

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. **MT Dept of Labor & Industry Third Party Authorization (TPA)**-Please complete highlighted sections & Sign/Date.
 - In order to open an Unemployment Account and allow 406 Financials Services to pay taxes on your behalf, the Department of Labor & Industry requires this Third Party Authorization.

5. **POA Auth to Disclose Information (DOR)**-Please complete the Taxpayer Name and Address section of Part 1 and sign/date at bottom.
 - Montana Department of Revenue manages the State Tax Division. This POA form allows 406 Financial to report and pay on your behalf.

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
 See separate instructions for each line. Keep a copy for your records.
 Go to www.irs.gov/FormSS4 for instructions and the latest information.

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested	
	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)	5a Street address (if different) (Don't enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions)	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 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"/> Military/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 _____ <input type="checkbox"/> Other nonprofit organization (specify) _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises _____ <input checked="" type="checkbox"/> Other (specify) _____ 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.		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 will generally be \$1,000 or less if you expect to pay \$5,000 or less, \$6,536 or less if you're in a U.S. territory, in total wages.) If you don't check this box, you must file Form 941 for every quarter <input type="checkbox"/>
Agricultural	Household	
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"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale—agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale—other <input type="checkbox"/> Retail <input type="checkbox"/> _____ <input type="checkbox"/> Other (specify) _____		
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	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)
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)		Applicant's fax number (include area code)
Signature	Date	

See below to determine whether you need an EIN. However, for further information on applying for an EIN, including how to submit an EIN application, see the separate instructions at www.irs.gov/FormSS4.

Do I Need an EIN?

File Form SS-4 if the applicant entity doesn't already have an EIN but is required to show an EIN on any return, statement, or other document.¹ See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
started a new business	doesn't currently have (nor expect to have) employees	complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-14, and 16-18.
hired (or will hire) employees, including household employees	doesn't already have an EIN	complete lines 1, 2, 4a-6, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-18.
opened a bank account	needs an EIN for banking purposes only	complete lines 1-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
changed type of organization	either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) ²	complete lines 1-18 (as applicable).
purchased a going business ³	doesn't already have an EIN	complete lines 1-18 (as applicable).
created a trust	the trust is other than a grantor trust or an IRA trust ⁴	complete lines 1-18 (as applicable).
created a pension plan as a plan administrator ⁵	needs an EIN for reporting purposes	complete lines 1, 3, 4a-5b, 7a-b, 9a, 10, and 18.
is a foreign person needing an EIN to comply with IRS withholding regulations	needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶	complete lines 1-5b, 7a-b (SSN or ITIN as applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is administering an estate	needs an EIN to report estate income on Form 1041	complete lines 1-7b, 9a, 10-12, 13-17 (if applicable), and 18.
is a withholding agent for taxes on nonwage income paid to an alien (that is, individual, corporation, or partnership, etc.)	is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is a state or local agency	serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷	complete lines 1, 2, 4a-5b, 7a-b, 9a, 10, and 18.
is a single-member LLC (or similar single-member entity)	needs an EIN to file Form 8832, Entity Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸ , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business	complete lines 1-18 (as applicable).
is an S corporation	needs an EIN to file Form 2553, Election by a Small Business Corporation ⁹	complete lines 1-18 (as applicable).

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity doesn't have employees.

² However, don't apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

³ Don't use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

⁴ However, grantor trusts that don't file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

⁵ A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

⁶ Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

⁷ See also *Household employer agent* in the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.

⁸ See *Disregarded entities* in the instructions for details on completing Form SS-4 for an LLC.

⁹ An existing corporation that is electing or revoking S corporation status should use its previously assigned EIN.

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

(Rev. December 2024) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

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're 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 isn't effective until we approve your request. See the instructions for more information.

- If you're 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're 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)

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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
Foreign country name	Foreign province/county	Foreign postal 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/payments	For SOME employees/ payees/payments
Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return* (all 940 series)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, Employer's Annual Federal Tax Return for Agricultural Employees (all 943 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, Employer's ANNUAL Federal Tax Return (all 944 series)	<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 can't appoint an agent to report, deposit, and pay tax reported on Form 940, unless you're a home care service recipient.

- Check here if you're a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax 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.

Sign your name here

Print your name here

Print your title here

HCSR

Date

/ /

Best daytime phone

Now give this form to the agent to complete.

