HEAVEN SENT HELPERS, LLC
Personal Care II/ Certified Nurse Aide Job Description

POSITION SUMMARY

The PCII/ CNA will provide personal care and support for assistance with activities of daily living in the home in a manner that meets or exceeds state, federal and agency expectations under the guidance and supervision of the registered nurse to ensure quality and safe delivery of services. All services will be done in accordance with the client plan of care orders.

POSITION QUALIFICATIONS:

- Maintain current listing with the CNA registry and OIG Exclusions
- Be able to read, write, and follow instructions
- Must have completed and approved Nurse Aide training program and or approved competency evaluation program
- Have a positive attitude toward the care of the sick and elderly
- Demonstration of maturity and proficiency on performing the necessary job duties
- Must possess a valid drivers license, personal means of transportation, and a safe driving record
- Follow the Plan of Care

PHYSICAL REQUIREMENTS:

- Visual Hearing ability sufficient to comprehend written/ verbal communications
- Ability to perform tasks involving physical activity, which may include heavy lifting and extensive bending and standing
- Ability to deal with stress
- The following are essential job functions that must be safely performed with or without reasonable accommodations without posing a direct threat to other employees client, or self.
- Provides and or assists with activities of daily living such as grooming, oral hygiene, bath, shower, feeding and nourishment, incontinence care, maintaining the personal environment (ie, clothing, linen within the home).
- Perform and or assist clients with passive range of motion exercises and ambulation
- Transfers from bed, floor, wheelchair, and shower chairs as needed
- Position client in bed and or chair and may apply or adjust orthotic bracing appliances when appropriate
- Responds to client's requests and correct environment hazards in an appropriate and state manner
- Documents care reports and provides client observations including unusual or significant changes in physical or behavioral conditions and family situations or needs to appropriate health care professional
- Obtains and performs vital signs, heights and weights, intake and output measurements, etc
- Knows and is able to respond to emergency needs such as Heimlich maneuver, CPR and other disaster procedures by agency policies
- Attends to work assignments and in-service training. The PCA/ nurse aide is responsible for maintaining 10 hour of in-service each year as governed by COBRA and CLTC regulations. The PCA/ nurse aide must renew certifications as the state dictates.

- Observes agency policies and procedures regarding attendance, timelines, house rules, teamwork, customer services and other policies/ procedures that may be introduced from time to time.
- Assist with self-administration of medications which are offered by a physician or other persons authorized by state law to prescribe medicine
- Perform incidental household services that are essential to the clients care at home: dust, mop, sweep, vacuum, make beds, change linen or do laundry.

ACKNOWLEDGMENT

I have read this job description and fully understand the requirements set forth therein. I hereby accept the position of in-home care aide. I agree to abide by the requirements set forth and will perform all duties and responsibilities to the best of my ability.

I further understand that my employment is at will, and thereby understand that my employment may be terminated at will by the Agency and that such termination can be made with or without notice.

Note: Must also complete the Criminal Background check and not be listed on the SC CNA Registry or the OIG Exclusions list with a substantial finding.

Signature: ______________________________ Date: ____________________

Heaven Sent Helpers, LLC
CONTRACTING & EMPLOYMENT APPLICATION

PERSONAL INFORMATION

FULL NAME: ______________________ **DATE:** ____________
First Middle Last

ADDRESS: ______________________________________
Street Address Apt/Suite

____
City State Zip Code

E-MAIL: ______________________ **PHONE:** ____________

SOCIAL SECURITY NUMBER (SSN): _____-_____-_____

DATE AVAILABLE: ____________ **DESIRED PAY:** $________ ☐ HOUR ☐ SALARY

POSITION APPLIED FOR: ______________________________

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

EMERGENCY CONTACT

FULL NAME: ______________________
First Middle Last

ADDRESS: ______________________________________
Street Address Apt/Suite

____
City State Zip Code

PHONE: ______________ **RELATION:** ____________

AVAILABILITY

PLEASE CHECK THE DAYS YOU ARE AVAILABLE TO WORK

☐ MON ☐ TUES ☐ WED ☐ THURS ☐ FRI ☐ SAT ☐ SUN

DATE AVAILABLE FOR WORK: ______________________

SHIFTS AVAILABLE FOR WORK: ☐ MORNINGS ☐ AFTERNOONS ☐ EVENINGS ☐ OVERNIGHT

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ YES ☐ NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES* ☐ NO

