication on any device; or sniffing network traffic.
- 3.4.2 Causing a disruption of service to either Moore Tax Services, LLC or other network resources, including, but not limited to, ICMP floods, packet spoofing, denial of service, heap or buffer overflows, and forged routing information for malicious purposes.

- 3.4.3 Introducing honeypots, honeynets, or similar technology on the Moore Tax Services, LLC network.
- 3.4.4 Violating copyright law, including, but not limited to, illegally duplicating or transmitting copyrighted pictures, music, video, and software.
- 3.4.5 Exporting or importing software, technical information, encryption software, or technology in violation of international or regional export control laws.
- 3.4.6 Use of the Internet or Moore Tax Services, LLC network that violates the Acceptable Use Policy, Moore Tax Services, LLC policies, or local laws.
- 3.4.7 Intentionally introducing malicious code, including, but not limited to, viruses, worms, Trojan horses, e-mail bombs, spyware, adware, and keyloggers.
- 3.4.8 Port scanning or security scanning on a production network unless authorized in advance by Information Security.

## 3.5 Electronic Communications

The following are strictly prohibited:

- 3.5.1 Inappropriate use of communication vehicles and equipment, including, but not limited to, supporting illegal activities, and procuring or transmitting material that violates Moore Tax Services, LLC policies against harassment or the safeguarding of confidential or proprietary information.
- 3.5.2 Sending Spam via e-mail, text messages, pages, instant messages, voice mail, or other forms of electronic communication.
- 3.5.3 Forging, misrepresenting, obscuring, suppressing, or replacing a user identity on any electronic communication to mislead the recipient about the sender.
- 3.5.4 Posting the same or similar non-business-related messages to large numbers of Usenet newsgroups (newsgroup spam).
- 3.5.5 Use of a Moore Tax Services, LLC e-mail or IP address to engage in conduct that violates Moore Tax Services, LLC policies or guidelines. Posting to a public newsgroup, bulletin board, or listsery with a Moore Tax Services, LLC e-mail or IP address represents Moore Tax Services, LLC to the public; therefore, you must exercise good judgment to avoid misrepresenting or exceeding your authority in representing the opinion of the company.

## 4 References

## 5 Enforcement

An employee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment. A violation of this policy by a temporary worker, contractor or vendor may result in the termination of their contract or assignment with Moore Tax Services, LLC.

## 6 Definitions

Term	Definition
honeypot, honeynet	Network decoys that serve to distract attackers from valuable machines on a network. The decoys provide an early warning for intrusion detection and detailed information on vulnerabilities.
Spam	Electronic junk mail or junk newsgroup postings. Messages that are unsolicited, unwanted, and irrelevant.

# 7 Revision History

Date of Change Responsible		Summary of Change
27 Dec 2015	Matt Sansoterra	Policy created

Signature:	 	 	 
Date:			



## TAX PREPARATION CODE OF CONDUCT

It is your responsibility to read, understand, and comply with the provisions of the Jackson Hewitt Tax Preparation Code of Conduct.

#### You must:

- Comply with all laws and regulations including, but not limited to, the complete and accurate preparation and timely filing of income tax returns and related documents.
- Safeguard personally identifiable information, not revealing any information appearing on a tax return or any information gathered for its preparation, except as permitted or required by law.
   Secure data files, checks, cash cards, tax returns in a locked cabinet or room. Be sure to clear the memory on devices and shred paperwork appropriately; never use Social Security Numbers in emails, letters, or messages.
- Diligently seek to recognize, prevent, and report fraud and other abuse.
- Have each client review and sign the Return Verification form.
- Provide each client with all required printed documents, such as a receipt and "Recap."
- Return, as requested, <u>all</u> records of the client necessary to comply with his or her tax obligations, unless specifically permitted or required to retain such papers under law.
- Be courteous and cooperative in dealing with representatives of governmental agencies. You
  are required to provide all information required by a statute or regulations, and/or formally
  requested by the authorized governmental agency.
- Notify the Tax Compliance Office of all inquiries by government agencies.
- Report to your Compliance Designee or Tax Compliance Analyst, if you suspect, observe, have knowledge of, or become aware of any illegal or improper conduct on the part of another person.

## You are prohibited from:

- Preparing and/or filing any tax return outside of the ProFiler system unless authorized by Jackson Hewitt.
- Making any fraudulent, untrue, or misleading statements or representations or engaging in any activity that is fraudulent, untrue, or misleading.
- Using or disclosing, or appearing to use or disclose confidential information acquired in your employment except when authorized or legally obligated to do so.
- Accepting more than a token gift from a client.
- Delaying the prompt disposition of any matter before the Internal Revenue Service.

Continued on next page.

