

Attendant Information					
Name: _____					
First	Middle	Last			
Physical Address: _____					
Street	Apt/Unit #	City	State	Zip Code	
Mailing Address: _____					
<i>(if different than physical address)</i> Street/PO Box					
Apt/Unit #		City	State	Zip Code	
Phone #: Home _____ Cell _____					
Email: _____					
Date of Birth: _____ Social Security Number: _____ - _____ - _____					
Employment Relationships (<i>EOR must fill</i>)					
Name of Employer of Record (EOR): _____					
EOR Phone #: Home _____ Cell _____					
EOR Email: _____					
Consumer Name: _____					
Consumer Medicaid ID #: _____ Consumer Date of Birth: _____					
Attendant's Relationship to Consumer: _____					
County of Residence of Consumer: _____					

Please fill out the attached employee transition paperwork. These forms will help ensure that CDCN has accurate information on file. **The EOR listed above is the employer. CDCN is not the employer.**

Signature of Attendant: _____ Date: _____

The Consumer-Directed Services Program does not discriminate against any person on the basis of race, religion, color, gender, sexual orientation, age, national origin, disability, veteran status or any other status or condition protected by law.





Your Employer or Record (EOR) has switched their Fiscal/Employer Agent to Consumer Direct Care Network (CDCN). With this change, you will now submit time worked to CDCN. CDCN will pay you on behalf of your EOR. To limit disruptions in your pay during this transition, please fill out the following forms. These forms will ensure that we have your up-to-date information for payroll purposes.

Below is a list of additional forms that may apply to you:

- **Difficulty of Care Exemption Form (2014-7)** – You reside with the Consumer. You are exempt from federal and state income taxes. If you do not live with the Consumer, please **do not** fill out this form.
https://www.consumerdirectva.com/wp-content/uploads/2019/03/CDVA_IRS-Notice-2014-7-Statement-of-Compliance_20190305.pdf
- **Live-In Exemption Form** – You reside with the Consumer. You are not subject to the overtime requirements of the Fair Labor Standards Act for Live-In Domestic Care Workers. If you do not live with the Consumer, please **do not** fill out this form.
https://www.consumerdirectva.com/wp-content/uploads/2019/03/CDVA_Live-In-Exemption_20190305.pdf
- **Companionship Services Exemption Form** – Eighty percent or more of your paid time is solely dedicated to providing fellowship and protection for the Consumer. You are not subject to the minimum wage and overtime requirements of the Fair Labor Standards Act.
https://www.consumerdirectva.com/wp-content/uploads/2019/03/CDVA_Companionship-Services-Exemption_20190305.pdf

Please refer to the payroll calendar at the end of this packet for information on pay dates. **These pay dates may differ from your previous pay schedule.**

Once you have completed the transition paperwork, please send the forms to us by one of the following methods:

Email: InfoCDVA@ConsumerDirectCare.com
Fax: 1-877-747-7764

Mail: Consumer Direct Care Network Virginia
Virginia Consumer-Directed Services Program
2112 W. Laburnum Ave #112
Richmond, VA 23227

Welcome to CDCN! We look forward to working with you.

Sincerely,
The Consumer Direct Care Network Team





EMPLOYEE-EMPLOYER RELATIONSHIP DISCLOSURE TRANSITIONING ATTENDANT

Attendant Name	Employer of Record (EOR) Name	Consumer Name

Background. Employees providing domestic services such as personal care may be exempt from some payroll taxes. This is based on the Attendant's age and relationship to the Employer of Record (EOR). Consumer Direct Care Network (CDCN) will apply any exemptions based on the relationships identified below.

Attendants that live under the same roof as the Medicaid Consumer they provide service to may be exempt from federal minimum wage and overtime regulations.

Relationship Determination

Instructions to Attendant. CHOOSE ONE DESCRIPTION BELOW. Check the box that best describes your relationship to the EOR. If you are the EOR's parent, answer the additional questions.

☐ **Child of EOR. I am less than 21 years old.** The EOR is my parent. I am the child (including adoptive child) of the EOR. I am also less than 21 years old.

☐ **Child of EOR. I am 21 years old or older.** The EOR is my parent. I am the child (including adoptive child) of the EOR. I am also 21 years old or older.

