

Veterans Directed Care Participant Responsibility Agreement

1. Provide the Service Coordinator enough information to assess your needs.
2. Direct and participate in the creation of your Service and Support Plan.
3. Make sure your Service and Support Plan addresses the needs identified in your assessment.
4. Hire only qualified Personal Care Attendants.
5. Supervise your Personal Care Attendants and let them know what you expect from them.
 - Arrange work schedules
 - Verify the hours worked
 - Locate backup care providers in case your scheduled Individual Provider can't work
 - Replace a Personal Care Attendant you terminate or who resigns
6. Communicate clearly and seek the advice of your Service Coordinator as needed.
7. Purchase only what is listed in your Service and Support Plan.
 - No additional hours are to be authorized over the approved budget.
 - If in an emergency, additional service hours are needed to meet Participant's health and well-being; contact your Service Coordinator within 72 hours.
 - If emergency funds are available, the Service Coordinator can approve the additional service hours with VAMC approval, and the Personal Care Attendants can be paid using those funds.
 - If approval from the VAMC is denied, the Participant is responsible to reimburse the Western Montana Area VI Agency on Aging the amount paid that covered the cost of the Personal Care Attendant.
8. Adhere to your backup plan for essential services in case of emergencies or unforeseen circumstances as defined in your Service and Support Plan.
9. Notify your Service Coordinator of all admissions into a hospital, nursing facility, or other residential facilities.
10. Report changes in your contact information (i.e.: address, phone, email).

Participant

Date

Service Coordinator

Date

Veteran Directed Care Enrollment Agreement / Authorized Representative

Name of Participant: _____

I have reviewed the materials provided to me by my Service Coordinator that explain:

- the Veteran Directed Care Program (VDC),
- my rights and responsibilities in directing my care,
- the role of the Service Coordinator, and
- the roles of the Western Montana Area VI Agency on Aging—ADRC and FMS.

I have decided to participate in this program.

_____ I do not wish to designate a representative.

_____ I will designate a representative to work on my behalf.

I hereby designate:

Name: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

to serve as my representative in the VDC Program. My representative will complete and sign all forms and agrees to meet all documentation requirements of this Program. My representative will use the VDC monthly allowance to purchase the services and items to meet my personal care need as listed on the Service and Support Plan budget and will assure that all items purchased, and services received with the VDC monthly allowance are paid.

Participant's Signature

Date

I hereby agree to serve as the representative for the above-named participant and understand my responsibilities and duties under the VDC Program.

Authorized Representative's Signature

Date

Veteran Directed Care Designated Representative Appointment

Veteran Participant: _____

I agree to act as Designated Representative for the above-named Veteran. I understand that the Veteran will be involved in the management of VDC to the best of his/her ability. I will respect the Veteran's preferences and will notify the Service Coordinator of any concerns that may arise that would jeopardize my ability to perform my duties. I understand that I will not receive compensation for this service or be one of the paid support workers.

Name **Phone**

Address

Designated Representative Signature **Date**

DISCLOSURE AND AUTHORIZATION FORM

(Applicant to receive copies of Disclosure/Authorization and retain pages 3 - 6 of this document)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Missoula Aging Services ("The Agency"), as fiscal agent for the Veteran Directed Home and Community Based Services program, will procure a consumer report and/or investigative consumer report on you in connection with your employment or volunteer application. **Sterling Infosystems, Inc.** ("Sterling Talent Solutions"), a consumer reporting agency, will obtain the report for the Agency. Further information regarding Sterling Talent Solutions, including its privacy policy, may be found online at www.sterlingtalentsolutions.com Sterling Talent Solutions is located at 19910 North Creek Parkway, Suite 200, Bothell, WA 98011, and can be reached at (877) 982-9888.

The report may contain information about your character, general reputation, personal characteristics, and mode of living and/or credit standing. The report may include but is not limited to: social security number trace, authorization to work checks, criminal records checks, civil record checks, financial information and credit checks (Experian U.S. Credit), federal record checks, public court records checks, driving records checks, drug tests, physical tests, educational records checks, employment history verification, references checks, sanction, licensing and certification checks. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report from the Agency.

The Agency is furnishing you with a summary of your rights under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission along with required state law notices in states where applicable.

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I have carefully read and understand this Disclosure and Authorization form. I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" and any applicable state or local notices of rights provided with these documents. I have had the opportunity to review my rights. By my signature below, I hereby consent to the preparation of background reports regarding me provided by Sterling Talent Solutions, and to the release of such reports to the Agency and its designated representatives for the purpose of assisting the Agency in making an employment decision involving me to the extent permitted by law. I understand that if the Agency hires me, my consent will apply throughout my employment.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Agency by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize, without reservation, any state or federal law enforcement agency or courts (federal/state/local), learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Agency.

Signature

Date

Printed Name

(Applicant to receive copies of Disclosure/Authorization and retain pages 3 - 6 of this document)

The following information is for identification purposes only.
Please print clearly

Last Name	First Name	Middle
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List all other names used, including maiden name

Date of Birth*	Social Security Number
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State ID/Driver's License #	State Issued
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Current Physical Address

City	State	Zip
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()
Daytime phone number with area code

Address History – Please list the city, state and zip you have lived or worked in for the past 7 years with approximate dates.

Dates	City	State	Zip
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Dates	City	State	Zip
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Dates	City	State	Zip
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Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

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- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

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in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416

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7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

HIPAA - Health Insurance Portability and Accountability Act Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out Case Management payment or health care options and for all other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosure of Protected Health Information

Your protected health information may be used and disclosed by your Service Coordinator, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the care team's practice, and any other use required by law.

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations

We may use or disclose, as needed, your protected health information in order to support the business activities of your Service Coordinator. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing, and conducting or arranging for other business activities. We may use or disclose your protected health information, as necessary, to contact you and to remind you of your upcoming appointments.

Required by Law

We may use or disclose patient health information when we are required to do so by law. Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your Service Coordinator has taken an action in reliance on the use or disclosure indicated in the authorization.

Signature: _____ **Date:** _____

Western Montana Area VI Agency on Aging

VETERAN DIRECTED CARE PROGRAM

FRAUD & ABUSE STATEMENT

Fraud is defined as an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or herself or some other person. In other words, fraud includes obtaining something of value through misrepresentation or concealment of facts. Fraud is committed when a person or business deceives or distorts facts or information to get something they would not be otherwise entitled to. Fraud can range from a solo act to a broad-based operation by an institution or a group. Anyone can commit fraud.

Examples of Veterans Administration Fraud include, but are not limited to:

- **Knowingly and/or purposefully** filling out a direct care worker's timesheet incorrectly for hours or services that were not provided during the times listed or on the day listed;
- **Knowingly and/or purposefully** allowing the Aging and Disability Network Provider (ADNA) to bill VA for services that were not provided;
- **Knowingly and/or purposefully** using the Veteran's case mix budget funds for any other purpose than what has been approved in the Veteran's service plan.
- **Knowingly and/or purposefully** allowing a direct care worker to document services or hours that were not provided.
- **Knowingly and/or purposefully** submitting invoices to the Vendor Fiscal Employer Agent (VF/EA) Financial Management Services (FMS) entity and/or ADNA for individual-directed goods and services that were not provided.
- **Knowingly and/or purposefully** having the VF/EA FMS entity pay a direct care worker or individual-directed goods and services vendor for goods and/or services provided by someone else. (This is also tax fraud).
- **Knowingly and/or purposefully** making a "side deal" with a direct care worker to split their paycheck with the Veteran or his/her representative. (This is also tax fraud).
- **Knowingly or purposefully** withholding information from authorities during an investigation.
- **Knowingly and/or purposely** having the VF/EA FMS entity pay for an approved individual-directed good included in the participant's Veteran's spending plan,

and then return the approved individual-directed good to get the cash or use it for something else that has not been approved.

Abuse is defined as practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the VDC program, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary costs to the VDC program.

Examples of Abuse include:

- Making errors when filling out the direct care worker's timesheet and not immediately reporting the error to the VF/EA FMS entity to remedy the situation.
- Documenting the tasks performed by the direct care worker while in the Veteran's home inaccurately in any *Biweekly Progress Notes* and not immediately reporting the error to the VF/EA FMS entity and the Veteran's Options Counselor to remedy the situation.
- Being late in handing in Veteran/representative-employer-related paperwork to the VF/EA FMS entity or the Veteran's Options Counselor.

Fraud and Abuse is both a state and federal offense. All reports or allegations of fraud and abuse within the VDC Program will be referred to the Veterans Health Administration for possible criminal investigation. Veterans or Authorized Representatives suspected of Fraud or Abuse also face termination from the VDC Program.

"I have read this Fraud and Abuse Statement, I understand it and agree to comply with it."

Signatures

Veteran *Date*

Designated Representative / Authorized Representative (when applicable) *Date*

Service Coordinator *Date*

Emergency Response Contact

Veteran Directed Care Program staff members are mandatory reporters and are required by State Law to report incidents or suspected incidents of abuse, neglect, self-neglect, and fraud or exploitation to Adult Protective Services (APS). If you are in imminent danger, we will call local law enforcement or 911. If you have a medical emergency, we will call 911, and then your medical emergency contacts.

