



New Employee Forms Packet

This New Employee Forms Packet includes the forms that need to be completed and signed by you and your potential new employee. Ensure you have a copy of the New Employee Instructions Packet that has instructions and other helpful or required information for you and your employee.

Instructions for Employer:

Step 1: Employer completes the Employee Verification Form (Page 2) and the first page of the Employment Terms and Conditions Agreement (Page 3).

Step 2: Give packet to employee. Employee completes and signs all forms as indicated and provides identification for employer to copy (U.S. Passport OR a combination of a Driver's License / State Id AND Social Security Card) and a voided check or letter from bank for direct deposit setup.

Step 3: Employer reviews forms and finalizes paperwork by doing the following:

- Sign and date the Employment Terms and Conditions Agreement (Page 4)
- Make copies of employee's identification and bank documents from Step 2
- Use the employee's identification to complete Form I-9, Section 2 (Page 9)
 - If you collected a copy of a U.S. Passport complete the first 4 lines under List A and continue to the signature section below
 - If you collected a copy of a Driver's License / State Id complete the first 4 lines under List B and then for the Social Security Card complete the first 4 lines under List C and continue to the signature section below
- Sign and date the Safety Manual Acknowledgement Form (Page 13)

Step 4: Return **forms** and **legible copies of ID's** and **bank document** to SPLLC

SPLLC will contact you with approval status by telephone – processing takes up to 3 business days. If you have any questions, please call SPLLC at (800) 427-1241 or email us at fi@SeniorsPlus.org.

Employee Verification Form (EVF)

Employer Name: _____

Client Name: _____

Employee Name: _____

Program regulations provide specific language on who is not allowed to become a paid employee. It is important that SPLLC verifies certain information prior to the employer hiring their employee. As the employer, please answer the following questions:

1. Is the potential **employee** the spouse of the client? Yes or No
2. Is the potential **employee** the legal guardian, co-guardian, or conservator of the client? Yes or No
3. Is the potential **employee** a legally responsible (Power of Attorney or Rep Payee) relative of the client? Yes or No
4. Is the **client** under the age of 18? Yes or No (If Yes, please answer question 4(a))
4(a). Is the potential **employee** the parent or stepparent of the client? Yes or No
5. Is the potential **employee** under the age of 18? Yes or No

By signing this form, the employer has verified this information with both the client and the potential employee. Any misrepresentation of information may result in the termination of the **employer's** eligibility.

Employer Signature: _____ **Date:** _____

SPLLC use only

Date	Initials	
_____	_____	Reviewed EVF to determine if the potential employee is eligible
_____	_____	Forms packet is complete and necessary ID's are included
_____	_____	Background check and registry reviews completed
_____	_____	Employer notified of applicant status

Approved as of ____ / ____ / ____ Denied as of ____ / ____ / ____

Employment Terms and Conditions Agreement

Letter of Acceptance

The following terms stated in this agreement apply to the following individuals:

Employer Name: _____

Client Name: _____

Employee Name: _____

Certain unemployment tax exemptions exist for employers who hire family members. Is there a family relationship between the employee and the employer? If yes, what is this relationship?

WHEREAS, the employer stated above has designated SPLLC as a Fiscal Intermediary (FI) to provide agent of the employer services, which shall include processing paychecks, performing Federal and State withholdings and reporting, and procuring workers compensation and unemployment insurance, and

WHEREAS, the employer has selected the employee to provide certain services and supports consistent with the above named client's service authorization, and

WHEREAS, the employer will 1) direct the employee on how to deliver services, 2) utilize the client's funding allocation to support all aspects of the employee's service, and 3) ensure compliance with the program rules.

THEREFORE, the employer and employee hereby agree as follows:

Offer

The employer is pleased to offer the employee a position holding the title of Attendant to provide Personal Care Services to the client. The employer believes there is a good fit between the employee's skills and interests, and the client's needs.

Start Date

This date is contingent upon the receipt of a completed forms packet and a clear background check.

Wage

\$_____ per hour. The employee will be paid on a bi-weekly schedule per submission (mail or fax) of timesheets to SPLLC, agent of the employer. A valid timesheet must be signed and dated by the employee and employer. SPLLC will

withhold appropriate taxes and issue tax statements based on tax forms filed by the employee and employer, respectively.

Benefits

The employee is not eligible to receive benefits under this agreement.

Supervision

Continued employment will be determined by the employer. Employment eligibility is based on satisfactory employee performance, the employee remaining in good standing with their background check, the employer's needs, and the availability of funding for the client.