☐ **Spouse of EOR.** The EOR is my husband or wife.

☐ **Parent of EOR.** The EOR is my son or daughter (including adoptive child). Please answer additional questions below.

☐ Yes ☐ No The EOR (my son or daughter) has a child or step child that lives in the home.

☐ Yes ☐ No The EOR is (1) a widow or widower; (2) divorced; or (3) married and lives with a spouse but the spouse can't care for their child or step child due to a mental or physical condition. The spouse is unable to provide care for at least 4 straight weeks in 3 months.

☐ Yes ☐ No The EOR's child or stepchild is less than 18 years old or needs personal care from an adult. Care is needed for at least 4 straight weeks in 3 months due to a mental or physical condition.

☐ **Relative not described above.** The EOR is my aunt, uncle, sibling, grandparent, grandchild or other relative not specifically listed above.

Please describe the relationship: _____.

☐ **Not related to the EOR.** I am not related by blood, marriage or adoption to the EOR.





EMPLOYEE-EMPLOYER RELATIONSHIP DISCLOSURE TRANSITIONING ATTENDANT

Important Notes:

- If the Attendant and EOR qualify for tax exemptions, they must be taken. Exemptions cannot be waived.
- If the Attendant's earnings are exempt from these taxes, they may not qualify for related benefits. An example is unemployment insurance.
- Exemptions are based on the relationship between the attendant and EOR. The Consumer may or may not be the EOR.

Attendant-Consumer Live-in Determination

Instructions to the Attendant. Do you live under the same roof as the Consumer? Check Yes or No below.

☐ Yes ☐ No The Attendant resides at the same residence as the Consumer.

Relationship Acknowledgment. The Attendant and EOR attest the relationships defined above are accurate. This may show that the Attendant and EOR are exempt from some taxes. Explanations of exemptions are provided below.

If these relationship change, the Attendant must notify CDCN within 5 days. If CDCN is not notified of changes, the Attendant may have to pay back money that should have been withheld from pay.

Attendant Signature

Date

Employer of Record Signature

Date

Explanation of Attendant Exemptions

Relationship to EIN Holder (Employer)	FICA	FUTA	SUTA
*Spouse	Exempt	Exempt	Exempt
Parent	**Exempt ***Subject to Tax	Exempt	Exempt
Adoptive or Step Parent	**Exempt ***Subject to Tax	Exempt	Exempt
Child age 18-21	Exempt	Exempt	Exempt
Sibling, Grandparent, Grandchild, Child over age 21	Subject to Tax	Subject to Tax	Subject to Tax
No Relationship	Subject to Tax	Subject to Tax	Subject to Tax

*If the EOR is also the Medicaid Consumer, their spouse is not permitted to be their attendant by program rule. Otherwise exempt.

**Exempt if answered "No" to any of the 3 questions on page 1 regarding care for the EOR's child.

***Subject to Tax if answered "Yes" to all 3 questions on page 1 regarding care for the EOR's child.



Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents.

When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
		▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2019	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).



Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	D	_____
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 		
F	Credit for other dependents. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 		
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F		
H	Add lines A through G and enter the total here	H	_____

For accuracy,
complete all
worksheets
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	\$ _____
2	Enter: { <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately }	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet **4** _____
 - 5** Enter the number from line 1 of this worksheet **5** _____
 - 6** **Subtract** line 5 from line 4 **6** _____
 - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9** **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

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 aren't required to provide the information requested on a form that's 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.

FORM VA-4

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TAXATION
PERSONAL EXEMPTION WORKSHEET
(See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed
on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim
on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse
will be 65 or older on January 1, write "1"
6. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your
spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6)
8. Total of Exemptions - add line 4 and line 7

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name		
Street Address			
City	State	Zip Code	

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the
Personal Exemption Worksheet.....
 - (b) Subtotal of Exemptions for Age and Blindness
line 7 of the Personal Exemption Worksheet
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions
set forth in the instructions (check here) ☐
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth
Under the Service member Civil Relief Act, as amended by the Military Spouses
Residency Relief Act (check here) ☐

Signature

Date

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).