## You are prohibited from (continued from previous page):

- Acquiring any direct or material financial interest from a client during the term of the professional relationship.
- Procuring or attempting to procure, directly or indirectly, from government records or government sources, information of any kind not made available by the proper authority.
- Making changes to a tax return without the client's written consent after it has been signed by that client, unless specifically permitted or required under law.
- Taking a position in a tax return not reasonably supported by the information and documents furnished by the client, or knowingly misrepresenting or omitting material facts in the preparation of a tax return.
- Endorsing or otherwise negotiating any cash card or check issued to a client by the federal, state, or local government.
- Requesting a bank product on a return without written consent from the client.
- Guaranteeing either a tax refund or that a client will not be audited.
- Misstating or misrepresenting, intentionally, any information relating to the tax preparer's education, training, or experience.
- Obtaining the signature of a client on a tax return or authorizing document if such return or document contains blank spaces to be filled in after it has been signed.
- Requiring a client to enter into a loan arrangement or purchase other financial product in order to complete a tax return.
- Failing to process an application for a financial product promptly.
- Misrepresenting a material factor or condition of a product or service, or otherwise knowingly misrepresent facts while preparing a return.
- Suggesting, stating, promising, or giving the impression that a client is able to obtain special
  consideration from governmental agencies or their representatives. This includes referring to
  any previous employment with the Internal Revenue Service.
- Contacting a client outside normal business hours or for any purpose other than the preparation of the client's tax return or related services.
- Electronically filing a tax return without authorization from the client including when a change to the tax return results in more than either \$50 change to "Total income" or "AGI," or \$14 to "Total tax," "Federal income tax withheld," "Refund," or "Amount you owe."

Failure to abide by the requirements in the Tax Preparation Code of Conduct will result in the appropriate corrective action, as determined by management. You may be required to receive additional training, be relieved of the opportunity to prepare tax returns, or be subject to disciplinary action, which includes but is not limited to, termination of employment. If you do not read and/or acknowledge receipt of the Tax Preparation Code of Conduct, you will still be responsible for complying with its terms.



## **Tax Preparation Code of Conduct Acknowledgment**

I acknowledge that I have received the Tax Preparation Code of Conduct and that I read, understand, and will fully comply with the policies, terms, and requirements stated in the Tax Preparation Code of Conduct.

I agree to report any actual or suspected violation of any of the policies, terms, or requirements of the Tax Preparation Code of Conduct as outlined in the Tax Preparation Code of Conduct.

I understand that failure to sign this Acknowledgment in no way relieves me of the	he
responsibility to comply with the policies, terms, and requirements stated in it.	

Signature		
Name (Print)		
Job Title (Print)		 
	_	

Sign, date, and return this form to your Compliance Designee.

Keep the Tax Preparation Code of Conduct for your reference.



Moore Tax Service LLC 3150-H Plainfield Avenue NE Grand Rapids, MI 49525

## AUTHORIZATION AND RELEASE FOR BACKGROUND CHECK

In connection with my application for employment with Moore Tax Service ("MTS"), I understand that MTS will conduct a check of my background ("background check") which may include obtaining copies of personnel files or other records or documents, information about criminal convictions, civil court records, educational transcripts and degrees, information about positions held, dates of employment, last rate of pay, work performance, disciplinary and attendance records, reliability, any instances of dishonesty, insubordination, threatening or intimidating behavior, unsafe or unlawful conduct and any other information Moore may need to verify information about my background, the accuracy of information submitted by me during the application process and/or my suitability for employment with Moore Tax Service.

By signing below, I authorize IMTS and its authorized employees or agents to investigate my background and to investigate the accuracy and truth fulness of all information submitted by me during the application process. I authorize all persons involved in the hiring process to discuss and review the results of or information obtained during any such investigation. I further authorize all persons, businesses, current and former employers and supervisors, educational institutions, law enforcement agencies, motor vehicle departments, personal references, and/or other persons, city, state, county and federal courts contacted by Moore Tax Service to release to Moore Tax Service information they may have about me, my background and my suitability for employment with Moore Tax Service. This authorization and Release does not apply to criminal records which have been expunged.

By signing below, I release each person, employer, agency, business and organization who or which provides any information to MTS from any and all claims, liability or damages related to providing or releasing information to Moore Tax Service pursuant to this Authorization and Release. I further release Moore Tax Service and each of its officers, employees and agents from any and all claims, liability or damages related to any use or disclosure by MTS for purposes related to consideration of my application for employment and/or my employment with MTS of any information obtained by reason of the background check conducted by MTS

A photocopy or facsimile of this Authorization and Release shall be considered valid as though it were an original and may be relied on to provide or release information to MTS.

I have carefully read and understand this Authorization and Release and voluntarily agree to its terms to assist Moore Tax Service in conducting a thorough check of my background for the purpose of hiring honest, trustworthy, reliable and capable employees. I further understand that all information and documents acquired by Moore Tax Service in conducting its background check will be maintained as confidential by MTS and will not be released by MTS to me or to others except as may be required.

Applicant Printed Name:		
Social Security Number:	Date of Birth:	
Signature of Applicant:	Date:	

## TAX PREPARER

## JOB OVERVIEW

Under the supervision of the Office Manager and in accordance with established policies and procedures, performs a variety of services related to income tax preparation. This position has access to and works with information of a sensitive, highly confidential nature; and regularly deals with diverse matters which require a working knowledge of the tax preparation business.