***IF YES, WRITE THE START AND END DATES:** ____________________

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES* ☐ NO

***IF YES, PLEASE EXPLAIN:** ____________________

EDUCATION

HIGH SCHOOL: ____________ CITY / STATE: ____________

FROM: ____________ TO: ____________

GRADUATE? ☐ YES ☐ NO DIPLOMA: ____________

COLLEGE: ____________ CITY / STATE: ____________

FROM: ____________ TO: ____________

GRADUATE? ☐ YES ☐ NO DEGREE: ____________

OTHER: ____________ CITY / STATE: ____________

FROM: ____________ TO: ____________

DEGREE/CERTIFICATION: ____________

OTHER: ____________ CITY / STATE: ____________

FROM: ____________ TO: ____________

DEGREE/CERTIFICATION: ____________

APPLICANT SKILLS

LIST ANY SKILLS THAT MAY BE USEFUL THE POSITION YOU ARE SEEKING.

____

____

____

____

____

____

PREVIOUS EMPLOYMENT

EMPLOYER 1: ____________________
Company / Individual

E-MAIL: ____________________ PHONE: ____________________

ADDRESS: ____________________
Street Address Apt/Suite

____
City State Zip Code

STARTING PAY: $________ ☐ HOUR ☐ SALARY ENDING PAY: $________ ☐ HOUR ☐ SALARY

JOB TITLE: ____________ RESPONSIBILITIES: ____________________

FROM: ____________ TO: ____________

REASON FOR LEAVING: ____________________

EMPLOYER 2: ____________________
Company / Individual

E-MAIL: ____________________ PHONE: ____________________

ADDRESS: ____________________
Street Address Apt/Suite

____
City State Zip Code

STARTING PAY: $________ ☐ HOUR ☐ SALARY ENDING PAY: $________ ☐ HOUR ☐ SALARY

JOB TITLE: ____________ RESPONSIBILITIES: ____________________

FROM: ____________ TO: ____________

REASON FOR LEAVING: ____________________

EMPLOYER 3: ____________________
Company / Individual

E-MAIL: ____________________ PHONE: ____________________

ADDRESS: ____________________
Street Address Apt/Suite

____
City State Zip Code

STARTING PAY: $________ ☐ HOUR ☐ SALARY ENDING PAY: $________ ☐ HOUR ☐ SALARY

JOB TITLE: ______________ RESPONSIBILITIES: ______________________________

FROM: ______________________ TO: ______________________

REASON FOR LEAVING: ____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: ________________________________ RELATIONSHIP: ______________
First Last

COMPANY: ________________________________ TITLE: ______________

E-MAIL: ___________________________________ PHONE: ______________________

FULL NAME: ________________________________ RELATIONSHIP: ______________
First Last

COMPANY: ________________________________ TITLE: ______________

E-MAIL: ___________________________________ PHONE: ______________________

FULL NAME: ________________________________ RELATIONSHIP: ______________
First Last

COMPANY: ________________________________ TITLE: ______________

E-MAIL: ___________________________________ PHONE: ______________________

MILITARY SERVICE

ARE YOU A VETERAN? ☐ YES ☐ NO

BRANCH: ______________________ RANK AT DISCHARGE: ______________________

FROM: ______________________ TO: ______________________

TYPE OF DISCHARGE: ______________________

IF NOT HONORABLE, PLEASE EXPLAIN: ____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE ______________________ DATE ______________

PRINT NAME ______________________

Heaven Sent Helpers, LLC

Personal Grooming & Cellular Device Policy

Personal Electronic Devices

Cellular phones and other digital assistants may not be used for personal use in front of clients during work hours. These items must be concealed from view and operated on silent mode if carried.

____

Initial

____

Date

Personal Appearance & Grooming

Heaven Sent Helpers requires all employees/contractors to present themselves in a professional manner with regard to attire, personal hygiene and appearance. At the minimum, we request all caregivers to:

- **Wear Scrubs (clean, in good condition, and fit appropriately)**
- **Maintain personal cleanliness (including clean and trimmed fingernails)**
- **Not use heavily scented perfumes, colognes, and lotions (these can cause allergic reactions, migraines and respiratory difficulty)**

____

Initial

____

Date

Heaven Sent Helpers, LLC

Statement of Confidentiality

I hereby acknowledge that I am employed/contracted to provide services to Heaven Sent Helpers, LLC and that I have been assigned to a patient in need of personal care assistance.

In consideration of providing personal care assistance, you may be given permission to access personal information for the assigned client. I agree to keep all such information strictly confidential. I agree that I will not disclose such information to any third party and agree not to tell any person about what I see or hear on the premises. I also agree not to take photos of what I see during my visits. I understand Heaven Sent Helpers is obligated to take a notion against me in the event I violate the terms of the statement of confidentiality.