Part 3: Agent Information: If you'll be an agent for an employer or payer, or want to revoke an appointment, complete this part.

6 Agent's employer identification number (EIN)

-

7 Agent's name (not trade name)

8 Trade name (if any)

9 Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Check here if the employer is a home care service recipient receiving home care services through a program administered by a federal, state, or local government agency.

Under penalties of perjury, I declare that I have examined this form and any attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

Sign your name here

Print your name here

Print your title here

HCSR

Date

/ /

Best daytime phone

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. See instructions.

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 6.

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

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ▶

Name and address 406 Financial Services PO Box 7008 Missoula MT 59807-7008 Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. _____ PTIN _____ P02153857 Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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Name and address Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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3 Tax information. Each designee 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/Identification
Employment, Payroll	941, 940	2023-2027	

4 Specific use not recorded on the 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 line 5 ▶

5 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 5 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 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETED, 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	Title (if applicable)

Third Party Authorization Form

Employer

Montana UI Employer Account Number	Federal ID Number
Owner/Officer/Partner Name	Doing Business As
Mailing Address (Street or PO Box)	City, State Zip Code
Telephone Number 406-239-2591	Email Address kfraser@406llc.org

Third Party Administrator (TPA)

Authorized Third Party Administrator 406 Financial Services	Federal ID Number 47-1252737
Mailing Address (Street or PO Box) PO Box 7008	City, State Zip Code Missoula, MT 59807-7008
Telephone Number 406-239-2591	Email Address kfraser@406llc.org
Begin Authority As Of (date) 01/01/2020	

CONSENT & AUTHORIZATIONS

I hereby certify the above-named Third-Party Administrator (TPA) will be acting on behalf of my organization in matters related to Montana Unemployment Insurance (UI).

UI eServices for Employers: I authorize the Montana Department of Labor & Industry, Unemployment Insurance Division (UID) to grant employees of the above named TPA access to my UI account via UI eServices for Employers to receive and respond to all matters concerning UI (**check one**):

- Contributions (tax)
 Benefit Claims
 Both tax and benefit claim matters

Correspondence: I understand by authorizing UI eServices for Employers access to the above TPA, they will have access to correspondence through eServices regarding my UI account and/or benefit claims filed. In addition, I authorize the following correspondence to be mailed directly to the above TPA (**check all that apply**):

- UI Tax Rate Notices
 Quarterly or monthly benefit charge notices
 Benefit Claim related correspondence including Separation and Potential Charge notices.

Signature of the Employer/Taxpayer

I relieve the Department and their representatives of any liability related to release of such information to the above-named authorized third-party agent. I understand this authorization does not absolve me, as the employer/taxpayer, of the responsibility to ensure all quarterly reports, taxes, and/or notices related to UI benefit claims are filed, paid, and/or responded to timely and accurately. Any authorization granted remains in effect until revoked by the taxpayer or the third-party agent.

The person completing this section and signing below must have legal authority to bind the business.

I certify I have the legal authority to execute this form and authorize disclosure of information noted above:			
PRINTED NAME & TITLE of Authorized Person		PRINTED NAME of Witness to Authorized Person (Required)	
SIGNATURE of Authorized Person	DATE	SIGNATURE of Witness (Required)	DATE

Part IV – Type of Authorization (check the appropriate box):

- a. Information or Records Receipt Only
Department employees can only provide the taxpayer’s confidential information or records specified in Part III (above) to the representative.
- b. Representation
Department employees can provide confidential information to the representative and discuss the information. Representatives can receive and inspect confidential information.
- c. Decision-making authority / Attorney / Attorney-in-fact
Department employees can provide confidential information to the representative, can discuss the information, and the representative can act on the taxpayer’s behalf for all purposes, including settlement and waiver of appeal rights.

Part V – Revoke Representative(s)
Revocation of an Existing Power(s) of Attorney (for Taxpayer use only)

- Mark this box to revoke an existing POA on file with the department.
Names of existing Representative(s) to be revoked _____

- Mark this box to revoke all existing POA Representatives on file with the department.

Part VI – Taxpayer Signature

If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, fiduciary, trustee, or immediate family member on behalf of the taxpayer, the undersigned certifies their authority to execute this form on the taxpayer’s behalf under penalty of false swearing, pursuant to [45-7-202, MCA](#).

If not signed and dated, this Power of Attorney will not be in effect and the taxpayer will be notified.