MAJOR RESPONSIBILITIES  © Conducts a thorough in-person interview with customers, using the franchisor's propriety tax software application.
① Complies with all tax laws and regulations including, but not limited to, the complete and accurate preparation and timely filing of income tax returns and related documents.
① Demonstrates specific behaviors such as the Signature Welcome, to create a positive customer experience
① Effectively promote financial products & services
① Checks the —hold drawer daily and contacts customers for additional information, as necessary, to insure accurate completion of tax returns.
① Diligently seeks to recognize and prevent fraud and other abuse.
① Understands, and complies with the provisions of the Code of Conduct.
① Follows all policies regarding the review and accuracy for information included in the tax return.
① Completes all signatures as required for the Customer Verification Form
(*) Distributes Front Office Paperwork (FOP) and obtains the necessary signatures
(!) Researches tax related questions and issues, and responds to clients appropriately and within a timely manner.
The Resolves client complaints, or refers situations to supervisor (as appropriate) for resolution.
① Distributes checks and Jackson Hewitt® smartcards.
(*) Assists with general office support such as filing, mailing, etc., when necessary.
(1) Makes calls to clients using the Call Campaign Application
(1) Helps the office achieve and exceed established goals
① Attends and completes Mandatory Training
① Performs other duties as required.

Date

## **CUSTOMER CARE SPECIALIST**

## **JOB OVERVIEW**

**MAJOR RESPONSIBILITIES** 

Under general supervision and in accordance with established policies and procedures, utilizes superior customer service skills using the telephone for both incoming and outgoing calls to generate new customers as well as retain current customers.

${f \odot}$ Assists and responds to questions and inquiries from potential customers about services and products offered at the office(s).
① Effectively manage incoming calls from potential customers, encouraging customers to come to Jackson Hewitt to have their taxes prepared.
② Participates in call campaigns by following approved scripts and procedures.
① Coordinates appointments with potential customers and uses the Appointment Scheduler application to record appointments.
① Provides hours of operations and directions to offices as requested.
① Handles calls at Call Center.
① Performs other duties as assigned.

Sign\_\_\_\_\_\_ Date\_\_\_\_\_

## **OFFICE MANAGER**

### **JOB OVERVIEW**

Under general supervision and in accordance with established policies and procedures, participates in the management activities such as staffing, employee relations, office productivity, and tax preparation for various designated offices. This position has access to and works with information of a sensitive, highly confidential nature, and regularly deals with diverse matters which require a working knowledge of the tax preparation business.

**MAJOR RESPONSIBILITIES** Trains staff office members. ② Establishes and maintains the desired culture by: \*Ensuring all staff members demonstrate specific behaviors such as the Signature Welcome, to create a positive experience \*Maintaining a professional office appearance \*Manages client flow, including wait times \*Observes staff behaviors and performance reports and identifies any potential issues that may have a negative impact on the customer's experience. ① Creates and manages weekly schedules to ensure proper staffing rations and implements adjustments due to customer needs. Manages and monitors overall tax office performance, including but not limited to tax returns, discounts, HOLDs, void rates, error and reject rates, company product sales, etc. Monitors office productivity The Resolves customer complaints. ② Serves as the Tax School Instructor, if appropriate. Manages the front office check printing process; ensures that checks are printed and distributed in a

Dimplements and monitors security measures for handling check stock, & Jackson Hewitt® smartcard

(\*) Monitor Cash Control

Visa® Prepaid Cards.

timely manner.

① Observe Tax Preparers as they work through the Tax Return Interview procinteraction and make certain that all Due Diligence questions are being asked	
① Ensures implementation of all marketing programs and company products	and promotions.
① Motivates and guides office staff to achieve goals	
① Attend and complete mandatory training	
① Performs other duties as required	
Sign	Date