Reimbursement Policy

Reimbursement to the employee for miscellaneous costs incurred while providing services to the client is limited to mileage, only when and as authorized by the funding source. SPLLC is not authorized to reimburse for any other expense.

Confidentiality

Upon receipt of information relating to the client, the employee will become a holder of confidential data. The employee agrees to use confidential data solely for carrying out his/her responsibilities under this agreement.

Indemnification

The employee agrees to indemnify and hold SPLLC and SPLLC principals, agents, employees and subcontractors harmless for all claims, losses, expenses, fees, including attorney fees, costs and judgments that may be asserted against SPLLC based on any acts or omissions of the employee and/or employer in carrying out their individual responsibilities under this agreement.

Accepted:

Employer Signature / Date

Employee Signature / Date

Upon receipt by SPLLC, this agreement will be executed. An executed agreement authorizes SPLLC to issue paychecks to the employee on behalf of the employer.
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STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Maine Background Check Center
Notification and Authorization and Release

Driver's License # and State of Issue/Passport Number:

Date of Birth:

Applicant / Employee Full Legal Name: (First, Middle, Last)

List all Aliases/Maiden Names:

Address:

Phone number:

Position(s) Applied for:

Occupational or Professional Licensing Identification Numbers and Type (if applicable) and **State of Issue:**

Notice to the Applicant / Employee

This organization has offered you a position contingent upon a clear background check. The organization requires you to consent to the comprehensive background check. Your eligibility to work in this position is dependent upon whether you have a disqualifying offense in your background.

You must authorize a release of information relevant to your background, including your criminal history records and any substantiation for child or adult abuse. This information will be sent to the Maine Background Check Center and other Federal or State agencies as needed to investigate your background.

The comprehensive background check requires you to provide personally identifiable information including your name and date of birth. You may voluntarily provide additional identifying information, including physical description information in order to speed up your criminal history records check and avoid a false match of criminal records.

The comprehensive background check includes, without limitation, searches of Federal and State criminal history repositories, public registries and databases relevant to health or child care services, and state-maintained databases for abuse and neglect substantiated findings. Your name will also be checked for a match on the National and Maine sex offender registries. If you have a professional or occupational license, the licensing authority will be contacted to validate your licensing status. Searches may not be limited to the State of Maine, and may include every jurisdiction where you have lived.

If you have a disqualifying offense as defined in 22 M.R.S. Ch. 1691 in your background, you will not be eligible to work in this position, or for this or any organization subject to 22 M.R.S. Ch. 1691 unless the disqualifying offense meets the criteria for a waiver pursuant to 22 M.R.S. Ch. 1691, the Maine Background Check Center act.

Authorization and Release by the Applicant / Employee**Please Initial Each Line**

	I authorize the employer named herein to request the Maine Background Check Center to conduct the comprehensive background check described above.
	I authorize any duly assigned representative of the Maine Background Check Center to conduct a background investigation and receive any criminal history record information pertaining to me, which may be in the files of any Federal, State or local criminal justice agency.
	I authorize the U.S. Department of Justice to release my criminal history records to the Maine State Bureau of Identification, and the Maine Department of Health and Human Services pursuant to 5 U.S.C. Section 552a.
	I release the Maine Background Check Center from any liability for the release of information concerning my background to employers.

Acknowledgements of the Applicant / Employee**Please Initial Each Line**

	I understand my personal identification information will be disclosed to Federal, State or local agencies in conjunction with the application process, and I consent to such disclosure.
	I understand that the Maine Background Check Center may use the criminal justice information systems to obtain current criminal history records, and that my criminal records will be monitored for new events.
	I understand that records of civil and criminal disqualifying offenses as defined in 22 M.R.S. Ch. 1691 may result in a permanent or temporary employment ban for this position.
	I further understand that, prior to the receipt of a finalized non-disqualifying background check report; this employer can only employ me conditionally for up to sixty (60) days.
	I acknowledge that I have been provided with the notices and appeal information described in 22 M.R.S. Ch. 1691, as well as the notice of an opportunity to correct inaccuracies in my record information.
	I agree to defend, indemnify and hold harmless the Federal and State agencies and agency employees to whom this background check request is presented from and against all claims, damages, lawsuits, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

****Any individual who fails to make a full and complete disclosure on an application or a full and complete disclosure of any information required to obtain a criminal history record, is subject to civil and criminal penalties.**

Signature of Applicant or Employee

Date

Signature of Legal Guardian*

Date

*A legal guardian must sign this form if the applicant or employee is a minor.

****WARNING:** Title 18, Section 1001 of the U.S. Code, states whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully — (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both.