09935



FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

- (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
- (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	\$7,000	\$11,250	\$11,650	\$11,950
Married	\$14,000	\$22,500	\$23,300	\$23,900
Married, filing a separate return	\$7,000	\$11,250	\$11,650	\$11,950

- (c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
- (d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

Line 4. Under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Virginia income tax on your wages if (i) your spouse is a member of the armed forces present in Virginia in compliance with military orders; (ii) you are present in Virginia solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA check the box on Line 4 and attach a copy of your spousal military identification card to Form VA-4.



00540 - Delete





PAY SELECTION FORM

Attendant Name: _____

(please print)

Consumer Direct Care Network (CDCN) issues pay via direct deposit to the Attendant's bank account or a pay card. Direct deposits avoid all possible delays associated with delivery of mail - and that helps you access your pay on pay day. **If you do not select an option below, you will be automatically enrolled in the US Bank option.** Pay stubs (a summary of your pay) are available online through our secure web portal, DirectMyCare.com.

CDCN offers the following pay options. Please select one option below.

- ☐ **Direct Deposit to a US Bank Focus Card** – I authorize CDCN to issue me a US Bank Focus Card using my Social Security Number and other identification on file and to initiate payroll deposits to my card account. You should receive your debit card in approximately two weeks.
- ☐ **Direct Deposit to Existing Checking, Savings or Pay Card Account** – I authorize CDCN to initiate payroll deposits to (name of bank or financial institution): _____

Account Type (check one): ☐ Checking ☐ Savings ☐ Pay Card

****ATTACHMENT REQUIRED****

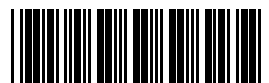
For Checking Accounts: It is necessary to provide a voided check. In lieu of a voided check you may offer a bank-issued direct deposit form or bank letter. Do not submit a deposit slip as the routing numbers differ from the direct deposit routing numbers.

For Savings Accounts/Pay Cards: Provide a bank-issued direct deposit form or bank letter. Do not submit a deposit slip as the routing numbers differ from the direct deposit routing numbers.

I authorize CDCN to process my selected method of pay as indicated above. In the event that funds are deposited mistakenly to my account, I authorize CDCN to debit my account to correct the error. It is my responsibility to confirm that each deposit has occurred and to pay any fees caused by overdrafts on my account. Deposits will be made on each payday unless I notify my employer, in writing, of my request to stop direct deposits. I understand that CDCN reserves the right to refuse any direct deposit request, that all direct deposits are made through an Automated Clearing House (ACH), and that the processing is subject to ACH terms and limitations, as well as those of my financial institution. If the designated account is closed or has insufficient balance to allow withdrawal, then I authorize CDCN to withhold any payment owed to me by CDCN until the erroneous deposited amounts are repaid. **I understand that I may still receive a paper check while my selected method of pay is being set up.**

Signature

Date



With the
U.S. Bank Focus Card™ ...

life just got easy.



The U.S. Bank Focus Card

is a Visa® or Mastercard® prepaid debit card and a convenient alternative to receiving paper checks.



SAFE

- Your pay will be **deposited onto a prepaid Visa or Mastercard** each payday.
- **Funds are protected¹** if lost or stolen.
- Keep track of purchases and loads with **text² and email alerts.**



CONVENIENT

- Your card can be **used anywhere Visa and Mastercard debit cards are accepted worldwide.**
- **Access to cash when you need it most** with over thousands of in-network ATMs nationwide.



PORTABLE

- Your card can stay with you **for life.**
- Add tax refunds, pay from a second employer, and even cash deposits!

Visit prepaidmaterials.com/usbankfocus

to learn more about the features and benefits of the U.S. Bank Focus Card.

¹ You are generally protected from all liability for unauthorized transactions with Zero Liability. You must call the number on the back of your Card immediately to report any unauthorized use. Certain conditions and limitations may apply. See your Cardholder Agreement for details.

² For text messages, standard messaging charges apply through your mobile carrier and message frequency depends on account settings.

The Focus Card is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. or Mastercard International. Mastercard is a registered trademark and the circles design is a trademark of Mastercard International Incorporated. ©2019 U.S. Bank. Member FDIC.