# FOR MICHIGAN CITIES LEVYING AN INCOME TAX (See list below)

any city listed

REVISED: 05/14/2012 . Print your full name ocial Security No Office, Plant, Dept mployee Identification No 2. Address, Number and Street Apartment City, Township or Village where you reside State Resident city Nonresident city EMPLOYEE: File this form with your EMPLOYER: Keep this certificate with your records. If the YOUR WITHHOLDING EXEMPTIONS exemptions exemptions employer. Otherwise your employer must information submitted by the employee is not believed to be withhold tax for the cities without any allowance true, correct and complete, the City Income Tax Department Exemptions for yourself (See cities below) for exemptions. must be advised. Exemptions for spouse (See cities below) CHECK THE BOX THAT INDICATES THE Exemptions for your dependent children CHECK BOX CHECK BOX IF APPROXIMATE AMOUNT OF TIME Exemptions for your other dependents IF YOU ARE YOU ARE A WORKING FOR EMPLOYER IN THE MICHIGAN CITIES A RESIDENT NONRESIDENT CHECKED NONRESIDENT CITY Total number of exemptions claimed LEVYING AN INCOME OF A AND WORK FOR Exemptions allowed by city for taxpayer and spouse, if married. 25% 41% 61% 81% TAX UNDER LISTED EMPLOYER IN A TO TO TO TO Regular 65 or over at Permanently Disabeled CITY LISTED CITY 25% 60% 100% 80%exemption end of year Albion 4. Taxpayer 5. Spouse Battle Creek 4. Taxpayer 5. Spouse 4. Taxpayer Big Rapids 5. Spouse Detroit 4. Taxpayer 5. Spouse Flint 4. Taxpayer 5. Spouse Grand Rapids 4. Taxpayer 5. Spouse Grayling 4. Taxpayer 5. Spouse Hamtramck 4. Taxpayer 5. Spouse Highland Park 4. Taxpayer 5. Spouse Hudson 4. Taxpayer 5. Spouse Ionia 4. Taxpayer 5. Spouse Jackson 4. Taxpayer 5. Spouse Lansing 4. Taxpayer 5. Spouse Lapeer 4. Taxpayer 5. Spouse Muskegon 4. Taxpayer 5. Spouse Muskegon Heights 4. Taxpayer 5. Spouse Pontiac 4. Taxpayer 5. Spouse Port Huron 4. Taxpayer 5. Spouse Portland 4. Taxpayer 5. Spouse Saginaw 4. Taxpayer 5. Spouse Springfield 4. Taxpayer 5. Spouse Walker 4. Taxpayer 5. Spouse 9 Date 10. Signature I am not a resident of

## **Jackson Hewitt Dress Code Policy**

(Tax Season 2015)

**Purpose:** Office and tax preparer image is the first thing customers see and has a huge impact on how they feel about Jackson Hewitt. Ensuring TaxPros present a clean, neat and professional image, helps customers feel secure and confident about the service they are about to receive.



WEAR THIS: Clothes and footwear must be in good condition (not worn or faded), clean and wrinkle free.



# **Inappropriate Attire DO NOT WEAR THIS:**

clean and wrinkle free	2.	DO NOT WEAR THIS:
Ladies	Men	
blouse, oxford or dress shirt (long or short sleeves).	oxford or dress shirt (long or short sleeves).	<ul> <li>T-shirt, tank top, halter top.</li> <li>Sweatshirts / athletic wear.</li> <li>A top that has a pattern</li> <li>A top that has a slogan or logo other than JH. (Small, discreet logo is acceptable.)</li> <li>A top with an unapproved JH logo.</li> </ul>
		- // top with an anapproved in logo.
<ul> <li>Black, navy blue or grey dress pants/skirt/capris.</li> <li>Khakis.</li> <li>Also acceptable - black, grey or navy blue dress.</li> </ul>	<ul> <li>Black, navy blue or grey dress pants.</li> <li>Khakis.</li> </ul>	<ul> <li>Sweatpants.</li> <li>Tight fitting pants/leggings worn as pants.</li> <li>Jeans.</li> <li>Mini-skirts.</li> <li>Shorts.</li> </ul>
Dress shoes, sandals or boots.	Dress shoes or loafers.   VS.	<ul> <li>Casual sandals, flip flops, sneakers, Tevas, Birkenstocks, slippers or work boots.</li> </ul>
Achievement Club In The name badge car	ductee name badge. be either pin or	<ul> <li>Any locally purchased name badge in which the:</li> <li>Name is handwritten, typed or does not comply with approved font style.</li> <li>Does not contain the approved logo or color scheme.</li> <li>Is hanging from a lanyard.</li> </ul>
	<ul> <li>Solid color polo, blouse, oxford or dress shirt (long or short sleeves).</li> <li>Logo item option</li> <li>Sweater (If neces</li> <li>Black, navy blue or grey dress pants/skirt/capris.</li> <li>Khakis.</li> <li>Also acceptable - black, grey or navy blue dress.</li> <li>Dress shoes, sandals or boots.</li> <li>JH approved or JH C Achievement Club In The name badge car</li> </ul>	<ul> <li>Solid color polo, blouse, oxford or dress shirt (long or short sleeves).</li> <li>Logo item optional but recommended.</li> <li>Sweater (If necessary): Solid color.</li> <li>Black, navy blue or grey dress pants/skirt/capris.</li> <li>Khakis.</li> <li>Also acceptable - black, grey or navy blue dress.</li> <li>Dress shoes, sandals or boots.</li> <li>JH approved or JH Circle of Excellence Achievement Club Inductee name badge. The name badge can be either pin or magnetic, and affixed to shirt/sweater.</li> </ul>

# Grooming / Hygiene

Personal grooming and hygiene should contribute to a clean, neat, and professional appearance. This includes general cleanliness of clothing, attention to hair, beards, mustaches, fingernails, body scents, limited use of perfume/cologne and limited exposure of body piercings and body art in the workplace.