Receipt of Guidebook

I have received the VDC Guidebook and the Service Coordinator has explained the program and has answered all my questions to my satisfaction. I understand my responsibilities as the Participant/Designated Representative and a copy of the handbook was given to me for a resource to reference, as needed.

Participant/Designated Representative Signature

Date

Service Coordinator

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

Federal law prohibits Protected Health Information from being shared without your permission, except in certain situations. By signing this form, permission is given to Western Montana Area VI Agency on Aging to exchange information with providers of your choice. This does not keep the information from being shared with more people once it leaves our office.

Participant Last Name

First Name

Date of Birth

Participant Address

Social Security Number

City

State

Zip

Daytime Telephone Number

I authorize Spokane Mann-Grandstaff VA Hospital & 406 FS
(Person/Facility) (Address) (City, State, Zip)

and Western Montana Area VI Agency on Aging 110 Main Street, Suite 5 Polson, MT 59860 to release my protected health information to one another, exchanging health and social information as indicated below:

All information both written and verbal.

Verbal – I am only authorizing Western Montana Area VI Agency on Aging and the above-named person/facility to speak as necessary to facilitate services.

Information from a specific time period (specify dates): From _____ to _____

Other (specify) _____

Send the information to: **Western Montana Area VI Agency on Aging**
VDC Program
110 Main Street, Suite 5 Polson, MT 59860 Phone: (406) 883-7284
Please fax information: Yes No Fax: (406) 883-7363

Reason for request: Continuum of care Review own records Changing physicians Other _____

I understand that this authorization may be revoked by me at any time, provided that I do so in writing and submit it to Missoula Aging Services, up to the extent that the disclosure has not already been made. I also understand that my protected health information may be re-disclosed by the recipient and no longer be protected under federal law. The authorization will expire upon disenrollment from the VDC program unless otherwise specified below.

Patient Signature

Date

Expiration Date

OR

Legal Representative/Guardian

Date

Relationship to Participant

AUTHORIZATION FOR SHIPMENT TO PERSONAL RESIDENCE

By signing this form, permission is given to Western Montana Area VI Agency on Aging to exchange information with companies and organizations for shipping purposes. This does not keep the information from being shared with more people once it leaves our office.

Name

Address

City

State

Zip

I authorize Western Montana Area VI Agency on Aging 110 Main Street, Suite 5 Polson, MT 59860 to release my residential address information to companies and organizations for the purposes of shipping.

I understand that this authorization may be revoked by me at any time, provided that I do so in writing and submit it to Western Montana Area VI Agency on Aging, up to the extent that the disclosure has not already been made. I also understand that my residential address information may be re-disclosed by the recipient and no longer be protected under federal law. The authorization will expire upon disenrollment from VDC program unless otherwise specified below.

Veteran Signature

Date

Expiration Date

OR

Designated Representative

Date

Relationship to patient

Communication Authorization

Federal law prohibits Protected Health Information from being shared without your permission, except in certain situations. By signing this form, permission is given to Western Montana Area VI Agency on Aging and 406 Financial Services, LLC to exchange information with individuals of your choice. This does not keep the information from being shared with more people once it leaves our office.

Veteran Name: _____

I authorize _____ and Western Montana Area VI Agency on Aging and 406 Financial Services, Veteran Directed Care (VDC) Program to communicate and share information about me and my enrollment in the VDC Program. I also authorize both parties to discuss:

All information, both written and Verbal.

Information regarding the VDC Program only. This includes discussing caregiving concerns, budgets, and VDC Program assessments.

Information regarding my medical care, medical appointments, or hospital stays.

Information to coordinate health or social needs. This includes discussing what other social services programs are involved with my care or those that could potentially assist in the future.

Other: _____

I understand that this authorization may be revoked by me at any time, provided that I do so in writing and submit it to Western Montana Area VI Agency on Aging, up to the extent that the disclosure has not already been made. I also understand that my protected health information may be re-disclosed by the recipient and no longer be protected under federal law. The authorization will expire upon disenrollment from the VDC Program unless otherwise specified below.

Veteran Signature

Date

Expiration Date (if applicable)

Designated Representative Signature (if applicable)

Date



Veteran Forms

1. **Form SS-4 (Application for Employer Identification Number)** – Please complete highlighted Box 1, Box 7b, Box 18 & Sign/Date.
 - This form allows 406 Financial Services to apply for an Employer Identification Number on your behalf.
2. **Form 2678 (Employer/Payer Appointment of Agent)**-Please complete highlighted Part 2 (#2 & #4) & Sign/Date.
 - This form allows 406 Financial Services to act as an agent on your behalf and file returns/make deposits & payments to the IRS.
3. **Form 8821 (Tax Information Authorization)**-Please complete highlighted areas in Part 1 & Sign/Date.
 - This form allows 406 Financial Services to request information or copies of tax returns filed with the IRS on your behalf.
4. **Idaho Business Registration (IBR-1)**-Please complete highlighted sections & Sign/Date.
 - In order to operate as a business in the state of Idaho, all entities are required to complete an Idaho Business Registration. This application will initiate the State of Idaho to open accounts where applicable (Dept of Revenue, Dept of Labor & Industry) and allow 406 Financials Services to pay taxes on your behalf.
5. **Form ID-POA (ID State Tax Commission)**-Please complete the top section and sign/date.
 - Idaho State Tax Commission manages the State Tax Division. This POA form allows 406 Financial to report and pay on your behalf.

Application for Employer Identification Number

Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

1	Legal name of entity (or individual) for whom the EIN is being requested			
Type or print clearly.	2	Trade name of business (if different from name on line 1)	3	Executor, administrator, trustee, "care of" name
	4a	Mailing address (room, apt., suite no. and street, or P.O. box) PO Box 7008	5a	Street address (if different) (Do not enter a P.O. box.)
	4b	City, state, and ZIP code (if foreign, see instructions) Missoula, MT 59807-7008	5b	City, state, and ZIP code (if foreign, see instructions)
	6	County and state where principal business is located		
	7a	Name of responsible party	7b	SSN, ITIN, or EIN
8a	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b	If 8a is "Yes," enter the number of LLC members ▶
8c	If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9a	Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.			
	<input type="checkbox"/>	Sole proprietor (SSN) _____	<input type="checkbox"/>	Estate (SSN of decedent) _____
	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Plan administrator (TIN) _____
	<input type="checkbox"/>	Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/>	Trust (TIN of grantor) _____
	<input type="checkbox"/>	Personal service corporation	<input type="checkbox"/>	National Guard <input type="checkbox"/> State/local government
	<input type="checkbox"/>	Church or church-controlled organization	<input type="checkbox"/>	Farmers' cooperative <input type="checkbox"/> Federal government/military
	<input type="checkbox"/>	Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/>	REMIC <input type="checkbox"/> Indian tribal governments/enterprises
	<input checked="" type="checkbox"/>	Other (specify) ▶ Home Care Service Recipient (HCSR)	Group Exemption Number (GEN) if any ▶	
9b	If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country
10	Reason for applying (check only one box)			
	<input type="checkbox"/>	Started new business (specify type) ▶ _____	<input type="checkbox"/>	Banking purpose (specify purpose) ▶ _____
	<input type="checkbox"/>	Hired employees (Check the box and see line 13.)	<input type="checkbox"/>	Changed type of organization (specify new type) ▶ _____
	<input type="checkbox"/>	Compliance with IRS withholding regulations	<input type="checkbox"/>	Purchased going business
	<input type="checkbox"/>	Other (specify) ▶ _____	<input type="checkbox"/>	Created a trust (specify type) ▶ _____
	<input type="checkbox"/>		<input type="checkbox"/>	Created a pension plan (specify type) ▶ _____
11	Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year	
13	Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.			
	Agricultural	Household 1	Other	
14	If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>			
15	First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶			
16	Check one box that best describes the principal activity of your business.			
	<input type="checkbox"/>	Construction	<input type="checkbox"/>	Health care & social assistance
	<input type="checkbox"/>	Rental & leasing	<input type="checkbox"/>	Accommodation & food service
	<input type="checkbox"/>	Transportation & warehousing	<input type="checkbox"/>	Wholesale-agent/broker
	<input type="checkbox"/>	Finance & insurance	<input type="checkbox"/>	Wholesale-other
	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Retail
17	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.			
18	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If "Yes," write previous EIN here ▶			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name Kim Fraser, 406 Financial Services	Designee's telephone number (include area code)	(406) 239-2591
	Address and ZIP code PO Box 7008, Missoula, MT 59807-7008	Designee's fax number (include area code)	(406) 239-2591
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)	
Name and title (type or print clearly) ▶		()	
Signature ▶		Applicant's fax number (include area code)	
Date ▶		()	

Form **2678** **Employer/Payer Appointment of Agent**

(Rev. October 2012) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0748

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

Note. This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

For IRS use:

Part 1: Why you are filing this form...

- (Check one)
- You want to **appoint** an agent for tax reporting, depositing, and paying.
 - You want to **revoke** an existing appointment.

Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.