Getting Started



For security, your card comes in a plain white windowed envelope.



Follow the activation instructions that accompany your card.



Features



Cash Back Rewards

For purchases at certain retail and restaurant locations.



Savings Account

Create an interest-bearing savings account without ever going to a bank.



Cash Reload Networks⁵

In addition to payroll deposits, there are a variety of ways to add cash to your Focus Card account.



Text and Email Alerts⁴

Instant notification when money is added or your card balance gets low.



Mobile Banking App⁴

Quickly see your account balance and transaction history.



Track Spending

Online | Phone | Email | Text⁴ | Mobile App

Fee Schedule

Activity		Cost		
Monthly Account Maintenance		Free		
Purchases at Point-of-Sale (Domestic)		Free		
Cash Back with Purchases (Domestic)		Free		
ATM Transactions		Cash Withdrawal	Declined Withdrawal	Balance Inquiry
The owner of any Non-U.S. Bank or Non-MoneyPass ATM may assess an additional surcharge fee for any ATM transaction that you complete.	U.S. Bank ATM	Free	Free	Free
	MoneyPass® ATM	Free	Free	Free
	Allpoint® ATM	Free	Free	Free
	Other ATM	\$2.00	\$0.50	\$1.00
	International ATM	\$3.00	\$0.50	\$1.00
Teller Cash Withdrawal		Free		
Teller Cash Withdrawal Decline		\$0.00		
Customer Service Automated Phone Service, Online, Live Phone Representative		Free		
Text or Email Alerts ⁴		Free		
Inactivity After 90 consecutive days. Not assessed if balance is \$0.00.		\$2.00 Per Month		
Monthly Paper Statement		If requested – \$2.00		
Card Replacement Non-Personalized Issued by employer (If applicable to your program) Personalized		\$5.00 Standard \$5.00; Expedited \$15.00; Overnight \$25.00		
ChekToday Convenience Checks (If applicable to your program)	Check Authorization	Free		
	Check Order	Free; Expedited \$35.00		
	Check Return	\$25.00		
	Stop Payment	\$25.00		
	Lost/Stolen Check	\$25.00		
	Void Check	Free		
	Check Reversal	\$25.00		
	Check Copy	\$10.00		
Foreign Transaction		Up to 3% of transaction amount		
Transaction Limits		Count	Amount	
Maximum Card Balance		N/A	\$40,000	
Purchases (includes cash back)		20 per day	\$4,000 per day	
Cash Loads (If applicable to your program)		3 per day	\$950 per day	
Teller Cash Withdrawal		5 per day	\$2,525 per day	
ATM Withdrawal		5 per day	\$1,525 per day; \$1,025 max transaction	
Loads or Deposits		10 per day	\$20,000 per day	
Signature-based POS returns		4 per day	N/A	
Pending ACH Credits		5 per day	\$5,000 per day	
ACH Loads		5 per day	\$20,000 per day	


We reserve the right to change the above fee schedule upon written notification to you as required by applicable law.


⁴US Bank does not charge a fee for mobile banking. Standard messaging and data rates may apply through your mobile carrier.































































⁵Businesses performing your reload may charge a fee. Cash reload services are provided by unaffiliated third parties.