<u>Note:</u> The Equal Employment Opportunity Commission (EEOC) states that employers are allowed to impose dress codes and appearance policies as long as they do not discriminate or hinder a person's race, color, religion, age, national origin or gender. If you have a unique concern or issue about the dress code policy and would like to request a modification, please contact your OD.

Additionally, Operators must comply with any state and local regulations pertaining to dress code policy.

## Form W-4 (2016)

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 2016 expires February 15, 2017. 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 \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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 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.

Personal Allowances Worksheet (Keep for your records.)

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 1392, 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 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Α	Enter "1" for yo	ourself if no one else can c	laim you as a dependent				A		
	ſ	<ul> <li>You are single and have</li> </ul>	e only one job; or			)			
В	Enter "1" if: {								
	(	<ul> <li>Your wages from a second</li> </ul>	ond job or your spouse's w	vages (or the tot	al of both) are \$1,50	0 or less. <sup>J</sup>			
С		our <b>spouse.</b> But, you may o			and have either a w	orking spouse	or more		
	than one job. (I	Entering "-0-" may help you	u avoid having too little ta	x withheld.) .			· · c		
D	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return								
E	Enter "1" if you	will file as head of house	hold on your tax return (s	ee conditions ι	ınder <b>Head of hous</b>	ehold above)	E		
F	Enter "1" if you	have at least \$2,000 of <b>ch</b>	ild or dependent care ex	<b>xpenses</b> for wh	nich you plan to clai	m a credit .	F		
	(Note: Do not i	include child support paym	ents. See Pub. 503, Child	d and Depende	nt Care Expenses, t	or details.)			
G	<b>Child Tax Cree</b>	dit (including additional chi	ld tax credit). See Pub. 97	72, Child Tax C	redit, for more infor	mation.			
	•	ncome will be less than \$70			•	hen <b>less</b> "1" if	you		
		ur eligible children or <b>less</b> "		-					
	•	ome will be between \$70,000	•		*	•			
Н	Add lines A thro	ugh G and enter total here. (N	ote: This may be different for	rom the number	of exemptions you cla	aim on your tax r	eturn.) ► H		
	For accuracy		or claim adjustments to in	ncome and wan	t to reduce your with	holding, see the	Deductions		
	For accuracy, complete all	and Adjustments Wo	. •						
	worksheets		nave more than one job o exceed \$50,000 (\$20,000						
	that apply.	to avoid having too litt	le tax withheld.	,,		•	. •		
		• If <b>neither</b> of the above	e situations applies, <b>stop h</b>	ere and enter th	e number from line F	on line 5 of Fo	m W-4 below.		
		Separate here and g	give Form W-4 to your em	ployer. Keep th	ne top part for your	records			
	W 4	Employe	e's Withholding	Allowan	ca Cartifica	to	OMB No. 1545-0074		
Form	VV -4		_				© Ø 🖪 🗖		
	ment of the Treasury		tled to claim a certain numbe ne IRS. Your employer may be				2016		
interna 1	Revenue Service Your first name	and middle initial	Last name	e required to seri	u a copy of this form t		security number		
							,		
	Home address	number and street or rural route		3 Single	☐ Married ☐ Marr	iod but withhold s	at higher Single rate.		
							alien, check the "Single" box		
	City or town, sta	ate, and ZIP code			ame differs from that s				
				_	You must call 1-800-7	-	· -		
5	Total number	of allowances you are clai	ming (from line <b>H</b> above	or from the app	olicable worksheet o	on page 2)	5		
6		nount, if any, you want with	• ,				6 \$		
7	I claim exem	ption from withholding for 2	2016, and I certify that I m	neet <b>both</b> of the	e following condition	ns for exemption	n.		
		had a right to a refund of <b>a</b>			_				
	• This year I	expect a refund of <b>all</b> feder	al income tax withheld be	ecause I expect	t to have <b>no</b> tax liab	ility.			
		oth conditions, write "Exer				7			
Unde	r penalties of pe	rjury, I declare that I have ex	amined this certificate and,	to the best of n	ny knowledge and be	elief, it is true, co	rrect, and complete.		
Emp	loyee's signatur	e							
(This	form is not valid	unless you sign it.) ▶				Date ►			
8	Employer's nan	ne and address (Employer: Comp	plete lines 8 and 10 only if send	ling to the IRS.)	9 Office code (optional)	10 Employer id	lentification number (EIN)		