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Maine Background Check Center
Voluntary Consent for Disclosure of Personal Description

Attention Applicants / Employees

This organization is required to conduct a comprehensive background check, including a name-based criminal history records check, as a condition for engaging you in this position. Your organization must enter your name and date of birth to conduct a name-based criminal record check. It is common for more than one person to have the same or similar names and dates of birth or similar personal descriptions. Helping your organization enter accurate and detailed information about you and your physical description helps decrease the chance that a false criminal record match occurs. You may voluntarily allow this employer to enter other personal descriptors such as height, weight, eye color, hair color, gender, race, and place of birth. Your organization will enter this information into the Maine Background Check Center (MBCC) for comparison to State Bureau of Identification (SBI) criminal records.

If the SBI system does not find a matching record for the name and date of birth submitted a "NO OFFENSE FOUND" report will be sent to the MBCC. The MBCC will inform your organization that you do not have a criminal record.

If the SBI system finds a matching record for your name and date of birth, the MBCC will receive criminal history record information from SBI that includes personal descriptors to help make a positive identification. Without your personal descriptors, a name and date of birth check could result in a **"false positive,"** meaning that your name matches one or more possible criminal records, but the record is not yours. Therefore, the MBCC cannot eliminate you as the person listed in the name-matched records. Your organization, the MBCC, and the SBI would require more time and further information in order to determine whether you have or do not have a criminal record that will disqualify you from working in this position.

Mandatory Information		
First Name:	Middle Name:	Last Name:
Address:		
City, State, Zip:		
Maiden or Previous Married Name(s):		
Previous Name(s) / Aliases / Other:		
Date of Birth:		
Other states of residence for past 10 years:		

Voluntary Information						
Eye Color:	<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Multi-colored <input type="checkbox"/> Pink <input type="checkbox"/> Unknown					
Hair Color:	<input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blonde or Strawberry <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Gray or Partially Gray <input type="checkbox"/> Orange <input type="checkbox"/> Purple <input type="checkbox"/> Pink <input type="checkbox"/> Red or Auburn <input type="checkbox"/> Sandy <input type="checkbox"/> White <input type="checkbox"/> Unknown					
Race:	<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> White					
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other					
Height:	Feet	Inches	Weight:	Pounds		
Place of Birth (Country):						

Signature of Applicant

Date



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

USCIS
Form I-9

OMB No. 1615-0047
Expires 10/31/2022

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

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

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

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

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

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

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

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

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

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

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



Employer Completes Next Page





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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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.")

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

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

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

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

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

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

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

OMB No. 1545-0074

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.****2023****Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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, other details, 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) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

TIP: If you have self-employment income, see page 2.

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 Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. 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)
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MAINE

Employee's Withholding Allowance Certificate

1. Type or print your first name _____ M.I. _____ Last name _____ <hr/> Home address (number and street or rural route) _____ <hr/> <div style="display: flex; justify-content: space-between;"> City or town _____ State _____ ZIP code _____ </div>	2. Your social security number <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div>
	3. <input type="checkbox"/> Single or Head of Household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withholding at higher single rate Note: If married but legally separated, or spouse is a nonresident alien, check the single box.
4. Total number of allowances you are claiming from line E of the personal allowances worksheet below..... 4.	
5. Additional amount, if any, you want withheld from your paycheck..... 5. \$	
6. If you do not want any state income tax withheld, check the appropriate box that applies to you (you must qualify - see instructions below). By signing below, you certify that you qualify for the exemption that you select:	
<div style="display: flex; justify-content: space-between;"> <div style="width: 90%;"> a. You claimed "Exempt" on your federal Form W-4 b. You completed federal Form W-4P and checked the box on line 1 c. You are a resident employee with no Maine tax liability in prior and current years d. You are a recipient of periodic retirement payments with no tax liability in prior and current years..... e. Your spouse is a member of the military assigned to a location in Maine and you qualify for exemption under the Military Spouse's Residency Relief Act. You must attach supporting documents. See instructions..... </div> <div style="width: 10%; text-align: right;"> 6a. <input type="checkbox"/> 6b. <input type="checkbox"/> 6c. <input type="checkbox"/> 6d. <input type="checkbox"/> 6e. <input type="checkbox"/> </div> </div>	

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances or the exemption claimed on this certificate.

EMPLOYEE'S/PAYEE'S SIGNATURE

(Form is not valid
unless you sign it.) ►

Date ►

TO BE COMPLETED BY EMPLOYER/PAYER (see Instructions)	
7. Employer/Payer Name and Address (<u>Employer/Payer</u> : Complete lines 7, 8, 9, and 10 only if sending to Maine Revenue Services)	8. Identification Number : : :
9. Employer/Payer Contact Person:	10. Contact Person's Phone Number: (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Cut here and give the certificate above to your employer. Keep the part below for your records.