2019 Payroll Calendar

Symbol Key:  Time Due

 Pay Day

 Postal & Bank Holiday

JANUARY							FEBRUARY							MARCH						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
		 1	2	3	 4	5						 1	2						 1	2
6	7	8	9	10	 11	12	3	4	5	6	7	 8	9	3	4	5	6	7	 8	9
13	14	15	16	17	 18	19	10	11	12	13	14	 15	16	10	11	12	13	14	 15	16
20	 21	22	23	24	 25	26	17	 18	19	20	21	 22	23	17	18	19	20	21	 22	23
27	28	29	30	31			24	25	26	27	28			24	25	26	27	28	 29	30
														31						
APRIL							MAY							JUNE						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	 5	6				1	2	 3	4							1
7	8	9	10	11	 12	13	5	6	7	8	9	 10	11	2	3	4	5	6	 7	8
14	15	16	17	18	 19	20	12	13	14	15	16	 17	18	9	10	11	12	13	 14	15
21	22	23	24	25	 26	27	19	20	21	22	23	 24	25	16	17	18	19	20	 21	22
28	29	30					26	 27	28	29	30	 31		23	24	25	26	27	 28	29
														30						
JULY							AUGUST							SEPTEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	 4	 5	6					1	 2	3	1	 2	3	4	5	 6	7
7	8	9	10	11	 12	13	4	5	6	7	8	 9	10	8	9	10	11	12	 13	14
14	15	16	17	18	 19	20	11	12	13	14	15	 16	17	15	16	17	18	19	 20	21
21	22	23	24	25	 26	27	18	19	20	21	22	 23	24	22	23	24	25	26	 27	28
28	29	30	31				25	26	27	28	29	 30	31	29	30					
OCTOBER							NOVEMBER							DECEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	 4	5						 1	2	1	2	3	4	5	 6	7
6	7	8	9	10	 11	12	3	4	5	6	7	 8	9	8	9	10	11	12	 13	14
13	 14	15	16	17	 18	19	10	 11	12	13	14	 15	16	15	16	17	18	19	 20	21
20	21	22	23	24	 25	26	17	18	19	20	21	 22	23	22	23	24	 25	26	 27	28
27	28	29	30	31			24	25	26	27	 28	 29	30	29	30	31				

2019 Bank & Post Office Holidays

*New Year's Day - Tuesday, January 1

*Martin Luther King, Jr. Day - Monday, January 21

President's Day - Monday, February 18

*Memorial Day - Monday, May 27

*Independence Day - Thursday, July 4

*Labor Day - Monday, September 2

Columbus Day - Monday, October 14

Veterans Day - Monday, November 11

*Thanksgiving Day - Thursday, November 28

*Christmas Day - Wednesday, December 25

*Consumer Direct Care Network holidays and office closures



Two-week long pay periods are Thursday through Wednesday. Time must be submitted within 2 days of the pay period end date, by FRIDAY at MIDNIGHT. Late time or time with mistakes may result in late pay.

Two Week Pay Period		Time Sheet Due Date	Pay Date
Start Date	End Date		
Thursday	Wednesday	Friday	Friday
12/20/2018	1/2/2019	1/4/2019	1/11/2019
1/3/2019	1/16/2019	1/18/2019	1/25/2019
1/17/2019	1/30/2019	2/1/2019	2/8/2019
1/31/2019	2/13/2019	2/15/2019	2/22/2019
2/14/2019	2/27/2019	3/1/2019	3/8/2019
2/28/2019	3/13/2019	3/15/2019	3/22/2019
3/14/2019	3/27/2019	3/29/2019	4/5/2019
3/28/2019	4/10/2019	4/12/2019	4/19/2019
4/11/2019	4/24/2019	4/26/2019	5/3/2019
4/25/2019	5/8/2019	5/10/2019	5/17/2019
5/9/2019	5/22/2019	5/24/2019	5/31/2019
5/23/2019	6/5/2019	6/7/2019	6/14/2019
6/6/2019	6/19/2019	6/21/2019	6/28/2019
6/20/2019	7/3/2019	7/5/2019	7/12/2019
7/4/2019	7/17/2019	7/19/2019	7/26/2019
7/18/2019	7/31/2019	8/2/2019	8/9/2019
8/1/2019	8/14/2019	8/16/2019	8/23/2019
8/15/2019	8/28/2019	8/30/2019	9/6/2019
8/29/2019	9/11/2019	9/13/2019	9/20/2019
9/12/2019	9/25/2019	9/27/2019	10/4/2019
9/26/2019	10/9/2019	10/11/2019	10/18/2019
10/10/2019	10/23/2019	10/25/2019	11/1/2019
10/24/2019	11/6/2019	11/8/2019	11/15/2019
11/7/2019	11/20/2019	11/22/2019	11/29/2019
11/21/2019	12/4/2019	12/6/2019	12/13/2019
12/5/2019	12/18/2019	12/20/2019	12/27/2019
12/19/2019	1/1/2020	1/3/2020	1/10/2020

Circled Paydays - payment for pay period that includes the first day of the month. If employer is responsible for Patient Pay reimbursement to employee, it is due on this date.

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