Form W-4 (2016) Page **2** 

	Deductions and Adjustments Worksheet											
Note:	Use this	work	sheet <i>only</i> if	you plan to itemize d	eductions or o	claim d	certain credits or	adjustments	to income.			
1	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details											
	(	_		ied filing jointly or qua	•	_	)					
2	Enter: {		,300 if head o	• • • •	amynig maen	(01)	}			2	\$	
_	Lintoi.			or married filing sepa	arately		J			_	Ψ	
3	Subtract			. If zero or less, enter	-					3	\$	
4				016 adjustments to inc					 .b 505)	4	\$	
5			•	nter the total. (Includ	•			•	•	7	Ψ	
3				r 2016 Form W-4 wor	•			-		5	\$	
6				2016 nonwage incom						6	\$	
7	Subtract	<b>t</b> line	6 from line 5.	. If zero or less, enter	"-0-"					7	\$	
8	Divide th	ne am	ount on line	7 by \$4,050 and ente	r the result he	ere. Dr	op any fraction			8		
9	Enter the	num	ber from the	Personal Allowance	es Workshee	<b>t,</b> line	H, page 1			9		
10				er the total here. If you	•			-				
	also ente	er this	total on line	1 below. Otherwise,	<b>stop here</b> an	d ente	r this total on Fo	rm W-4, line 5	, page 1	10		
		T	wo-Earne	rs/Multiple Jobs	Worksheet	: (See	Two earners of	or multiple j	obs on pa	ge 1.)		
Note:	Use this	work	sheet <i>only</i> if t	the instructions unde	r line H on pa	ge 1 d	lirect you here.					
1	Enter the	numb	er from line H,	page 1 (or from line 10 a	above if you use	ed the I	Deductions and A	djustments Wo	orksheet)	1		
2				1 below that applies								
	you are r than "3"			y and wages from the						2		
3				equal to line 2, subt						_		
Ü				ne 5, page 1. <b>Do not</b>				•		3		
Note				enter "-0-" on Form						Ū		
				olding amount necess		-	•	. unough o b	5.0 W 10			
4	•			2 of this worksheet	•	•		4				
5				1 of this worksheet				5				
6										6		
7				· · · · · · · · · · · · · · · · · · ·						7	\$	
8				d enter the result her						8	Ψ	
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0	job are—	-31	line 2 above	paying job are—	line 2 above	_	g job are—	Enter on line 7 above	If wages from		-51	Enter on line 7 above
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115,0	001 - 130,0	000	12									
	001 - 140,0		13 14									

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

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

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

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



## **Employment Eligibility Verification**

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

USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016

▶START HERE. 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 documentation presented has a future expiration date may also constitute illegal discrimination.

	ee Information and A		Employees must complete a offer.)	nd sign Se	ction 1 of	Form I-9 no later		
Last Name (Family Name)	First Na	me (Given Name	) Middle Initial	Other Names	s Used (if a	any)		
Address (Street Number an	Address (Street Number and Name)  Apt. Number City or Town							
Date of Birth (mm/dd/yyyy)	U.S. Social Security Numbe	r E-mail Addres	SS .	\\	Telepho	one Number		
l am aware that federal l connection with the con		nment and/or f	ines for false statements	or use of f	alse doc	uments in		
l attest, under penalty o	f perjury, that I am (chec	k one of the fo	ollowing):					
A citizen of the United	d States							
A noncitizen national	of the United States (See	instructions)						
A lawful permanent re	esident (Alien Registration	Number/USCIS	S Number):					
An alien authorized to w	vork until (expiration date, if a	pplicable, mm/dd	· · · · · · · · · · · · · · · · · · ·	Some aliens	may write	e "N/A" in this field.		
For aliens authorized	to work, provide your Alie	n Registration l	Number/USCIS Number <b>OR</b>	Form I-94	Admissic	on Number:		
1. Alien Registration I	Number/USCIS Number:_							
	OR				Do Not	3-D Barcode Write in This Space		
2. Form I-94 Admission	on Number:							
If you obtained you States, include the		CBP in connect	tion with your arrival in the U	Jnited				
Foreign Passpo	rt Number:							
Country of Issua	ance:							
Some aliens may v	write "N/A" on the Foreign	Passport Numb	er and Country of Issuance	fields. (See	e instructi	ions)		
Signature of Employee:				Date (mm/d	dd/yyyy):			
Preparer and/or Tran employee.)	slator Certification (To	be completed	and signed if Section 1 is pr	repared by	a person	other than the		
l attest, under penalty o information is true and		isted in the co	mpletion of this form and	that to the	best of	my knowledge the		
Signature of Preparer or Tra	inslator:				Date (m	rm/dd/yyyy):		
Last Name (Family Name)			First Name (Give	n Name)	•			
Address (Street Number and	d Name)		City or Town		State	Zip Code		
	STOP	Employer Coi	mpletes Next Page	<b>ТОР</b>		1		