This statement of confidentiality also covers visits to any other clients.

____

Signature

____

Date

Heaven Sent Helpers, LLC

Alcohol and Substance Abuse Policy

Heaven Sent Helpers is a drug and alcohol free workplace. The use of or being under the influence of illegal drugs and /or alcohol is inconsistent with the behavior expected of employees and contractors. The use of illegal drugs and alcohol and the misuse of prescription and over the counter drugs subjects employees and visitors to unacceptable safety risks that undermine the companies ability to operate safely, effectively, and efficiently.

The use, possession, distribution or sale of controlled substances such as drugs, alcohol, being under the influence of such controlled substances (drugs and alcohol) or testing positive for alcohol or any drugs including but not limited to, inactive components or metabolites associated with the use of such drugs is strictly prohibited while on duty, while on company premises or work sites or while operating the company equipment or vehicles.

Heaven Sent Helpers, LLC based on a series of events and circumstances has the discretion to randomly or purposely send workers for drug testing for behavior or abnormal activities. In which we also sporadically choose screen workers at will. One staff member will be selected at random monthly until all employees have been selected in turn.

Our company participates in post offer, random and post accident drug and alcohol testing. If injured on the job, you may be expected to participate in a drug and alcohol test immediately following the injury.

____

Signature

____

Date

Heaven Sent Helpers, LLC

Background and Release Authorization

1. In connection with my application for employment, I understand that a consumer report or investigative consumer report may by requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by Heaven Sent Helpers policy and consistent with the job described, you may by requesting information from public, and private sources about my workers compensation injuries, driving record, court record, education, credentials, credit and references. I am also willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
2. Medical and workers compensation information will only be requested in compliance with the federal Americans with disabilities act ADA and/ or any other applicable state laws. According to the fair Credit Reporting, I am entitled to know if employment is denied because of information obtained by my prospective employers from a consumer reporting agency. I so, I will be notified and given the name and address of the agency or the source which provided the information.

3. I acknowledge that a fax or photo copy shall be as valid as the original. The release is valid for most federal, state, and county agencies including the South Carolina department of labor.

4. I hereby authorize, without reservation, any law enforcement agency, institution, information, service bureau, school, employer, reference, or insurance company contacted by Heaven Sent Helpers or its agent, to furnish the information described in section 1.

____

Signature

____

Date

Fee Notice

To remain in compliance, Heaven Sent Helpers requires all employees and contractors to have an initial and annual state background check, drug test, and a PPD test if applicable for certain assignments. Upon acceptance of an assignment with Heaven Sent Helpers, the following costs may be deducted from your upcoming payments:
$25 SLED background check fee

$30 Drug test fee

$25 PPD test fee (mandatory for certain assignments)

Please let us know if you have recently had a SLED or PPD test conducted and have a paper copy of the results to avoid the above deductions. The above deductions are allowed to be spread out over several pay periods if requested.

____

Initial

____

Date

Heaven Sent Helpers Health Assessment Form

EMPLOYEE INFORMATION

Name (print last, first, middle) SS# Birth Date Phone

Address City State Zip

Emergency Contact & Number Relationship

FAMILY HEALTH HISTORY

Has a family member (parents, siblings, grandparents) had any of the conditions listed? Diabetes ________ Cancer ________

Heart Disease ________ High Blood Pressure ________ Tuberculosis ________

PERSONAL HEALTH HISTORY

	Yes	No		Yes	No
Back Injuries	{ }	{ }	Heart Disease	{ }	{ }
Seizures, fainting, dizziness	{ }	{ }	Stomach Ulcer	{ }	{ }
Any type allergies	{ }	{ }	Rheumatic fever	{ }	{ }
Tuberculosis	{ }	{ }	Hearing difficulty	{ }	{ }
Any type Hepatitis, jaundice	{ }	{ }	Kidney disease	{ }	{ }
Nervous disorder	{ }	{ }	Muscular disease	{ }	{ }
Respiratory disease	{ }	{ }	Mental illness	{ }	{ }
High Blood Pressure	{ }	{ }	Hernia	{ }	{ }
Arthritis, gout, joint disease	{ }	{ }	Diabetes	{ }	{ }
Cancer	{ }	{ }	Headaches	{ }	{ }