Personal Allowances Worksheet - for line 4 above

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

B. Enter "1" for your spouse if you will file as married filing jointly. You may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help avoid having too little tax withheld). B. _____

C. Enter "1" if you will be filing as Head of Household. C. _____

D. Enter the number of children and dependents eligible for the federal child tax credit or the federal credit for other dependents... D. _____

E. Add lines A through D. (Maximum number of allowances you may claim)..... E. _____

Employee/Payee Instructions

Purpose: Complete Form W-4ME so your employer/payer can withhold the correct Maine income tax from your pay. Because your tax situation may change, you may want to recalculate your withholding each year.

Line 4. If you qualify for one of the Maine exemptions from withholding, complete lines 1, 2, 3 and 6, and sign the form. Otherwise, complete the Personal Allowances worksheet above. You may claim fewer allowances than you are entitled to, but you must file a Personal Withholding Allowance Variance Certificate to obtain permission from the State Tax Assessor if you want to claim more allowances than allowed on line E above.

Box 3. Select the marital status that applies to you. You must select the same marital status you selected on your federal Form W-4, except that married individuals have the option of withholding at the higher single rate and if you selected married filing separately on your federal Form W-4, you should select single. Nonresident aliens are required to check the single box regardless of actual marital status.

Line 6. Exemptions from withholding:

Line 6a. You may check this box if you claimed "Exempt" on your federal Form W-4. Do not check this box if you want Maine income taxes withheld even though you are exempt from federal withholding.

Line 6b. You may check this box if you completed federal Form W-4P and put a check in the box on line 1. Do not check this box if you want Maine income taxes withheld even though you are exempt from federal withholding.

Line 6c. You may elect this exemption if you are a resident employee receiving wages and you meet both of the following conditions:

1. You had **no** Maine income tax liability last year, **and**
2. You reasonably expect to have **no** Maine income tax liability this year.

This exemption will expire at the end of the year and you must complete a new Form W-4ME for next year or you will be subject to Maine withholding at the maximum rate.

Line 6d. You may elect this exemption if you receive periodic retirement payments pursuant to IRC § 3405, you had no Maine income tax liability in the prior year and you reasonably expect you will have no Maine income tax liability this year. This election will remain in effect until you complete a new Form W-4ME.

Instructions continued on next page

SPLLC Direct Deposit Form

Voided Check or Bank Letter is required as supporting documentation.

Direct Deposits will not be setup without supporting documents.

Employee Name: _____

Employer Name: _____

Type of Account:

☐ Checking

☐ Saving

☐ Preloaded card

Amount to be deposited:

☐ 100% of net pay

☐ Specific dollar amount \$ _____

☐ Remainder of net pay

Name of Bank: _____

Bank Routing Number (9 digits): _____

Account Number: _____

Employee Signature

Date

Safety Manual Acknowledgement

By signing this document, I acknowledge that I have read and understand the SPLLC Safety Manual and agree to comply with these set policies.

I understand that I must always conduct myself in a safe manner at work and that it is my responsibility to report all unsafe conditions to minimize potential injuries.

Employee's Full Name: _____

Employee's Signature: _____ Date: ____/____/____

Employer's Full Name: _____

Employer's Signature: _____ Date: ____/____/____

Employee Registry Application

If you are an individual that is interested in providing personal care services for other clients please include your information below. SPLLC maintains an employee registry that is available to employers who are looking to hire new employees. If you have additional questions regarding the registry please visit the website here <https://www.seniorsplus.org/self-direct-option-caregivers> or call us at 1-800-427-1241 and ask for SPLLC.

FIRST NAME: _____ LAST NAME: _____

CITY: _____ COUNTY: _____

PHONE: _____ ALT PHONE: _____

EMAIL ADDRESS: _____

DAYS OF AVAILABILITY: Sun___ Mon___ Tue___ Wed___ Thu___ Fri___ Sat___

DESIRED # OF HOURS PER WEEK: _____ DESIRED WAGE: _____

DISTANCE YOU ARE WILLING TO TRAVEL: _____ MILES

SPECIALIZED SKILLS AND EXPERIENCE:

By completing and signing this application you authorize SeniorsPlus/SPLLC to list your information on the registry and to provide your information to clients, their families, and/or their representatives for the purposes of locating an in-home caregiver. This is not a guarantee of employment. You will be subject to a criminal background check and registry checks prior to employment. You are responsible for notifying SeniorsPlus/SPLLC if you no longer wish to be listed on the employee registry.

Applicant Signature _____ Date _____