Form I-9 03/08/13 N Page 7 of 9

## 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initi	al from Section	on 1:						
List A OR Identity and Employment Authorization		st B entity			AND	Eı	List C	Authorization
Document Title:	ocument Title:				D	ocument T	itle:	
Issuing Authority:	suing Authority	<i>'</i> :			ls:	suing Auth	nority:	
Document Number:	ocument Numb	per:			D	ocument N	lumber:	
Expiration Date (if any)(mm/dd/yyyy):	piration Date	(if any)(	/mm/dd/yyyy)	):	E	kpiration D	ate (if any)(m	nm/dd/yyyy):
Document Title:								
Issuing Authority:								
Document Number:								
Expiration Date (if any)(mm/dd/yyyy):								3-D Barcode
Document Title:							Do Not	Write in This Space
Issuing Authority:								
Document Number:								
Expiration Date (if any)(mm/dd/yyyy):								
Certification I attest, under penalty of perjury, that (1) I ha above-listed document(s) appear to be genui employee is authorized to work in the United The employee's first day of employment (mn	ine and to re l States.			oyee n	amed, ai	nd (3) to		my knowledge the
Signature of Employer or Authorized Representative	,,, a. a., y y y y )	Date (	mm/dd/yyyy)	_ `			Authorized R	-
Last Name (Family Name) Fire	st Name <i>(Give</i>	n Name	<i>)</i>	Employ	yer's Busir	ness or Org	ganization Na	me
Employer's Business or Organization Address (Street	Number and I	Name)	City or Tow	n			State	Zip Code
Section 3. Reverification and Rehire	<b>S</b> (To be con	npleted	d and signe	d by ei	mployer o	or authori.	zed represe	ntative.)
A. New Name (if applicable) Last Name (Family Nam	e) First Name	(Given	Name)	Mid	Idle Initial	B. Date o	f Rehire <i>(if ap</i>	plicable) (mm/dd/yyyy):
C. If employee's previous grant of employment authoriz presented that establishes current employment auth					or the docu	ıment from	List A or List	C the employee
Document Title:	Docui	ment N	umber:				Expiration Da	te (if any)(mm/dd/yyyy):
I attest, under penalty of perjury, that to the bes the employee presented document(s), the docu								
Signature of Employer or Authorized Representative:	Date	(mm/da	//yyyy):	Print	Name of E	Employer o	or Authorized	Representative:

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# LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

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

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

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

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## MI-W4

# EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. You must file a revised form within 10 days if your exemptions decrease or your residency status changes from nonresident to resident. Read instructions below before completing this form.

ssued under P.A. 281 of 1967.	, 0	▶ 1. Social Security Number	2. Date of Birth				
3. Type or Print Your First Name, Middle Initial and Last	Name	4. Driver License Number					
,							
Home Address (No., Street, P.O. Box or Rural Route)		▶ 5. Are you a new employee?  Yes If Yes, enter date of hire	, , , , , ,				
City or Town	State ZIP Code	No					
<ul><li>6. Enter the number of personal and depend</li><li>7. Additional amount you want deducted fron (if employer agrees)</li></ul>	n each pay	•					
<ul> <li>8. I claim exemption from withholding because</li> <li>a. A Michigan income tax liability is</li> <li>b. Wages are exempt from withhol</li> <li>c. Permanent home (domicile) is low</li> </ul>	not expected this year. ding. Explain:	sident members of flow-through entit	· 				
EMPLOYEE: If you fail or refuse to file this form, your employer must withhold Michigan income tax	Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.						
from your wages without allowance for any exemptions. Keep a copy of this form for your records.	9. Employee's Signature		Date				
INSTRUCTIONS TO EMPLOYER: Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with your records. If the employee claims 10 or more personal and dependent exemptions or claims a status exempting the employee from withholding, you must file their original MI-W4 form with the Michigan Department of Treasury. Mail to: New Hire Operations Center, P.O. Box 85010; Lansing, MI 48908-5010.	' '	and 11 before sending to the Michigan Enone No. and Name of Contact Person  11. Federal	Department of Treasury.  Employer Identification Number				

#### INSTRUCTIONS TO EMPLOYEE

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal and dependent exemptions or claimed a status which exempts you from withholding.

You MUST file a new MI-W4 within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent must be dropped for federal purposes.

**Line 5:** If you check "Yes," enter your date of hire (mo/day/year).

**Line 6:** Personal and dependent exemptions. The total number of exemptions you claim on the MI-W4 may not exceed the number of exemptions you are entitled to claim when you file your Michigan individual income tax return.

If you are married and you and your spouse are both employed, you both may not claim the same exemptions with each of your employers.

If you hold more than one job, you may not claim the same exemptions with more than one employer. If you claim the same exemptions at more than one job, your tax will be under withheld.

**Line 7:** You may designate additional withholding if you expect to owe more than the amount withheld.

Line 8: You may claim exemption from Michigan income tax withholding ONLY if you do not anticipate a Michigan income tax liability for the current year because all of the following exist: a) your employment is less than full time, b) your personal and dependent exemption allowance exceeds your annual compensation, c) you claimed exemption from federal withholding, d) you did not incur a Michigan income tax liability for the previous year. You may also claim exemption if your permanent home (domicile) is located in a Renaissance Zone or you are a non-resident spouse of military personnel stationed in Michigan. Members of flow-through entities may not claim exemption from nonresident flow-through withholding. For more information on Renaissance Zones call (517) 636-4486. Full-time students that do not satisfy all of the above requirements cannot claim exempt status.