	Yes	No
Permanent defect from illness, disease, injury	{ }	{ }
Stomach, gall bladder trouble	{ }	{ }
Smoker (amount)	{ }	{ }
Drink alcohol (amount)	{ }	{ }
Ever injured on the job	{ }	{ }
Women-pregnant at this time	{ }	{ }
Incapacitated by pain during period	{ }	{ }
Vision difficulty, eye disease	{ }	{ }
Ear, nose, throat trouble-sinus, colds	{ }	{ }
Receiving medical treatment at the present time or in the past 6 months	{ }	{ }
Ever been turned down for life insurance, military service, or employment for physical reasons	{ }	{ }

If answer to any of the above is yes, explain:

____

____

Medication Allergies ______________________________

Medications Now Taking ______________________________

Childhood diseases:	Had	Immunized	Did not have, not immunized, appropriately instructed
Chicken pox	{ }	{ }	{ }
Red Measles (Rubeola)	{ }	{ }	{ }
Mumps	{ }	{ }	{ }
German Measles (Rubella)	{ }	{ }	{ }

Would you say your present health is: { } Excellent { } Good { } Fair { } Poor

This information is true and correct to the best of my knowledge.

Signature of Applicant/Employee ______________________________

BELOW TO BE COMPLETED BY OFFICE PERSONNEL

Licensed Practitioner Summary/Remarks

____

____

NURSE SIGNATURE DATE____

Heaven Sent Helpers, LLC COVID-19 Discloser, Acknowledgement & Waiver

Employee/Contractor Information

Name ____________________ **Last 4 of Social Security #** ____________

Have you been in close contact to a person who is lab confirmed to have COVID-19 in the past 14 days?

______ YES ______ No

If yes, what was the date of the last known close contact? ____________________

Are you exhibiting any of the following new or worsening symptoms of possible COVID-19? (Check any that apply)

- — Cough
- — Shortness of breath or difficulty breathing
- — Chills
- — Repeated shaking with chills
- — Muscle Pain
- — Headache
- — Sore Throat
- — Loss of taste or smell
- — Diarrhea
- — Feeling Feverish or a measured temperature greater than or equal to 100 degrees Fahrenheit
- — Known close contact with a person who is lab confirmed to have COVID-19
- — Currently living with someone experiencing symptoms of COVID-19

Duty to inform (Please Initial):

- — **I will inform you if I knowingly come in contact with someone who tested positive within 14 days prior.**
- — **I will inform you and not provide in-home care services for 14 days if I develop any of the above symptoms.**
- — **If I test positive for COVID-19, I will not return to provide in-home care services without medical clearance.**

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread from person-to-person contact. Federal, state, and local governments and health agencies recommend social distancing and have, in many areas, prohibited group activities.

Heaven Sent Helpers, LLC is taking steps to reduce the spread of COVID-19; however, Heaven Sent Helpers, LLC cannot guarantee that you will not become infected with COVID-19. Further, providing in home care services could increase the risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by accepting in home care assignments from Heaven Sent Helpers, LLC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the act, omission, or negligence of myself and others, including, but not limited to, Heaven Sent Helper staff and their clients.

I voluntarily agree to assume the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may incur by reason of Heaven Sent Helpers, LLC activity ("Claims"). On my behalf, and on behalf, I hereby release and covenant not to sue Heaven Sent Helpers, LLC, its contracted organizations, employees, volunteers, agents, and representatives, of and from the Claims.

Signature: ____________________ **Date:** ____________

Form **W-4**

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0074

2022

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) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying widow(er)**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at *www.irs.gov/W4App*, and privacy.

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . ▶ ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents

If your 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 and enter the total here . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

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

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

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ ________

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) ________

Exemption from FATCA reporting code (if any) ________

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** ▶ **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

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

OMB No. 1615-0047; Expires 08/31/12

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address *(Street Name and Number)*		Apt. #	Date of Birth *(month/day/year)*
City	State	Zip Code	Social Security #

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):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (see instructions)
- ☐ A lawful permanent resident (Alien #) ______
- ☐ An alien authorized to work (Alien # or Admission #) ______ until (expiration date, if applicable - *month/day/year*)

Employee's Signature	Date *(month/day/year)*

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

	List A	OR	List B	AND	List C
Document title:					
Issuing authority:					
Document #:					
Expiration Date *(if any)*:					
Document #:					
Expiration Date *(if any)*:					

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* ______ **and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address *(Street Name and Number, City, State, Zip Code)* IRS-HCO, 5333 Getwell Rd., Memphis, TN, 38118		Date *(month/day/year)*

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name *(if applicable)*	B. Date of Rehire *(month/day/year) (if applicable)*

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: ______ Document #: ______ Expiration Date *(if any)*: ______

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	Date *(month/day/year)*