1 **Employer identification number (EIN)** -

2 **Employer's or payer's name**
(not your trade name)

3 **Trade name** (if any)

4 **Address**

Number Street Suite or room number

City State ZIP code

5 Forms for which you want to appoint an agent or revoke the agent's appointment to file. (Check all that apply.)	For ALL employees/ payees	For SOME employees/ payees
Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945 (Annual Return of Withheld Federal Income Tax)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>

*Generally you cannot appoint an agent to report, deposit, and pay taxes reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient.

- Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA taxes for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

X Sign your name here

Date / /

Print your name here

Print your title here **HCSR**

Best daytime phone

Now give this form to the agent to complete. ➡

Tax Information Authorization

▶ Go to www.irs.gov/Form8821 for instructions and the latest information.
 ▶ Don't sign this form unless all applicable lines have been completed.
 ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1165
For IRS Use Only
 Received by:
 Name _____
 Telephone _____
 Function _____
 Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address	Taxpayer identification number(s)	
	Daytime telephone number	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** ▶

Name and address 406 Financial Services PO Box 7008 Missoula MT 59807-7008	CAF No. _____ PTIN <u>P02153857</u> Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
---	--

3 Tax Information. Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
FEIN	SS-4	2023 - 2027	FEIN Verification/Idenetification
Employment, Payroll	941, 940	2023 - 2027	

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 ▶

5 Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 is checked):
 a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ▶
Note. Appointees will no longer receive forms, publications, and other related materials with the notices.
 b If you don't want any copies of notices or communications sent to your appointee, check this box ▶

6 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain. ▶

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, partnership representative, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature	Date
Print Name	Owner, HCSR Sole Proprietor Title (if applicable)

IDAHO Form IBR-1 Business Registration Form

Revised 2019

w/wc

Register online at:
business.idaho.gov/forms
 Fax to: (208) 334-5364

Return to: IDAHO BUSINESS REGISTRATION
PO BOX 36
BOISE, ID 83722-0410

SHADED AREAS FOR STATE USE ONLY	
Account Number	Confirmation No.

1. Type of business (see instructions)

Corporation Partnership S Corporation Sole Proprietorship
 Nonprofit Government Fiduciary/Trust Limited Liability Company

1a. If LLC, how have you chosen to be taxed for income tax purposes?
 Single Member Corporation
 Partnership S Corporation

2. Purpose of registration

New applicant Change legal name Change assumed business name (DBA)
 Add new account type Add/change location Change in partners, shareholders or managing members _____%

3. Apply for permits/accounts

Boise Auditorium Idaho Falls Auditorium Pocatello/Chubbuck Auditorium Travel & Cruise Prepaid Wireless Fee
 Sales Marketplace Facilitator Out-of-State Retailer Use _____
 Unemployment Withholding Withholding only, no employees working in Idaho

Request more information

Amusement Device Beer/Wine Cigarette/Tobacco

4. Federal Employer Identification Number (EIN)

5. Social Security number (SSN)

6. Legal business name (see instructions)
 Name on SSN card for Sole Prop

7. Assumed business name (DBA) Filed with Sec of State

8. Date incorporated

9. State incorporated in

10. Month tax year ends
 December

11. Date business began in Idaho

12. Date sales or use will begin in Idaho
 month NA year _____

13. Estimated monthly taxable sales
 NA

14. Physical location of business if outside Idaho (no PO Box or mail drop addresses)

Street address City State County ZIP Code

15. Required: Physical location of Idaho employees or the lodging facility address (no PO Box or mail drop addresses)

Street address City State County ZIP Code

16. Mailing address

Street address or PO Box City State County ZIP Code
 PO Box 7008 Missoula MT Missoula 59807

17. Mailing for Idaho State Tax Commission forms

Street address or PO Box City State County ZIP Code
 PO Box 7008 Missoula MT Missoula 59807

18. Business telephone number
 (406) 239-2591

19. Business contact person (name, title, and email) (See instructions for definitions.) POA will be required.
 Kim Fraser, Fiscal Agent

20. Telephone number & extension of authorized contact person
 (406) 239-2591

21. Email address of authorized contact person
 kfraser@406llc.org

22. Fax number of authorized contact person
 (406) 541-7725

23. Primary nature of business: (Specify the product manufactured and/or sold or the type of service performed.)
 Household Domestic Service Employer for Personal Care Aide

24. Have you ever had a withholding, sales, use, workers' compensation or unemployment insurance number in Idaho? If yes, list all permit, account or policy numbers. (It is your responsibility to cancel any existing accounts you no longer need. Failure to provide previous account/policy numbers could result in delays and/or duplicate accounts.)

25. Are you a Professional Employer Organization (PEO)? Yes No

If Yes, Name _____

26. If Yes, are you a Certified PEO? Yes No

27. Are you an employer joining a Professional Employer Organization? Yes No

Name of PEO _____

28. Are you an employer leaving a Professional Employer Organization? Yes No

Name of PEO _____

29. Are you a Common Paymaster? Yes No

If Yes, Name _____

30. Are you an employer joining a Common Paymaster? Yes No

Name of Common Paymaster _____

31. Are you an employer leaving a Common Paymaster? Yes No

Name of Common Paymaster _____

32. Are you a IRS 3504 Pay Agent? Yes No

If Yes, Name _____

33. Are you an employer joining a IRS 3504 Pay Agent? Yes No

Name of Common IRS 3504 Pay Agent 406 Financial Services, LLC

34. Are you an employer leaving a IRS 3504 Pay Agent? Yes No

Name of Common IRS 3504 Pay Agent _____

35. List (a) owner and spouse of sole proprietorship, (b) all partners of partnership, (c) all corporate officers of corporation, (d) trustee or responsible party of fiduciary or trust, or (e) all members of limited liability companies. Social Security number required for every individual listed. (Use additional sheet if necessary.)

Name	Address of Residence	SSN/EIN, Phone Number and Email	Corp Title	% Owned	Director? Yes/No	Compensated? Yes/No
____ Officer ____ Shareholder	_____	_____	Owner	100	No <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
____ Officer ____ Shareholder	_____	_____			select	select
____ Officer ____ Shareholder	_____	_____			select	select

CERTIFICATION: I certify that I am authorized as an owner, partner, corporate officer, member or representative to sign this document and that the statements made are correct and true to the best of my knowledge. (This form must also be signed by the spouse of a sole proprietor.)

Print name _____ Signature _____ Date _____
 Print name _____ Signature _____ Date _____

36. Date employees first hired to work in Idaho	37. Date of employees' first paycheck in Idaho	38. Expected number of Idaho employees <small>(Include corporate officers working in Idaho)</small>
---	--	--

39. Enter the amount of wages you have paid or estimate to pay in Idaho. If you haven't paid or don't plan to pay wages during one of the periods listed, enter "NONE."

	Jan. 1 to March 31	April 1 to June 30	July 1 to Sept. 30	Oct. 1 to Dec. 31
Current Year				
Preceding Year				

40. If you estimated wages in #39, enter the date you plan to begin paying wages. _____

41. Will corporate officers receive compensation, salary or distribution of profits? Yes No

42. Is this an organization exempt from income tax under Internal Revenue Service Code 501(c)(3)? Yes No

43. Is workers' compensation insurance needed? (see instructions) Yes No, explain why:
CAUTION: This is not an application for workers' compensation insurance

44. Do you have a workers' compensation insurance policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No In process	45. Have you notified your insurance company that you have or expect to have Idaho payroll? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	46. Insurance agent's name and telephone number ()
---	--	--

47. Insurance company name	48. Policy number	49. Effective date	50. If applying for insurance with the Idaho State Insurance Fund, list application number:
----------------------------	-------------------	--------------------	---

51. Do you plan to perform work in other states using your existing Idaho employees? Yes No
 If Yes, will you withhold Idaho Income Tax? select

ACQUIRING AN EXISTING BUSINESS OR CHANGING TYPE OF LEGAL BUSINESS ENTITY

If you buy an existing business, or change your business entity, Idaho law requires you to withhold enough of the purchase money to pay any sales tax and, in most cases, unemployment insurance due or unpaid by the previous owner/entity until the previous owner/entity produces a receipt from the Idaho Department of Labor and the Idaho State Tax Commission showing the taxes have been paid. If you fail to withhold the required purchase money and the taxes remain due and unpaid after the business is sold or converted to another entity type, you may be liable for the payment of the taxes collected or unpaid by the former owner/entity. When there is a change in the legal entity, you must notify your workers' compensation insurance company.

52. Did you acquire all or part of an existing business? <input type="checkbox"/> All <input type="checkbox"/> Part <input checked="" type="checkbox"/> None	53. Did you change your legal business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

54. Previous owner's name	55. Business name at time of purchase
---------------------------	---------------------------------------

56. Date acquired/changed	57. Account/permit numbers of the business acquired/changed	58. Was there a change in owners, members, or partners? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are any of the former owners, members, or partners still operating/managing the business for the new owner(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, is the owner of the new business ALSO a former employee of the old business who had authority to make financial or hiring/firing decisions? <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------	---	---

PUBLICATION CONSENT

59. Yes, I agree to publish my business by category both in print and on the Internet in the Business Director of Idaho at lmi.idaho.gov and any publication produced by the Idaho Department of Labor. This will increase visibility of my business to a larger pool of job applicants, will allow my business to be included when the Department of Labor responds to questions about the availability of products and services in the community, and expand the opportunity for additional sales. I acknowledge the Idaho Department of Labor's files will be accessed to obtain my company name, address, phone number, NAICS (industry) code and range of employment.