Signature **X** _____

Date

M	M	D	D	Y	Y	Y	Y
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Printed Name _____

Title _____

Part VII – Declaration of Representatives

I declare under penalty of false swearing, pursuant to [45-7-202, MCA](#), that:

- I am authorized by the taxpayer identified in Part I for the tax matters specified in Part III; and
- My relationship to the taxpayer:
 - a. Attorney or attorney-in-fact – licensed to practice law in the jurisdiction shown below.
 - b. Certified Public Accountant – duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c. IRS Enrolled Agent or Accountant, etc.
 - d. Officer – a recognized officer of the taxpayer.
 - e. Family member – a member of the taxpayer’s immediate family (for example: spouse, parent, child, grandparent, stepparent, stepchild, brother, or sister).
 - f. Other (for example: an employee of the taxpayer (e.g. business manager, accountant) or agent under contract with the taxpayer).

Representative Name	Designation – Insert letter from above (a-f)	Relationship to Taxpayer (See instructions for Part II)	Signature (Required)

Part VIII – Representative(s) Withdrawal (for Representative use only)

Withdrawal from an existing Power of Attorney of a taxpayer.

Signature **X** _____

Date

Printed Name _____

Phone

Email



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

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 Southwest Montana Aging and Disability Services. 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.

Southwest Montana Aging and Disability Services: 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 Southwest Montana Aging and Disability Services 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 Southwest Montana Aging and Disability Services 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 Southwest Montana Aging and Disability Services 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 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:** _____

DISCLOSURE AND AUTHORIZATION FORM

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

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

406 Financial 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
-----------------------	-------------------------------

State ID/Driver's License #	State Issued
------------------------------------	---------------------

Current Physical Address

City	State	Zip
-------------	--------------	------------

()
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.
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Washington, DC 20549 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

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
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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 _____

Employee's Withholding Certificate

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
 Give Form W-4 to your employer.
 Your withholding is subject to review by the IRS.**

2026

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.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

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

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

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

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(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):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200	3(a)	\$	
	(b) Multiply the number of other dependents by \$500	3(b)	\$	
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here	3	\$	
Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here	4(b)	\$	
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$	

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet both of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 <input type="checkbox"/>
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Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

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

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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 and you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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 16, 2027.

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 of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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 when you file your tax return.

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 5. 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 **1** \$ _____

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 5 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 **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 5 and enter this amount on line 2b **2b** \$ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c **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. **3** _____

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 (plus any other additional amount you want withheld) **4** \$ _____

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



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

a Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 **1a** \$ _____

b Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the “and-a-half” portion of time-and-a-half compensation **1b** \$ _____

c Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 **1c** \$ _____

2 Add lines 1a, 1b, and 1c. Enter the result here **2** \$ _____

3 Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly):

a Enter \$6,000 if you are age 65 or older before the end of the year **3a** \$ _____

b Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment **3b** \$ _____

4 Add lines 3a and 3b. Enter the result here **4** \$ _____

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information **5** \$ _____

6 Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

a Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income **6a** \$ _____

b State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) **6b** \$ _____

c Home mortgage interest. If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) **6c** \$ _____

d Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income **6d** \$ _____

e Other itemized deductions. Enter the amount for other itemized deductions **6e** \$ _____

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here **7** \$ _____

8 Limitation on itemized deductions.

a Enter your total income **8a** \$ _____

b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** \$ _____

9 Enter: { • \$768,700 if you’re married filing jointly or a qualifying surviving spouse }
 { • \$640,600 if you’re single or head of household } **9** \$ _____
 { • \$384,350 if you’re married filing separately }

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here **10** \$ _____

11 Standard deduction.

Enter: { • \$32,200 if you’re married filing jointly or a qualifying surviving spouse }
 { • \$24,150 if you’re head of household } **11** \$ _____
 { • \$16,100 if you’re single or married filing separately }

12 Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) **12** \$ _____

13 Add lines 11 and 12. Enter the result here **13** \$ _____

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 **14** \$ _____

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 **15** \$ _____

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	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

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	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

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	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190



Montana Employee's Withholding and Exemption Certificate

MW-4
V4 10/2023

Employee's first name and middle initial	Last name	Social Security Number			
Physical address					
City	State	ZIP Code			

Complete Form MW-4 so that your employer can withhold the correct Montana income tax from your pay. See **Employee Instructions** on the back of this form before completing this form.

