



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 via fax (207) 513-3747 or via secure email fi@seniorsplus.org.

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 judgements 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.



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/Former 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. 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 State criminal history repositories, public registries and databases relevant to health or childcare 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 investigate 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.A. Ch. 1691 in your background, you will not be eligible to work in this position, or for any organization subject to Ch. 1691 unless the disqualifying offense meets the criteria for a waiver pursuant to 22 M.R.S.A. Ch. 1691.

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 State or local criminal justice agency. |
| | 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.A. 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.A. 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 employing 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 information 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 in the State of Maine.

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: | | |

| 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"/> Pink | <input type="checkbox"/> Unknown | <input type="checkbox"/> Multi-colored | | |
| 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 (State and 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 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any) | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number (if any) | City or Town | | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | | Employee's Email Address | | Employee's Telephone Number | |
| <p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p> | | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): | | | | |
| | | <input type="checkbox"/> 1. A citizen of the United States | | | | |
| | | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) | | | | |
| | | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) | | | | |
| <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) | | | | | | |
| If you check Item Number 4. , enter one of these: | | | | | | |
| USCIS A-Number | | OR | Form I-94 Admission Number | | OR | Foreign Passport Number and Country of Issuance |
| Signature of Employee | | | | Today's Date (mm/dd/yyyy) | | |

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| | List A | OR | List B | AND | List C |
|--|---|----|--|-----|---------------------------------------|
| Document Title 1 | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 2 (if any) | <p>Additional Information</p> | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 3 (if any) | <p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p> | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| <p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p> | | | | | First Day of Employment (mm/dd/yyyy): |
| Last Name, First Name and Title of Employer or Authorized Representative | | | Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) |
| Employer's Business or Organization Name | | | Employer's Business or Organization Address, City or Town, State, ZIP Code | | |

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND | LIST C Documents that Establish Employment Authorization |
|---|----|---|-----|--|
| <ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | OR | <ol style="list-style-type: none"> 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 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record | AND | <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p> |
| <p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p> | | | | |
| <ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. | OR | <p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p> | AND | <p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p> |

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027

| | | |
|--|--|---|
| Last Name (<i>Family Name</i>) from Section 1 . | First Name (<i>Given Name</i>) from Section 1 . | Middle initial (if any) from Section 1 . |
|--|--|---|

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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 | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |

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 | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |

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 | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |

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 | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |



Supplement B, Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

| | | |
|--|--|---|
| Last Name (<i>Family Name</i>) from Section 1 . | First Name (<i>Given Name</i>) from Section 1 . | Middle initial (if any) from Section 1 . |
|--|--|---|

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

| Date of Rehire (<i>if applicable</i>) | New Name (<i>if applicable</i>) | | |
|---|-----------------------------------|-------------------------|----------------|
| Date (<i>mm/dd/yyyy</i>) | Last Name (Family Name) | First Name (Given Name) | Middle Initial |

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

| | | |
|----------------|--------------------------|--|
| Document Title | Document Number (if any) | Expiration Date (if any) (<i>mm/dd/yyyy</i>) |
|----------------|--------------------------|--|

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

| Date of Rehire (<i>if applicable</i>) | New Name (<i>if applicable</i>) | | |
|---|-----------------------------------|-------------------------|----------------|
| Date (<i>mm/dd/yyyy</i>) | Last Name (Family Name) | First Name (Given Name) | Middle Initial |

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

| | | |
|----------------|--------------------------|--|
| Document Title | Document Number (if any) | Expiration Date (if any) (<i>mm/dd/yyyy</i>) |
|----------------|--------------------------|--|

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

| Date of Rehire (<i>if applicable</i>) | New Name (<i>if applicable</i>) | | |
|---|-----------------------------------|-------------------------|----------------|
| Date (<i>mm/dd/yyyy</i>) | Last Name (Family Name) | First Name (Given Name) | Middle Initial |

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

| | | |
|----------------|--------------------------|--|
| Document Title | Document Number (if any) | Expiration Date (if any) (<i>mm/dd/yyyy</i>) |
|----------------|--------------------------|--|

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Employee's Withholding Certificate

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2025

| | | | |
|---|--|-----------------|---|
| 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.) | | |

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(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

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) _____ |
|-----------------------|-----------------------------------|--------------------------------|--|

**Form
W-4ME**

**MAINE
Employee's Withholding Allowance Certificate**

| | |
|--|---|
| 1. Type or print your first name _____ M.I. _____ Last name _____ _____ Home address (number and street) _____ City or town _____ State _____ ZIP code _____ | 2. Your social security number _____ 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 on the Personal Allowances Worksheet, line E below4. _____ | |
| 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: | |
| a. You wrote "Exempt" on your federal Form W-4.....6a. <input type="checkbox"/> | |
| b. You wrote "No Withholding" on your federal Form W-4P.....6b. <input type="checkbox"/> | |
| c. You are a resident employee with no Maine tax liability in prior and current years6c. <input type="checkbox"/> | |
| d. You are a recipient of periodic retirement payments with no tax liability in prior and current years6d. <input type="checkbox"/> | |
| 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.....6e. <input type="checkbox"/> | |
| 7. Check this box if you are an enrolled tribal member residing on tribal land in Maine and you are claiming an exemption from Maine withholding on the wages, salaries, or other compensation derived from or connected with sources on tribal land in Maine (that is, wages, salaries, or other compensation for work performed in Maine on tribal land). See instructions for additional information.7. <input type="checkbox"/> | |

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). **Complete lines 8 through 11 only if sending to Maine Revenue Services.**

| | |
|---|--|
| 8. Employer/Payer Name and Address _____ _____ _____ | 9. Identification Number _____ _____ |
| 10. Employer/Payer Contact Person _____ _____ | 11. Contact Person's Phone Number (_____) _____ - _____ |

----- 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. _____ |

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: ___/___/___