Signature _____

For faster service, you can register online at: **business.idaho.gov**
For more help, contact:

Idaho Department of Labor – (208) 332-3576 in the Boise area or toll free at (800) 448-2977
Idaho Industrial Commission – (208) 334-6000 in the Boise area or toll free at (800) 950-2110
Idaho State Tax Commission – (208) 334-7660 in the Boise area or toll free at (800) 972-7660

All information must be provided or your registration can't be processed.
Instructions are provided only for items that may need clarification.

1. Mark the type of legal business entity. If you have questions about types of legal business entities, contact the Idaho Secretary of State, (208) 334-2300.
- 1a. Mark the correct box to indicate how the Limited Liability Company has chosen to be taxed for income tax purposes.
2. Mark the item(s) that best describes your purpose in filing this form:
 - New applicant.** If the business is not currently registered with the Idaho State Tax Commission, the Idaho Industrial Commission, or the Idaho Department of Labor.
 - Change legal name.** If the business is changing its legal name, include a copy of proof, i.e. amended articles of incorporation or federal documentation.
 - Change assumed business name.** If the business is changing its assumed business name (DBA).
 - Add new account type.** If you already have one of the permits listed on the application and now need another permit. (Example: You have a sales permit and now need a withholding and/or unemployment account.)
 - Add/change location.** If the business has changed its physical business location or added other locations.
 - Change in partners, shareholders, or managing members.** List the percentage of change if the business has new or additional partners, shareholders, or managing members. Be sure to list all of the partners, shareholders, or managing members in box 24.
3. Mark the type of permits or accounts you would like to apply for:
 - **Employees.** Mark Unemployment and Withholding.
 - **Retail sales.** Mark Sales.
 - Indicate if you are a Marketplace Facilitator or Out-of-State Retailer. Separate permits are required.
 - **Renting rooms for 30 days or less.** Mark Sales and Travel and Convention.
 - **Renting rooms in an Auditorium District for 30 days or less.** Mark the appropriate auditorium district these rooms are located in.
 - **Using, consuming, or storing items in Idaho on which you have not paid sales tax.** Mark Use.
 - **Withholding only.** Mark the box if you have no employees physically working in Idaho, but you wish to withhold Idaho income tax as a convenience to an employee whose income is taxable in Idaho, even though it is earned in another state. Complete all applicable questions through line 34.
 - **Selling prepaid wireless service.** Mark E911 Prepaid Wireless Fee.

Mark the type of permits or accounts you would like additional information for:

- **Operating currency or coin-operated machines used for amusement.** For example: video games or juke box. Mark Amusement Device.
- **Producing or wholesaling beer. Producing, distributing, or direct shipping wine.** Mark Beer/Wine.
- **Wholesaling, distributing, subjobbing, or delivery selling of cigarettes or tobacco.** Mark Cigarette/Tobacco.

You can find a permit application for amusement devices, beer, wine, cigarette, and tobacco at tax.idaho.gov, or contact the Tax Commission.

Regardless of your purpose in filing this form, the following boxes must be completed: 1, 2, 3, 4 or 5, 6, 10, 11, 14, 15, 17, 18, 19, 22, and 24.

1. TAXPAYER/GRANTOR INFORMATION

* Taxpayer/grantor's last name OR company's name	* Taxpayer/grantor's first name/middle initial	* Taxpayer/grantor's SSN OR EIN
* Spouse's last name	* Spouse's first name/middle initial	* Spouse's SSN
* Current address	Daytime telephone number	
* City	State	ZIP Code
Email address		

2. REPRESENTATIVES - If you provide a representative name, authorization is limited to that individual. If a you provide a company name without specifying an individual, authorization is granted to employees of the company.

Firm or company's legal name 406 Financial Services	PTIN, EIN, or SSN 47-1252737		
Name	Telephone number (406) 239-2591		
* Current address PO Box 7008	Fax number (406) 541-7225		
* City Missoula	State MT	ZIP Code 59807-7008	Email address kfraser@406LLC.org

Cease date of this POA (optional): _____

Check here if you DON'T want the representative to receive copies of notices and communications:

3. TAX MATTERS APPROVED FOR REPRESENTATION

The above representative is hereby appointed as attorney-in-fact to represent the taxpayer/grantors before the Idaho State Tax Commission for the following tax or fee matters. You must identify the tax or fee type, permit number (if applicable), and specific tax periods.

The representatives generally are authorized to receive and inspect confidential tax or fee information and records and perform any and all actions that the taxpayer/grantors named above can perform with respect to the specified tax or fee matters listed. The authorization **doesn't** include the power to receive refund checks or appoint additional representatives.

* Tax or Fee Types	State Tax/Fee Permit Number	* Tax Periods (Check "All" OR provide range)
<input type="checkbox"/> Individual income tax OR <input checked="" type="checkbox"/> Business income tax		<input type="checkbox"/> All
<input type="checkbox"/> Sales & use tax		<input type="checkbox"/> All
<input type="checkbox"/> Income tax withholding		<input type="checkbox"/> All
<input type="checkbox"/> Other tax/fee (specify) _____		<input type="checkbox"/> All
<input checked="" type="checkbox"/> All		<input checked="" type="checkbox"/> All

Check here to revoke all prior POAs Check here to keep all prior POAs Check here to revoke the following POAs

4. SIGNATURE OF TAXPAYER/GRANTORS

All parties identified in Section 1 **MUST** sign.

If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer/grantor: I certify that I have the authority to execute this form.

* Print name	* Signature	Title (if applicable)	Date
* Print name	* Signature	Title (if applicable)	Date

*** Required information. This form is valid if you complete all required information. We'll return incomplete forms to you.**

Veteran Directed Care Program

Job Description

JOB TITLE: Personal Care Attendant (PCA)
WAGE RANGE: to be determined by employer (not less than minimum wage)
LOCATION: Veteran's Home
EMPLOYER: Veteran or his/her Designated Representative

POSITION SUMMARY:

PCA works in private residences to provide care and assistance to Veterans who are limited functionally in their ability to perform activities of daily living. Veteran participants are the employer of record for the PCA. Western Montana Area VI Agency on Aging is the provider agency.

RESPONSIBILITIES AND JOB DUTIES:

1. Provide direct care to Veterans, following a plan of care that has been authorized by the Veterans Administration. Duties may include the following:
 - a. Assistance with activities of daily living: bathing, grooming, dressing, toileting, eating, and transfers from bed and/or chair.
 - b. Meal preparation that may include meal planning, shopping, storing, preparing, and serving food.
 - c. Household tasks related to maintaining the Veteran's health and safety in the home may include housekeeping, laundry, medication reminders, and phone assistance.
 - d. Transportation for Veterans who require assistance during trips.
 - e. Socialization and companionship for Veterans who are at risk of social isolation.
 - f. Other duties as assigned by the Veteran that supports his/her health and safety in the home.
2. Administrative:
 - a. Adhere to the Health Insurance Portability and Accountability Act (HIPPA) privacy policies and procedures. Maintain confidentiality of all information pertaining to Veteran participants and families.
 - b. Maintain positive working relationships with Veteran participants, family, and A6A Staff.
 - c. Maintain a professional appearance at all times.
 - d. Ensure that timesheets are turned in by Noon on the designated day following the end of the pay period. Timesheets are to be signed by the Veteran or Designated Representative. Falsifying the time worked will result in immediate termination of the PCA.

QUALIFICATION AND REQUIREMENTS:

- Be at least eighteen (18) years of age.
- Provide PCA services according to the Veteran's Service and Support Plan (SSP).
- Demonstrate proof of United States Citizenship or a valid Alien Work Permit.
- Hold a Valid driver's license and proof of auto insurance.
- Pass Background Check.
- Have excellent customer service and listening skills.
- Effectively communicate with the Veteran and A6A Staff.
- Ability to read and write in English.
- Ability to compute basic mathematics.
- Demonstrate the ability to make appropriate professional judgments.
- Strong organizational and problem-solving skills.
- Have access to a working telephone for regular communication with Veteran/Designated Representative and VDC Service Coordinator.

PHYSICAL AND ENVIRONMENTAL DEMANDS:

The physical demands described here are representative of those that must be met by employees to successfully perform the essential job functions of this position. In compliance with the Americans Disabilities Act, reasonable accommodations will be considered.

1. Use of hands, wrists, and fingers and lifting or moving up to 75 lbs. may be required.
2. Movements such as stooping, crouching, bending, kneeling, climbing, and reaching are required.
3. This position requires spending the majority of the workday standing and walking with occasional sitting.
4. Noise and/or level of distractions in the work environment is moderate.
5. Specific vision abilities required by this position include close vision, distance vision, and peripheral vision.
6. Ability to operate a motorized vehicle and have reliable transportation for work in the community.

Refer to Addendum A, "Personal Care Needs Inventory" which defines the specific in-home services that the Veteran, the employer, needs/requires at that moment in time. This may be updated due to the Veteran's caregiving needs changing.