1. Federal filing status

- a. Single or married filing separately (If you have multiple jobs, complete the Multiple Jobs Worksheet.)
- b. Married filing jointly or qualifying widower (If you and your spouse have multiple jobs, see line 2.)
- c. Head of household

2. Married Filing Jointly with Both Spouses Working. If you are married and you and your spouse are both working and earn similar incomes, mark the box. If you and your spouse have multiple jobs, and your spouse earns significantly more or less than you, do not mark this box. Instead, mark box 1b, then complete the Multiple Jobs Worksheet on page 2 and enter the result on line 3.

3. Extra withholding. Enter any additional tax you want withheld from each pay period, including any amount you want withheld from retirement distributions. **3.** _____

4. Reduced withholding. If you expect to report large federal adjustments, federal itemized deductions, Montana subtractions, and/or Montana tax credits, you can direct your employer to withhold the amount you report on this line. (*Caution:* Requesting a reduced amount of withholding may result in a tax due when you file your tax return.) **4.** _____

5. Exemptions for Tax Year

You may be entitled to claim an exemption from Montana income tax withholding if your income is exempt from Montana income tax. Mark the box to indicate the reason you believe you are exempt from Montana income tax.

- a. I am exempt because I am an enrolled member of a registered tribe, I live on the reservation of that tribe, and I earn wages from work performed on that reservation. (You must complete line 1 or 2.)
- b. I am exempt because I am a member of the Reserve or National Guard and my compensation is earned under U.S.C. Title 10. (You must complete line 1 or 2.)
- c. I am exempt because I am a North Dakota resident.
- d. I am exempt because I am a resident of another state living in Montana solely to be with my spouse, who is a resident of the same state and a member of the U.S. armed forces assigned to a military location in Montana.

Under penalty of false swearing, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. (This form is not valid unless you sign it.)

Employee's Signature Date

Employer Information

Name	Federal Employer Identification Number				
Mailing Address	MT Withholding Account ID				
City	State	ZIP Code			

Multiple Jobs Worksheet

Complete this worksheet if you have multiple jobs, or if you are married filing jointly with both spouses working. This worksheet calculates the total extra withholding for all jobs. Complete this worksheet on the Form MW-4 for the highest paying job for the most accurate results. The amount on line 4 is the additional amount to withhold from your wages.

- 1. Two jobs.** If you have two jobs or you are married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5 or 6. 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 here. 1. _____
- 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.
- 2a.** Find the amount from the appropriate table on page 5 or 6 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 here. 2a. _____
- 2b.** 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 5 or 6 and enter this amount on line 2b. 2b. _____
- 2c.** Add lines 2a and 2b. 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. 3. _____
- 4.** Divide the annual amount on line 1 or line 2c by the amount of pay periods on line 3. Enter this amount here and on Form MW-4, line 3 of the Form MW-4 for the highest paying job (along with any other additional amount you want withheld). 4. _____

Beginning in Tax Year 2024, Montana’s income tax system will change significantly. Taxpayers will see changes to filing statuses, tax brackets, and the calculation of Montana taxable income.

As a result of these changes, wage withholding determined before January 1, 2024, may not accurately reflect an employee’s actual tax liability under the new system.

Employees should complete a new Form MW-4 beginning January 1, 2024, to ensure the correct amount of Montana income tax is withheld from their wages.

Employee Instructions

Purpose

Complete Form MW-4 so that your employer can withhold the correct Montana income tax from your pay. You should complete the form when you:

- Start a new job.
- Claim to be exempt from Montana income tax withholding.

Consider completing a new Form MW-4 if your personal or financial situation changes. If you do not have enough income tax withheld from your wages, interest and/or penalties may be assessed when you file your individual income tax return.

Line Instructions

Line 1 – Federal filing status. Select the federal filing status you will use when you file your income tax return. This will determine the standard deduction and tax rates used to compute your wage withholding. If you have multiple jobs, complete the Multiple Jobs Worksheet, and report the additional amount from line 4 of the worksheet on page 1, line 3.