Visit the Treasury Web site at: www.michigan.gov/taxes

# **New Hire Form for Moore Tax Service LLC**

Name:			
Address:			
City: St	tate:	Zip: _	
SS#:	_		
Marital Status: (circle one): Married	d / Single / ]	Married at I	Higher Single
Exemptions: Fed:+\$	State:	+\$	City:
Birth Date:///			
Start Date://			
Department (location):			
Rate of Pay: \$/hour			
What City Tax Deducted (city work (Circle one): Resident or Nor	_		

# Direct Deposit? Yes / No

(If yes, attach the Paychex Direct Deposit Authorization Form and Voided Check. No starter checks or deposit tickets accepted. If it is a saving account, the employee must have a letter signed by the bank representative with the account information printed.)



# **Direct Deposit Enrollment/Change Form**

• • • • • • • • • • • • • • • • • • • •		Client Number	Client Number			
			_ Employee/Worker Number			
EMPL	LOYEE/WORKER:	Retain a copy of this form fo	r your records. Return the	original to your employer.		
EMPL		his form to your local Payche this document for your record		n-line services, please retain a		
COMPLET	E TO ENROLL / A	DD / CHANGE BANK ACCO	UNTS – <i>PLEASE PRINT</i>	IN BLACK/BLUE INK ONLY		
Type of Account	Bank Account Number*	Routing/Transit Number	Financial Institution ("Bank") Name	I wish to deposit (check one):		
□ Checking □ Savings				□ % of Net □ Specific Dollar Amount \$ □ Remainder of Net Pay		
□ Checking □ Savings				□ % of Net □ Specific Dollar Amount \$ □ Remainder of Net Pay		
□ Voide □ Depos □ Bank □ Other confirmation	d check with name in sit slip (only accepted letter or specification Bank Documentation:	red to process this enrollmen mprinted (no starter checks) and if the verbiage "ACH R/T" apply a sheet (the signature of your lown from your Financial Institution employee/worker has added o	pears before the routing nunceal bank representative MU  — If this box is checked the	ST be included) e employer must sign this		
	by Paychex, Inc.			or direct deposit transactions		
processed	by Paychex, Inc.		-	·		
Employe *Certain a	by Paychex, Inc.	e restrictions on deposits ar	Date			
Employe *Certain acinformation	by Paychex, Inc.  r Signature:  ccounts may have n specific to your	e restrictions on deposits ar	Date	vith your bank for more		
Employe *Certain acinformatio	by Paychex, Inc.  r Signature:  ccounts may have n specific to your	e restrictions on deposits ar r account.	Date	vith your bank for more		
Employe *Certain acinformatio	by Paychex, Inc. or Signature: ccounts may have n specific to your	e restrictions on deposits ar account.	Date  nd withdrawals. Check w  NTS – PLEASE PRINT IN  Financial Institution	with your bank for more  BLACK/BLUE INK ONLY  Change My Deposit Amount to:  □ From% to% of Net □ From \$00 To \$00 □ Remainder of Net Pay		
Employe *Certain acinformatio	by Paychex, Inc. or Signature: ccounts may have n specific to your	e restrictions on deposits ar account.	Date  nd withdrawals. Check w  NTS – PLEASE PRINT IN  Financial Institution	with your bank for more  BLACK/BLUE INK ONLY  Change My Deposit Amount to:  From% to% of Net From \$00 To \$00		
Employe *Certain acinformatio	by Paychex, Inc. or Signature: ccounts may have n specific to your	e restrictions on deposits ar account.  EXISTING DEPOSIT AMOUNT Routing/Transit Number	Date nd withdrawals. Check was a second control of the cont	### State of the image of the image with your bank for more  ### BLACK/BLUE INK ONLY    Change My Deposit Amount to:   From % to % of Net     From \$00 To     Remainder of Net Pay     From % to % of Net     From \$00 To     Remainder of Net Pay		
Employe *Certain arinformatio  COMPLET Bank Acc	by Paychex, Inc. or Signature: ccounts may have n specific to your	e restrictions on deposits and account.  EXISTING DEPOSIT AMOUNT Routing/Transit Number	Date  nd withdrawals. Check w  NTS – PLEASE PRINT IN  Financial Institution	### State of the image of the image with your bank for more  ### BLACK/BLUE INK ONLY    Change My Deposit Amount to:   From % to % of Net     From \$00 To     Remainder of Net Pay     From % to % of Net     From \$00 To     Remainder of Net Pay		
*Certain acinformatio  COMPLET  Bank Acc	by Paychex, Inc.  er Signature:  ccounts may have n specific to your  EIF CHANGING count Number*  SIGN IN BLACK/BI my employer to dep s I authorize comply	e restrictions on deposits are account.  EXISTING DEPOSIT AMOUNT Routing/Transit Number  EMPLOYEE/WORKER COLUE INK ONLY osit my wages/salary into the beautiful applicable law. My sig	Date	### STACK/BLUE INK ONLY    Change My Deposit Amount to:   From% to% of Net     From \$00 To     Remainder of Net Pay     From% to% of Net     From% to% of Net     From \$00 To     Remainder of Net Pay		

**Note:** Digital or Electronic Signatures are **not** acceptable.