Personal Care Attendant

Application Cover Sheet for Employment with the Veteran Directed Care Program

Consistent with the provision of the Americans with Disabilities Act (ADA), applicants may request accommodations needed to participate in the application process.

NAME:

Last First Middle

STREET ADDRESS:

Street City State Zip

MAILING ADDRESS:

Street/PO Box City State Zip

PHONE: Primary: _____ Alternative: _____

EMAIL: _____

Do you have valid driver's license? ___Yes ___ No Issuing State: _____

Have you ever been convicted of a felony? ___Yes ___ No

Have you ever been convicted of a misdemeanor? ___Yes ___ No

If Yes, please explain: _____

Are you or have you ever been involved with an APS investigation? ___ Yes ___ No

If yes, Issuing state? _____ Details: _____

I am available to work: (please note the days/times you are available) _____

My signature below verifies that I have read, understand, and agree to the policies and procedures as set forth in the VDC PCA Job Description and PCA Manual.

Signature of Applicant

Date

EMPLOYMENT APPLICATION

Please complete this application by typing or printing in ink.

Employer _____

Job Order # _____ Job Title _____

PERSONAL DATA

Full Name _____

Present Address _____
Street / P.O. Box City State Zip Code

Phone _____ Email Address _____

EDUCATION

High School Diploma/GED/HISET? Yes No

Name	Location	Phone	Diploma/Degree/Specialization
High School	_____	_____	_____

College/University _____

Courses & Training _____

WORK EXPERIENCE (List most recent work experience first.)

Company Name _____ Immediate Supervisor _____

Company Address _____
Street / P.O. Box City State Zip Code

Job Title _____ Phone _____

Job Description (duties, skills, equipment used)

Dates _____ Reason for Leaving _____
From (mm/yy) To (mm/yy)

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Company Address _____
Street / P.O. Box City State Zip Code

Job Title _____ Phone _____

Job Description (duties, skills, equipment used)

Dates _____ Reason for Leaving _____
From (mm/yy) To (mm/yy)

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Company Address _____
Street / P.O. Box _____ City _____ State _____ Zip Code _____

Job Title _____ Phone _____

Job Description (duties, skills, equipment used)

Dates _____ Reason for Leaving _____
From (mm/yy) _____ To (mm/yy) _____

ADDITIONAL INFORMATION

Other Relevant Experience

Licenses, Certificates, special skills, etc.

REFERENCES (References should have experience with your work history.)

Name	Location	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you need accommodations for the application or hiring process please speak with the employer. Job Service Montana staff are available to assist you.

Do you need an accommodation to participate in the application or interview process? Yes No

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date.

Do you want to be informed before we contact your present employer? Yes No

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me.

Signature _____ Date _____



VDC Reference Waiver

DATE:

PERSONAL CARE ATTENDANT NAME:

**VETERAN EMPLOYER NAME:
(Or Designated Representative)**

This is to verify my selection of the above referenced candidate to serve as my Personal Care Attendant.

I have known the candidate and verify his/her knowledge, skill and ability to serve as my Personal Care Attendant.

I do not want 406 as Fiscal Agent to conduct additional references checks for this individual.

Veteran (or Designated Representative) Signature

Date

T 406.239.2591 F 406.541-7725
PO Box 7008 | Missoula, MT 59807-7008
Email payroll@406llc.org

DISCLOSURE AND AUTHORIZATION FORM

(Applicant to receive copies of Disclosure/Authorization and retain pages 3 - 6 of this document)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Missoula Aging Services ("The Agency"), as fiscal agent for the Veteran Directed Home and Community Based Services program, will procure a consumer report and/or investigative consumer report on you in connection with your employment or volunteer application. **Sterling Infosystems, Inc.** ("Sterling Talent Solutions"), a consumer reporting agency, will obtain the report for the Agency. Further information regarding Sterling Talent Solutions, including its privacy policy, may be found online at www.sterlingtalentsolutions.com Sterling Talent Solutions is located at 19910 North Creek Parkway, Suite 200, Bothell, WA 98011, and can be reached at (877) 982-9888.

The report may contain information about your character, general reputation, personal characteristics, and mode of living and/or credit standing. The report may include but is not limited to: social security number trace, authorization to work checks, criminal records checks, civil record checks, financial information and credit checks (Experian U.S. Credit), federal record checks, public court records checks, driving records checks, drug tests, physical tests, educational records checks, employment history verification, references checks, sanction, licensing and certification checks. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report from the Agency.

The Agency is furnishing you with a summary of your rights under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission along with required state law notices in states where applicable.

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I have carefully read and understand this Disclosure and Authorization form. I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" and any applicable state or local notices of rights provided with these documents. I have had the opportunity to review my rights. By my signature below, I hereby consent to the preparation of background reports regarding me provided by Sterling Talent Solutions, and to the release of such reports to the Agency and its designated representatives for the purpose of assisting the Agency in making an employment decision involving me to the extent permitted by law. I understand that if the Agency hires me, my consent will apply throughout my employment.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Agency by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize, without reservation, any state or federal law enforcement agency or courts (federal/state/local), learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Agency.

Signature

Date

Printed Name

(Applicant to receive copies of Disclosure/Authorization and retain pages 3 - 6 of this document)

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

(Applicant to receive copies of Disclosure/Authorization and retain pages 3 - 6 of this document)

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

(Applicant to receive copies of Disclosure/Authorization and retain pages 3 - 6 of this document)

<p>In addition to the CFPB:</p>	<p>Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416</p>

(Applicant to receive copies of Disclosure/Authorization and retain pages 3 - 6 of this document)

7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.
	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

WESTERN MONTANA AREA VI AGENCY ON AGING, INC.
VETERANS DIRECTED CARE PROGRAM

Confidentiality Agreement

Your employer recognizes the importance of protecting of confidential information in your work location including confidential information regarding your employer and, when applicable, confidential information regarding co-workers. It is the obligation of every employee to maintain confidentiality. Employees will not discuss or otherwise divulge any confidential information obtained as a result of employment except when authorized by the employer for the benefit of the employer. Care should be taken at all times to see that confidential information is secure.

Drug-Free Workplace Acknowledgement

Your Veteran employer wants to provide a drug-free healthful and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a safe and satisfactory manner. While at work and while conducting business-related activities in any location, no employee may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential function of the job effectively, and in a safe manner that does not endanger any person in the workplace. Violations of this policy may have legal consequences. Employees with questions on this policy or issues related to drug and alcohol use in the workplace should raise their concerns with the Veteran employer without fear of reprisal.

I have read and agree to adhere to the conditions of this drug-free workplace acknowledgment and confidentiality agreement. I also acknowledge that any breach of either may result in disciplinary action up to and including termination.

Employee Signature: _____ **Date:** _____

Employee Printed Name: _____

First

Middle

Last

VDC EMERGENCY PCA CONTACT INFORMATION

PCA/Caregiver Name: _____

Emergency Contact for Caregiver Name: _____

Relationship to Caregiver: _____

Emergency Contact Number: _____

Caregivers Primary Care Physician Name: _____

Caregivers Preferred Hospital: _____

Start Date: _____

Veteran Employer: _____

This is the Caregiver's Information!

Veteran Directed Care Employment Agreement

The following terms stated in this agreement apply to:

VETERAN/DESIGNATED REPRESENTATIVE (DR) _____

PERSONAL CARE AIDE (PCA) _____

Terms used in this document:

Veteran Employer: Is the Veteran enrolled in the VDC Program or their Designated Representative. They are considered the Employer of Record and are responsible for hiring, training, scheduling, and managing their PCAs.

Personal Care Aide (PCA) Is the Employee hired by the Veteran Employer. The Veteran believes that there is a good fit between the PCA's skills and interests and the Veteran's needs.

406 Financial Services Is the Fiscal Agent designated by Western Montana Area 6 Agency on Aging. They provide fiscal management services on behalf of the Veteran Employer listed above. These services include: enrolling approved employees, processing payroll, performing State and Federal withholdings and reporting, and procuring Workers Compensation and Unemployment Insurance.

Western Montana Area 6 Agency on Aging: Is the provider agency for the VDC Program. They oversee adherence to all program policies and procedures.

Offer

The Veteran Employer is pleased to offer the Employee a position as Personal Care Aide to provide attendant care services to the Veteran Employer.

WAGE: _____ per hour

This date is contingent on the Veteran Employer's enrollment in the Veteran Directed Care Program, approved Service and Support Plan, and compliance with Western Montana Area 6 Agency on Aging Veteran Directed Care policies and regulations.

Probationary Period: The initial six months of employment is considered the probationary period. The probationary period is a time for a new employee to evaluate his/her position, to determine if they are a good match, and for the Veteran Employer to evaluate an employee's suitability for ongoing employment. During the probationary period, an employee may be discharged at any time with or without cause or advance notice.

Overtime: The Employee and Veteran Employer are NOT permitted to schedule or work overtime hours without first receiving prior authorization from the Care Coordinator. Overtime is considered over 40 hours in a work week. 406 Financial Services is not authorized to pay Employees for time that exceeds

the number of hours approved in the Veteran Directed Care Service and Support Plan. The work week is Sunday through Saturday. Keep in mind some work weeks will bridge pay periods.