Line 2 – Married Filing Jointly with Both Spouses Working. If you are married, both spouses work, and earn similar amounts, mark this box on this form and all Forms MW-4 for the other jobs. If this box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This is roughly accurate for jobs with similar pay; otherwise more tax than necessary will be withheld. If you or your spouse have multiple jobs, or if one spouse earns significantly more than the other, do not mark this box. Instead, mark box 1b, and complete the Multiple Jobs Worksheet on the Form MW-4 of the highest paid job. Report the additional amount to withhold on line 3 on the Form MW-4 of the highest paid job.

Line 3 – Extra withholding. You may request to have an additional amount of taxes withheld from your paycheck on this line. If you want to receive a refund, you may enter an additional amount on this line.

If you receive pensions or annuities, you may ask the payer to withhold a flat amount that you report on this line.

You can choose to have Montana income tax withheld from your unemployment compensation. Report the amount you want the payer to withhold on this line.

Line 4 – Reduced withholding. If your income mainly consists of wages, and you expect to report large federal adjustments, federal itemized deductions, Montana subtractions, and/or Montana tax credits, you may direct your employer to only withhold the amount you report on this line. Your employer will not use the standard calculations for withholding. To calculate the amount needed, divide the amount of your expected tax by the number of pay periods in a year. Enter the amount to be withheld rather than the standard calculation. If this line is blank,

your withholding will be calculated based on the standard calculations.

CAUTION. This will reduce the amount of tax withheld and may result in a balance owing on your income tax return.

Line 5 – Exemptions. You must meet one of the following requirements to claim an exemption from Montana wage withholding:

- a. You are an enrolled member of an American Indian tribe living and working on the reservation of which you are an enrolled member. You must also complete line 1 or 2 because your exemption may not cover all the wages you earned in Montana.
- b. You are a member of the Montana National Guard and are receiving pay for active duty in the U.S. military under USC Title 10 orders. You must also complete line 1 or 2 because your exemption only applies to your pay derived from your USC Title 10 orders.
- c. Your wages are exempt from withholding because you are a resident of North Dakota. This exemption is available for residents of North Dakota because of the reciprocity agreement in place between North Dakota and Montana.
- d. You are the spouse of a military member assigned to duty in Montana, you and your spouse are domiciled in another state (the same state as one another) and you are present in Montana solely to be with your spouse.

To claim an exemption, give this form to your employer upon the start of your employment, or as soon as you qualify for an exemption. If it remains applicable, your exemption needs to be renewed before the beginning of the next year. Provide a new Form MW-4 to your employer each year or your employer will begin withholding. Do not forget to indicate the year.

Montana does not recognize the federal exempt status available on the federal Form W-4. Therefore, exemption from withholding for federal purposes does not exempt you from Montana income tax withholding.

An exemption from withholding is available only if the entire statement you marked on line 5 is true. If your situation changes, and your exemption is no longer valid, you must provide a new Form MW-4 to your employer with line 1 or 2 completed.

If you claim one of the exemptions from withholding, your employer must file an electronic copy of this form with the Department of Revenue.

An exemption from withholding is not an automatic exemption from filing a Montana income tax return. See Montana Individual Income Tax Return (Form 2) instructions for more guidance.

Employer Instructions

Montana wage withholding is required when wages are earned in Montana. Employers are liable for Montana withholding taxes and are only relieved of that liability once they have withheld the correct amount of taxes from the employees' wages for a given pay period.

Newly hired employees must complete this form when they begin working for you. Employees claiming to be exempt from Montana wage withholding must complete this form when they begin working for you and every year thereafter. Employees may file a new Form MW-4 if their personal or financial situation changes.

Keep the copies of all Forms MW-4 you receive from your employees with your records.

Exemptions from Montana Withholding

You must file your employee's Form MW-4 with the department if the employee is claiming one of the withholding exemptions listed on line 5. The form is due to the department by the last day of the payroll period in which the form was received and annually thereafter by January 31.

File online using the department's TransAction Portal (TAP) at <https://tap.dor.mt.gov>. Simply click on "File Form MW-4." Do not mail the Form MW-4 to the department.

If an exemption is claimed on line 5a or 5b, you must withhold taxes on any wages paid that do not meet the requirements of these exemptions.

Example: If 5a is marked, the exemption does not apply to wages earned from an enrolled member of a tribe, residing on his or her reservation, when the work is performed outside the reservation. Withholding is required on the wages derived from work performed outside the reservation, based on the filing status on line 1 or 2. If line 1 or 2 is not completed, the withholding is calculated using the single filing status until a new Form MW-4 is provided for the calculation of the withholding.