Benefits: No benefits are provided under this agreement

Reimbursement Policy: There is no reimbursement for miscellaneous costs incurred while providing services.

Confidentiality: Upon receipt of information relating to the Veteran Employer, the Employee will become a holder of confidential data. This Employee agrees to use confidential data as required by the program and solely for carrying out his/her responsibilities under this agreement.

Records: Employee records will be maintained by 406 Financial Services as the Fiscal Agent and are available to the Veteran Employer and Employee upon request during normal business hours.

406 Financial Services as the Fiscal Agent will provide Verification of Employment services on the Veteran Employer's behalf, upon request.

Indemnification: The Employee agrees to indemnify and hold Western Montana Area 6 Agency on Aging and/or 406 Financial Services as the Fiscal Agent and its principals, agents, and subcontractors harmless for all claims, losses, expenses, fees, including attorney fees, costs, and judgments that may be asserted against Western Montana Area 6 Agency on Aging and/or 406 Financial based on any act or omissions of the Employee and/or Veteran/Employer in carrying out their individual responsibilities under this agreement.

This agreement should not be considered as a contract of employment for any definite period of time or the guarantee of any particular rules, policies, procedures, or terms and conditions of employment.

The offer described above is contingent upon the satisfactory completion of all employment related paperwork and satisfactory results of your reference and background checks.

ACCEPTED BY VETERAN/EMPLOYER

_ SIGNATURE

DATE

ACCEPTED BY EMPLOYEE

SIGNATURE

DATE

Personal Care Attendant (PCA)

Driving Policy and Agreement

Purpose:

To remind Personal Care Attendants (PCA) of the importance of following safe driving practices to ensure personal safety, public safety, and the safety of the Veterans we serve. These guidelines are also outlined in the Personal Care Attendant Program Manual.

Policy:

PCAs who are required to drive to perform their job duties must possess a current, valid driver's license in compliance with state law. PCAs are required to comply with all local, state, and federal laws regarding vehicle operation, and maintain vehicle liability/property damage insurance as required by state law. This agreement will be signed and returned to VDC Staff upon hire and annually.

Guidelines:

1. PCA is required to follow defensive driving principles, laws, and regulations.
2. PCA is to minimize distractions while driving i.e. cell phone use, text messaging, reading maps, etc. PCAs must pull over to a safe location, come to a complete stop, and put the vehicle in park before performing those tasks.
3. PCA shall not operate a vehicle when their ability to do so safely has been impaired by illness, fatigue, or injury.
4. PCA shall not operate a vehicle when under the influence of any intoxicant, controlled substance, or drug (except as prescribed by a licensed physician).
5. PCA shall not operate a vehicle when under the influence of a legally prescribed substance that may impair the ability to safely and/or efficiently drive and/or perform position duties. If a PCA is prescribed a substance that may impair the ability to safely and/or efficiently drive and/or perform position duties, it is the PCA's responsibility to immediately inform his/her supervisor.
6. PCAs that transport clients as part of their duties are required to evaluate the condition of their vehicle as fit for service. Vehicles must be one of the private passenger types whenever transporting clients. Vehicles should have safety restraints, properly inflated tires, fully functional head and taillights and directional signals, clean windows, and no visual obstructions that would block driver or passenger view. Drivers and passengers are required to use seat belts.
7. PCAs who suffer a loss of driving privileges or issuance of a probational driver's license must notify their employer immediately regardless of whether the loss of driving privileges occurred in the workplace or on the employee's personal time. This requirement applies to PCAs that have driving responsibilities as part of their job.

8. On an annual basis, employees that have driving responsibilities as part of their job must complete a written acknowledgment verifying that they maintain current, valid licensure and required insurance coverage.

My signature below indicates that I understand the guidelines outlined in the Driving Policy and that I possess a current, valid driver's license in compliance with state law; comply with all local, state, and federal laws regarding vehicle operation, and maintain vehicle liability/property damage insurance as required by state law.

Name (print): _____

Signature: _____

Date: _____



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 07/31/2026

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)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
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.					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 <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 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>

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<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>
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*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 07/31/2026**

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.
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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 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle Initial (if any) from Section 1.
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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 (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name)	First Name (Given Name)	Middle Initial
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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) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented 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 (mm/dd/yyyy)
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Additional Information (Initial and date each notation.)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name)	First Name (Given Name)	Middle Initial
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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) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented 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 (mm/dd/yyyy)
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Additional Information (Initial and date each notation.)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name)	First Name (Given Name)	Middle Initial
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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) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented 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 (mm/dd/yyyy)
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Additional Information (Initial and date each notation.)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
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Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

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: 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.

Multiple Jobs or Spouse Works 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: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

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

Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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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-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a.
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.
c Add the amounts from lines 2a and 2b and enter the result on line 2c.
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income.
2 Enter: { \$30,000 if you're married filing jointly or a qualifying surviving spouse; \$22,500 if you're head of household; \$15,000 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-".
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information.
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

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 with no other entries on the form; 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 territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

Complete Form ID W-4 so your employer can withhold the correct amount of state income tax from your paycheck. Sign the form and give it to your employer. **Use the information on the back** to calculate your Idaho allowances and any additional amount you need withheld from each paycheck. If you plan to itemize deductions, use the worksheet at tax.idaho.gov/w4.

Withholding Status

Check the "A" box (Single) if you're:

- Single with one job or single with multiple jobs
- Filing as head of household

Check the "B" box (Married) if you're:

- Married filing jointly with one job and your spouse doesn't work
- A qualifying widow(er)

Check the "C" box (Married, but withhold at Single rate) if you're:

- Married filing jointly and both people work (or you have multiple jobs)
- Married filing separately



WITHHOLDING STATUS (see information above)

A (Single) **B** (Married) **C** (Married, but withhold at Single rate)

1. Total number of Idaho allowances you're claiming _____
2. Additional amount (if any) you need withheld from each paycheck (Enter whole dollars) _____

Your Social Security number (required)
--

Your first name and initial	Last name	
Current mailing address		
City	State	ZIP Code

Under penalties of perjury, I declare that to the best of my knowledge and belief I can claim the number of withholding allowances on line 1 above.

Your signature	Date
----------------	------

1. Total number of allowances you're claiming.

Enter the number of children in your household age 16 or under as of December 31, 2021. If you have no qualifying children, enter "0." If your filing status will be head of household on your tax return, add "2" to the number of qualifying children. **Don't claim allowances for you or your spouse.** You can claim fewer allowances but not more.

If you're married, claim your allowances on the W-4 for the highest-paying job for the most accurate withholding. If you're married filing jointly, only one of you should claim the allowances. The other should claim zero allowances.

If you work for more than one employer at the same time, you should claim zero allowances on your W-4 with any employer other than your principal employer.

Write **Exempt** on line 1 if you meet **both** of the following conditions:

- Last year I had no Idaho income tax liability **and**
- This year I expect to have no Idaho income tax liability

Nonresident Aliens

Exempt income. If you're a nonresident alien and all your income is exempt from withholding, write "Exempt" on line 1.

Exempt income from a treaty. If a treaty exempts a portion of your income from withholding, complete federal Form 8233 to claim your treaty benefits and complete the Idaho W-4 to withhold on income that's not exempt by your treaty.

Idaho taxable income. If you're a nonresident alien and have Idaho taxable income, do all of these:

1. Check the "Single" withholding status box regardless of your marital status.
2. Enter 0 on line 1.
3. Using the Pay Period table below, enter the additional amount of income tax to be withheld for each pay period on line 2. *Exception:* If you're a student or business apprentice from India, report \$0 on line 2.

Pay Period Table				
If your pay period is:	Weekly	Biweekly	Semimonthly	Monthly
Enter this amount on line 2:	\$17	\$33	\$36	\$72

The withholding table calculations for employers include the standard deduction. Because nonresident aliens don't qualify for the standard deduction, the Pay Period table helps ensure that employers withhold enough.

2. Additional amount, if any, you need withheld from each paycheck.

If you're single or married filing separately and have more than one job at a time, complete the worksheet below to calculate any additional amount you need withheld from each paycheck.

1. Other than your primary job, how many jobs do you expect to have at the same time during 2021? (Don't count your primary job.)
2. Multiply the number on line 1 by \$12,550
3. Enter an estimate of your 2021 income from other jobs (not including your primary job)
4. Enter the smaller of lines 2 or 3
5. If you completed the itemized deduction worksheet for Idaho (tax.idaho.gov/w4), enter the number from line 4. Otherwise, enter "0"
6. Multiply the number on line 5 by \$2,960.....
7. Subtract line 6 from line 4
8. Multiply line 7 by 6.925% (.06925). This is the additional amount you need to withhold annually
9. Divide the amount on line 8 by the number of your remaining pay periods in 2021. Enter the number on line 2 of the W-4 as the additional amount you need withheld from each paycheck

Contact us:

In the Boise area: (208) 334-7660 | Toll free: (800) 972-7660
 Hearing impaired (TDD) (800) 377-3529
tax.idaho.gov/contact



406 Financial Services as Fiscal Agent

Direct Deposit Authorization

PLEASE FILL OUT AND RETURN TO ACCOUNTING

I authorize 406 Financial Services and the financial institution listed below to initiate electronic entry to my checking or savings account (**please check one**) each payday. This authority will remain in effect until I have canceled it in writing.

The authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Company Name: 406 Financial Services, as Fiscal Agent	Financial Institution:
Name (First/Last. please print):	City/ST of Financial Institution
ROUTING and TRANSIT NUMBER: _ _ _ _ _	ACCOUNT NUMBER

I understand that the above company may initiate a reversal of any entry made under this agreement if an error has been made. I understand that the financial institution at which I have the above account is required to provide to me the procedures for resolving errors on entries made under this agreement.

Employee Signature

Date

I would like to opt out of direct deposit and would like my paycheck sent to my mailing address.

Employee Signature

Date

Personal Care Needs Inventory (Addendum A)

The Veteran Employer shall determine the mix of services they require. The PCA will place a check mark by the duties they are willing and able to complete. Both parties agree to the following tasks checked below:

Dressing	
Grooming	
Bathing	
Eating	
Bed Mobility	
Transferring	
Lifting (wheelchair, groceries, O2, etc.)	
Walking	
Toileting	
Running Errands	
Transportation	
Laundry	
Change Bedding	
Dishes	
Taking out Garbage	
Mopping/Vacuuming/Sweeping/Dusting	
Accompany to appointments	
Bill pay/money mgmt.	
Medication Reminders	
Grocery Shopping	
Socialization	
Meal Prep	

By signing below, both parties acknowledge the following:

- **Universal Precautions:** I have received information regarding universal precautions and personal protective equipment (PPE). I accept the responsibility to manage my personal safety if I choose to decline the use of PPE's.
- **OSHA Standards:** I have been advised of OSHA regulations regarding vaccination for Hepatitis B. I accept responsibility for declining or accepting vaccination. I will notify my employer if I want the vaccine.
- **Personal Care Needs Inventory:** I am willing and able to complete the tasks that have been marked. Additionally, at this time, I do not have any medical restrictions that limit my ability to safely complete the tasks marked above.

Veteran Employer: _____ **Date:** _____

PCA: _____ **Date:** _____

2026 VDC PAYROLL CALENDAR

Timesheets are due to 406 Financial Services office by NOON of the designated date

Pay Period Start Date	Pay Period End Date	Timesheets Due	Pay Date
1/1/2026	1/15/2026	1/16/2026	1/22/2026
1/16/2026	1/31/2026	2/1/2026	2/6/2026
2/1/2026	2/15/2026	2/16/2026	2/20/2026
2/16/2026	2/29/2026	3/1/2026	3/6/2026
3/1/2026	3/15/2026	3/16/2026	3/20/2026
3/16/2026	3/31/2026	4/1/2026	4/8/2026
4/1/2026	4/15/2026	4/16/2026	4/23/2026
4/16/2026	4/30/2026	5/1/2026	5/7/2026
5/1/2026	5/15/2026	5/16/2026	5/22/2026
5/16/2026	5/31/2026	6/1/2026	6/5/2026
6/1/2026	6/15/2026	6/16/2026	6/22/2026
6/16/2026	6/30/2026	7/1/2026	7/8/2026
7/1/2026	7/15/2026	7/16/2026	7/22/2026
7/16/2026	7/31/2026	8/1/2026	8/7/2026
8/1/2026	8/15/2026	8/16/2026	8/21/2026
8/16/2026	8/31/2026	9/1/2026	9/8/2026
9/1/2026	9/15/2026	9/16/2026	9/22/2026
9/16/2026	9/30/2026	10/1/2026	10/7/2026
10/1/2026	10/16/2026	10/16/2026	10/22/2026
10/16/2026	10/31/2026	11/1/2026	11/6/2026
11/1/2026	11/15/2026	11/16/2026	11/20/2026
11/16/2026	11/30/2026	12/1/2026	12/7/2026
12/1/2026	12/15/2026	12/16/2026	12/22/2026
12/16/2026	12/31/2026	1/1/2027	1/7/2027

Web Upload:

www.406llc.org

Text:

406-239-2591

FAX:

406-541-7725

Emai:

Payroll@406llc.org

2026 VDC PAYROLL CALENDAR

Timesheets are due to 406 Financial Services office by NOON of the designated date

Pay Period Start Date	Pay Period End Date	Timesheets Due	Pay Date
1/1/2026	1/15/2026	1/16/2026	1/22/2026
1/16/2026	1/31/2026	2/1/2026	2/6/2026
2/1/2026	2/15/2026	2/16/2026	2/20/2026
2/16/2026	2/29/2026	3/1/2026	3/6/2026
3/1/2026	3/15/2026	3/16/2026	3/20/2026
3/16/2026	3/31/2026	4/1/2026	4/8/2026
4/1/2026	4/15/2026	4/16/2026	4/23/2026
4/16/2026	4/30/2026	5/1/2026	5/7/2026
5/1/2026	5/15/2026	5/16/2026	5/22/2026
5/16/2026	5/31/2026	6/1/2026	6/5/2026
6/1/2026	6/15/2026	6/16/2026	6/22/2026
6/16/2026	6/30/2026	7/1/2026	7/8/2026
7/1/2026	7/15/2026	7/16/2026	7/22/2026
7/16/2026	7/31/2026	8/1/2026	8/7/2026
8/1/2026	8/15/2026	8/16/2026	8/21/2026
8/16/2026	8/31/2026	9/1/2026	9/8/2026
9/1/2026	9/15/2026	9/16/2026	9/22/2026
9/16/2026	9/30/2026	10/1/2026	10/7/2026
10/1/2026	10/16/2026	10/16/2026	10/22/2026
10/16/2026	10/31/2026	11/1/2026	11/6/2026
11/1/2026	11/15/2026	11/16/2026	11/20/2026
11/16/2026	11/30/2026	12/1/2026	12/7/2026
12/1/2026	12/15/2026	12/16/2026	12/22/2026
12/16/2026	12/31/2026	1/1/2027	1/7/2027

Web Upload:

www.406llc.org

Text:

406-239-2591

FAX:

406-541-7725

Emai:

Payroll@406llc.org

Employee Timesheet January 1 - 15th

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>
 FAX: 406-541-7725 Text: 406-239-2591 Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2026					1	2	3
Date January 1 - January 3							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	4	5	6	7	8	9	10
Date January 4 - January 10							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	11	12	13	14	15	16	17
Date January 11 - January 15							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:						Timesheet Due	

Timesheets are due by **NOON** on the day following the end of the pay period. Weekly Total Hours: _____

Does this match your budgeted hours? Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
 I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER SIGNATURE _____

406 FINANCIAL USE ONLY
Reviewed _____
Hours _____

Employee Timesheet January 16 - 31st

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>
 FAX: 406-541-7725 Text: 406-239-2591 Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday 16	Saturday 17
2026 Date January 16 -17; Feb 1							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	18	19	20	21	22	23	24
Date January 18 - January 24							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	25	26	27	28	29	30	31
Date January 25 - January 31							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Timesheets are due by **NOON** on the day following the end of the pay period.

Does this match your budgeted hours?

Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
 I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet February 1 - 15th

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>
 FAX: 406-541-7725 Text: 406-239-2591 Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday 1	Monday 2	Tuesday 3	Wednesday 4	Thursday 5	Friday 6	Saturday 7
2026 Date February 1 - Feb 7							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday 8	Monday 9	Tuesday 10	Wednesday 11	Thursday 12	Friday 13	Saturday 14
Date February 8 - Feb 14							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday 15	Monday 16	Tuesday	Wednesday	Thursday	Friday	Saturday
Date February 15							
Time in:		Timesheet Due					
Time out:							
Time in:							
Time out:							
Time out:							

Timesheets are due by **NOON** on the day following the end of the pay period. Weekly Total Hours: _____

Does this match your budgeted hours? Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
 I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet February 16 - 28th

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>
 FAX: 406-541-7725 Text: 406-239-2591 Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday 16	Monday 17	Tuesday 18	Wednesday 19	Thursday 20	Friday 21	Saturday 21
2026 Date February 16 - Feb 21							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday 22	Monday 23	Tuesday 24	Wednesday 25	Thursday 26	Friday 27	Saturday 28
Date February 22 - Feb 28							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday March 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date March 1							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:	Timesheet Due						

Timesheets are due by **NOON** on the day following the end of the pay period. Weekly Total Hours: _____

Does this match your budgeted hours? Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
 I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet March 1 - 15th

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>
 FAX: 406-541-7725 Text: 406-239-2591 Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday 1	Monday 2	Tuesday 3	Wednesday 4	Thursday 5	Friday 6	Saturday 7
2026 Date March 1 -March 7							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday 8	Monday 9	Tuesday 10	Wednesday 11	Thursday 12	Friday 13	Saturday 14
Date March 8 -March 14							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday 15	Monday 16	Tuesday	Wednesday	Thursday	Friday	Saturday
Date March 15							
Time in:		Timesheet Due					
Time out:							
Time in:							
Time out:							
Total Hours:							

Timesheets are due by **NOON** on the day following the end of the pay period. Weekly Total Hours: _____

Does this match your budgeted hours? Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
 I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet March 16 - 31th

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>
 FAX: 406-541-7725 Text: 406-239-2591 Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday 16	Monday 17	Tuesday 18	Wednesday 19	Thursday 20	Friday 21	Saturday 21
2026 Date March 16 -March 21							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday 22	Monday 23	Tuesday 24	Wednesday 25	Thursday 26	Friday 27	Saturday 28
Date March 22 -March 28							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday 29	Monday 30	Tuesday 31	Wednesday April 1	Thursday	Friday	Saturday
Date March 29 - March 31							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:				Timesheet Due			

Timesheets are due by **NOON** on the day following the end of the pay period. Weekly Total Hours: _____

Does this match your budgeted hours? Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
 I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet April 1 - 15th

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>
 FAX: 406-541-7725 Text: 406-239-2591 Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2026				1	2	3	4
Date April 1 - April 4							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	5	6	7	8	9	10	11
Date April 5 - April 11							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	12	13	14	15	16		
Date April 12 - April 15							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:					Timesheet Due		

Timesheets are due by **NOON** on the day following the end of the pay period. Weekly Total Hours: _____

Does this match your budgeted hours? Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
 I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____ VETERAN/EMPLOYER SIGNATURE _____	406 FINANCIAL USE ONLY Reviewed _____ Hours _____
--	---

Employee Timesheet April 16 - 30th

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>
 FAX: 406-541-7725 Text: 406-239-2591 Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2026					16	17	18
Date April 16 -April 18							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	19	20	21	22	23	24	25
Date April 19 -April 25							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	26	27	28	29	30	May 1	
Date April 26 - April 30							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:						Timesheet Due	

Weekly Total Hours: _____

Timesheets are due by **NOON** on the day following the end of the pay period.

Does this match your budgeted hours?

Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
 I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____ VETERAN/EMPLOYER SIGNATURE _____	406 FINANCIAL USE ONLY Reviewed _____ Hours _____
--	---

Employee Timesheet May 1 - 15th

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026
Date May 1 - May 2

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday 1	Saturday 2	
Time in:								
Time out:								
Time in:								
Time out:								
Total Hours:								

Weekly Total Hours: _____

Date May 3 - May 9

	Sunday 3	Monday 4	Tuesday 5	Wednesday 6	Thursday 7	Friday 8	Saturday 9
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Date May 10 - May 15

	Sunday 10	Monday 11	Tuesday 12	Wednesday 13	Thursday 14	Friday 15	Saturday 16
Time in:							Timesheet Due
Time out:							
Time in:							
Time out:							
Total Hours:							

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: _____

Does this match your budgeted hours?

Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet May 16 - 31st

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2026 Date May 16 & May 31	31-May	June 1					16
Time in:		Timesheet Due					
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date May 17 - May 23	17	18	19	20	21	22	23
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date May 24 - May 30	24	25	26	27	28	29	30
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: _____

Does this match your budgeted hours?

Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet June 1 - 15th

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026
Date June 1 - 6

	Sunday 1	Monday 2	Tuesday 3	Wednesday 4	Thursday 5	Friday 6
Time in:						
Time out:						
Time in:						
Time out:						
Total Hours:						

Weekly Total Hours: _____

Date June 7 - 13

Sunday 7	Monday 8	Tuesday 9	Wednesday 10	Thursday 11	Friday 12	Saturday 13
Time in:						
Time out:						
Time in:						
Time out:						
Total Hours:						

Weekly Total Hours: _____

Date June 14 - 15

Sunday 14	Monday 15	Tuesday 16	Wednesday	Thursday	Friday	Saturday
Time in:						
Time out:						
Time in:						
Time out:						
Total Hours:			Timesheet Due			

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: _____

Does this match your budgeted hours?

Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet June 16 - 30th

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026
Date June 16 - 20

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	16	17	18	19	20		
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Date June 21 - 27

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	21	22	23	24	25	26	27
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Date June 28 - 30

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	28	29	30	July 1			
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:				Timesheet Due			

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: _____

Does this match your budgeted hours?

Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet July 1 - 15th

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026
Date July 1 - 4

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3	4
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Date July 5 - 11

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	5	6	7	8	9	10	11
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Date July 12 - 15

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	12	13	14	15	16		
Time in:					Timesheet Due		
Time out:							
Time in:							
Time out:							
Total Hours:							

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: _____

Does this match your budgeted hours?

Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet July 16 - 31st

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026
Date July 16 - 18

	Sunday	Monday	Tuesday	Wednesday	Thursday 16	Friday 17	Saturday 18
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Date July 19 - 25

	Sunday 19	Monday 20	Tuesday 21	Wednesday 22	Thursday 23	Friday 24	Saturday 25
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Date July 26 - 31

	Sunday 26	Monday 27	Tuesday 28	Wednesday 29	Thursday 30	Friday 31	Saturday August 1
Time in:							Timesheet Due
Time out:							
Time in:							
Time out:							
Total Hours:							

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: _____

Does this match your budgeted hours?

Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet August 1 - 15th

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026
Date: August 1

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
							1
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Date: August 2 - 8

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	2	3	4	5	6	7	8
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Date: August 9-15

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	9	10	11	12	13	14	15
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: _____

Does this match your budgeted hours?

Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet August 16 - 31st

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026
Date: August 16- 22

	Sunday 16	Monday 17	Tuesday 18	Wednesday 19	Thursday 20	Friday 21	Saturday 22
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Date: August 23 - 29

	Sunday 23	Monday 24	Tuesday 25	Wednesday 26	Thursday 27	Friday 28	Saturday 29
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Date: August 30-31

	Sunday 30	Monday 31	Tuesday September 1	Wednesday	Thursday	Friday	Saturday
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:			Timesheet Due				

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: _____

Does this match your budgeted hours?

Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet September 1 - 15th

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026
Date: September 1 - 5

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4	5
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Date: September 6 - 12

Labor Day

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6	7	8	9	10	11	12
Time in:						
Time out:						
Time in:						
Time out:						
Total Hours:						

Weekly Total Hours: _____

Date: September 13 - 15

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
13	14	15	16			
Time in:			Timesheet Due			
Time out:						
Time in:						
Time out:						
Total Hours:						

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: _____

Does this match your budgeted hours?

Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet September 16 - 30th

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2026				16	17	18	19
Date: September 16 - 19							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	20	21	22	23	24	25	26
Date: September 20 - 26							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	27	28	29	30	October 1		
Date: September 27 - 30							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:					Timesheet Due		

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: _____

Does this match your budgeted hours?

Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet October 1 - 15th

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

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Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026
Date: October 1 - 3

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2	3
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Date: October 4 - 10

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	4	5	6	7	8	9	10
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Date: October 11 - 15

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	11	12	13	14	15	16	
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:						Timesheet Due	

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: _____

Does this match your budgeted hours?

Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet October 16 - 31st

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2026							
Date: October 16 - 17						16	17
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: October 18 - 24	18	19	20	21	22	23	24
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: October 25 - 31	25	26	27	28	29	30	31
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: _____

Does this match your budgeted hours?

Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet November 1 - 15th

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026
Date: November 1 - 7

	Sunday 1	Monday 2	Tuesday 3	Wednesday 4	Thursday 5	Friday 6	Saturday 7
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Date: November 8 - 14

	Sunday 8	Monday 9	Tuesday 10	Wednesday 11	Thursday 12	Friday 13	Saturday 14
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Veterans Day

Weekly Total Hours: _____

Date: November 15

	Sunday 15	Monday 16	Tuesday	Wednesday	Thursday	Friday	Saturday
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:		Timesheet Due					

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: _____

Does this match your budgeted hours?

Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet November 16 - 30th

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

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Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026
Date: November 16 - 21

	Sunday 16	Monday 17	Tuesday 18	Wednesday 19	Thursday 20	Friday 21	Saturday 21
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Date: November 22 - 28

	Sunday 22	Monday 23	Tuesday 24	Wednesday 25	Thursday 26	Friday 27	Saturday 28
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Date: November 29-30

	Sunday 29	Monday 30	Tuesday December 1	Wednesday	Thursday	Friday	Saturday
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:			Timesheet Due				

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: _____

Does this match your budgeted hours?

Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet December 1 - 15th

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

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Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026
Date: December 1 - 5

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4	5
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Date: December 6 - 12

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	6	7	8	9	10	11	12
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

Date: December 13 - 15

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	13	14	15	16			
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:				Timesheet Due			

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: _____

Does this match your budgeted hours?

Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER
SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____

Employee Timesheet December 16 - 31st

Employee Name: _____

Employer/Veteran Name: _____

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

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Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2026				16	17	18	19
Date: December 16 - 19							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	20	21	22	23	24	25	26
Date: December 20 - 26							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	27	28	29	30	31	January 1	
Date: December 27 - 31							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:						Timesheet Due	

Timesheets are due by NOON on the day following the end of the pay period. Weekly Total Hours: _____

Does this match your budgeted hours? Total Timesheet Hours: _____

I affirm that the hours reported above are accurate and complete.
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____

VETERAN/EMPLOYER SIGNATURE _____

406 FINANCIAL USE ONLY

Reviewed _____

Hours _____