Invalid Forms MW-4

A Form MW-4 is invalid if the form is incomplete or lacks the necessary signatures. If your employee's Form MW-4 is invalid or incomplete, withhold Montana tax as if the employee is single.

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.

Multiple Jobs Wage Tables

Single or Married Filing Separately											
Higher Paying Job		Lower Paying Job									
		\$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
\$0	\$9,999	\$254	\$470	\$529	\$590	\$590	\$590	\$590	\$590	\$590	\$590
\$10,000	\$19,999	\$470	\$745	\$865	\$926	\$926	\$926	\$926	\$926	\$926	\$926
\$20,000	\$29,999	\$529	\$865	\$985	\$1,046	\$1,046	\$1,046	\$1,046	\$1,046	\$1,046	\$1,046
\$30,000	\$39,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$40,000	\$49,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$50,000	\$59,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$60,000	\$69,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$70,000	\$79,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$80,000	\$89,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$90,000	\$99,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$100,000	\$149,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$150,000	\$199,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$200,000	\$249,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$250,000	\$299,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$300,000	\$349,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$350,000	\$399,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$400,000	\$449,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$450,000	\$499,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107

Married Filing Jointly or Qualifying Widower											
Higher Paying Job		Lower Paying Job									
		\$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
\$0	\$9,999	\$0	\$38	\$470	\$470	\$470	\$470	\$588	\$590	\$590	\$590
\$10,000	\$19,999	\$38	\$508	\$940	\$940	\$940	\$1,058	\$1,178	\$1,180	\$1,180	\$1,180
\$20,000	\$29,999	\$470	\$940	\$1,372	\$1,372	\$1,490	\$1,610	\$1,730	\$1,732	\$1,732	\$1,732
\$30,000	\$39,999	\$470	\$940	\$1,372	\$1,490	\$1,610	\$1,730	\$1,850	\$1,852	\$1,852	\$1,852
\$40,000	\$49,999	\$470	\$940	\$1,490	\$1,610	\$1,730	\$1,850	\$1,970	\$1,972	\$1,972	\$1,972
\$50,000	\$59,999	\$470	\$1,058	\$1,610	\$1,730	\$1,850	\$1,970	\$2,090	\$2,092	\$2,092	\$2,092
\$60,000	\$69,999	\$588	\$1,178	\$1,730	\$1,850	\$1,970	\$2,090	\$2,210	\$2,212	\$2,212	\$2,212
\$70,000	\$79,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$80,000	\$89,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$90,000	\$99,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$100,000	\$149,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$150,000	\$199,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$200,000	\$249,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$250,000	\$299,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$300,000	\$349,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$350,000	\$399,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$400,000	\$449,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$450,000	\$499,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215

Head of Household

Higher Paying Job		Lower Paying Job									
		\$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
\$0	\$9,999	\$0	\$381	\$470	\$470	\$558	\$590	\$590	\$590	\$590	\$590
\$10,000	\$19,999	\$381	\$851	\$940	\$1,028	\$1,148	\$1,180	\$1,180	\$1,180	\$1,180	\$1,180
\$20,000	\$29,999	\$470	\$940	\$1,117	\$1,237	\$1,357	\$1,389	\$1,389	\$1,389	\$1,389	\$1,389
\$30,000	\$39,999	\$470	\$1,028	\$1,237	\$1,357	\$1,477	\$1,509	\$1,509	\$1,509	\$1,509	\$1,509
\$40,000	\$49,999	\$558	\$1,148	\$1,357	\$1,477	\$1,597	\$1,629	\$1,629	\$1,629	\$1,629	\$1,629
\$50,000	\$59,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$60,000	\$69,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$70,000	\$79,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$80,000	\$89,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$90,000	\$99,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$100,000	\$149,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$150,000	\$199,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$200,000	\$249,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$250,000	\$299,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$300,000	\$349,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$350,000	\$399,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$400,000	\$449,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$450,000	\$499,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661



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



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)	<p>Additional Information</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

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.

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

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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

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



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

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 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 .
--	--	---

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

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

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

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (Initial and date each notation.)

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

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

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

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (Initial and date each notation.)

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

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

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

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (Initial and date each notation.)

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

Confidentiality Agreement

Your employer recognizes the importance of protection 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.

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

Date: _____

Signature: _____

Name: _____
(Please Print)



Fair Labor Standards Act Live-In Exemption Form

Consumer/Veteran Name:	Last four of SSN:
Direct Care Worker Name:	Direct Care Last four of SSN:

Fair Labor Standards Act Live-In Exemption

The United States Department of Labor (US DOL) and Fair Labor Standards Act (FLSA) requires household employers to pay employees overtime pay for hours worked over 40 hours per work week unless the employee qualifies for an exemption. Complete this form to notify F/EA if employee qualifies for the live-in exemption from overtime pay. You may also use this form to revoke the exemption when the employee no longer qualifies for the exemption. **When there is any change in live-in status, it is the employee’s responsibility to notify the F/EA.**

1. Determine if Direct Care Worker (DCW) Qualifies for the Live-In Exemption from Overtime Pay

The live-in exemption:

- Available only in programs where the Participant or their representative is the sole employer under the FLSA;
- Applies only to the employer/DCW pair based on the “Residency Test” (below); and
- Applies to all services provided by the DCW for that Participant.

Residency Test

A live-in DCW is exempt from overtime premium pay if the DCW “...resides on the employer's premises either permanently or for extended periods of time”. “Employer’s premises” means the household where employed. “Permanently”, or “...extended periods of time” means the DCW lives, works, and sleeps in the household where employed for at least five (5) days a week (120 hours) or more.

2. Certify the DCW’s Eligibility for the Live-In Exemption from Overtime Pay

Please check one box below to identify whether the DCW qualifies for the live-in exemption.

- Yes, the DCW qualifies for the live-in exemption.
- No, the DCW does NOT qualify for the live-in exemption.

If the DCW qualifies for the live-in exemption:

- All hours, including overtime (over 40 hours per work week), will be paid at regular rates for all services provided

Direct Care Worker Signature: _____ **Date:** _____

Employer of Record Signature: _____ **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

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 1	Friday 2	Saturday 3
2026 Date January 1 - January 3							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

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

Weekly Total Hours: _____

	Sunday 11	Monday 12	Tuesday 13	Wednesday 14	Thursday 15	Friday 16	Saturday 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

2026
Date January 16 -17; Feb 1

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

Weekly Total Hours: _____

Date January 18 - January 24

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

Weekly Total Hours: _____

Date January 25 - January 31

	Sunday 25	Monday 26	Tuesday 27	Wednesday 28	Thursday 29	Friday 30	Saturday 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	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2026 Date February 16 - Feb 21	16	17	18	19	20	21	
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

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

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date March 1	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	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2026 Date March 16 -March 21	16	17	18	19	20	21	
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

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

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date March 29 - March 31	29	30	31	April 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 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.

<p>EMPLOYEE SIGNATURE _____</p> <p>VETERAN/EMPLOYER SIGNATURE _____</p>	<p style="text-align: center; font-weight: bold; font-size: small;">406 FINANCIAL USE ONLY</p> <p>Reviewed _____</p> <p>Hours _____</p>
--	--

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 16	Friday 17	Saturday 18
2026							
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.

<p>EMPLOYEE SIGNATURE _____</p> <p>VETERAN/EMPLOYER SIGNATURE _____</p>	<p>406 FINANCIAL USE ONLY</p> <p>Reviewed _____</p> <p>Hours _____</p>
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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 31-May	Monday June 1	Tuesday	Wednesday	Thursday	Friday	Saturday 16
2026 Date May 16 & May 31							
Time in:		Timesheet Due					
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

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

Weekly Total Hours: _____

	Sunday 24	Monday 25	Tuesday 26	Wednesday 27	Thursday 28	Friday 29	Saturday 30
Date May 24 - May 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:							
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 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	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
16	17	18	19	20	21	22
Time in:						
Time out:						
Time in:						
Time out:						
Total Hours:						

Weekly Total Hours: _____

Date: August 23 - 29

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

Weekly Total Hours: _____

Date: August 30-31

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	31	September 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 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:						
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 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

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: 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

2026
Date: October 16 - 17

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

Weekly Total Hours: _____

Date: October 18 - 24

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

Weekly Total Hours: _____

Date: October 25 - 31

	Sunday 25	Monday 26	Tuesday 27	Wednesday 28	Thursday 29	Friday 30	Saturday 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

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 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

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	5
Date: December 1 - 5							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

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

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	13	14	15	16			
Date: December 13 - 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 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

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: 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 _____