

## NEW HIRE CHECKLIST

### TO BE RETAINED BY CONSTITUTIONAL OFFICE

- APPLICATION FOR EMPLOYMENT
  - CRIMINAL BACKGROUND/HISTORY CHECK
  - CREDIT CHECK (FINANCIAL POSITIONS ONLY)
  - DMV CONSENT FORM (VERIFY VALID DRIVING RECORD)
  - PHYSICAL EXAMINATION (REQUIRED BY DEPARTMENT)
  - FINGER PRINTING
- 

## NEW HIRE CHECKLIST

### TO BE SUBMITTED *2 DAYS PRIOR TO WORK*

### TO MILLER COUNTY BOARD OF COMMISSIONERS' CLERK

- PAYROLL DATA INPUT FORM
  - PERSONAL DATA FORM
  - W-4 FORM (FEDERAL W/H)
  - G-4 FORM (GEORGIA W/H)
  - COPY OF VALID DRIVERS LICENSE AND SOCIAL SECURITY CARD
  - EXPLANATION OF BENEFITS (FULL TIME ONLY)
  - DIRECT DEPOSIT AUTHORIZATION (OPTIONAL)
  - I-9 FORM (U.S. DEPARTMENT OF JUSTICE IMMIGRATION AND NATURALIZATION)
  - EMPLOYMENT DRUG SCREEN CONSENT AND NOTICE FORM
  - WORKMENS COMPENSATION PROCEDURES
  - CERTIFICATION OF RECEIPT OF PERSONNEL POLICY
- 

CONSTITUTIONAL OFFICER / SUPERVISOR

Date:

**NEW HIRE PAYROLL DATA INPUT FORM**  
**MUST BE TO PAYROLL 2 DAYS PRIOR TO WORK**

1. EMPLOYEE \_\_\_\_\_ BADGE: \_\_\_\_\_
2. ADDRESS \_\_\_\_\_
3. CITY, ST, ZIP \_\_\_\_\_
4. PHONE: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_
5. GENDER: M \_\_\_ F \_\_\_ RACE: \_\_\_\_\_ MARITAL STATUS: M \_\_\_ S \_\_\_
6. EMPLOYEE TYPE: FULL TIME \_\_\_ PART TIME \_\_\_ PROBATION DAYS \_\_\_\_\_
7. DEPARTMENT \_\_\_\_\_ JOB TITLE \_\_\_\_\_
8. EFFECTIVE DATE: \_\_\_\_\_ PAY TYPE: HOURLY \_\_\_ SALARY \_\_\_\_\_
9. PAY PERIOD RATES: HOURLY \$ \_\_\_\_\_ OVERTIME \$ \_\_\_\_\_  
 SALARY \$ \_\_\_\_\_
10. ANNUAL BUDGETED SALARY \$ \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

**ACCOUNTING INFORMATION**

%	FUND #	DEPT #	ACCOUNT #	PROJECT
_____	___100___	_____	___511100___	_____
_____	___100___	_____	___511100___	_____

(NOTE: ALL DATA MUST BE COMPLETE BEFORE SUBMITTING)

I CERTIFY THAT ALL APPLICATIONS HAVE BEEN REVIEWED ACCORDING TO EEOC AND HAVE FOUND THE ABOVE PERSON IS MOST QUALIFIED FOR THE POSITION. ALL APPLICATIONS FOR THIS POSITION ARE ON FILE AND AVAILABLE FOR REVIEW.

CONSTITUTIONAL OFFICER / BUDGET MANAGER

DATE SIGNED

**STANDARD DEDUCTIONS:** Mark "X" OR CODE where applicable:

- |                         |                         |                               |
|-------------------------|-------------------------|-------------------------------|
| ___ SOCIAL SECURITY     | ___ STATE INCOME TAX    | W-4 EXEMPT COUNT _____        |
| ___ MEDICARE            | ADDTL FIT W/H \$ _____  | W-4 MARRIED STATUS CODE _____ |
| ___ UNEMPLOYMENT        | ADDTL SIT W/H \$ _____  | WORKSITE LOCATION _____       |
| ___ FEDERAL TAX SINGLE  | ___ EXEMPT FR W/H TAXES | WORKERS COMP CODE _____       |
| ___ FEDERAL TAX MARRIED | ___ NO W2               |                               |

EMPLOYEE SIGNATURE

DATE

**PERSONAL DATA FORM**

**MUST BE TO PAYROLL 2 DAYS PRIOR TO WORK**

1. NAME \_\_\_\_\_

2. ADDRESS \_\_\_\_\_

3. CITY, STATE \_\_\_\_\_

4. TELEPHONE (229) \_\_\_\_\_ CELL \_\_\_\_\_

5. GENDER (M) \_\_\_\_\_ (F) \_\_\_\_\_ RACE \_\_\_\_\_

6. DATE OF BIRTH \_\_\_\_\_

7. SOCIAL SECURITY NUMBER \_\_\_\_\_

8. DATE OF EMPLOYMENT \_\_\_\_\_

9. NEXT OF KIN \_\_\_\_\_

10. RELATIONSHIP \_\_\_\_\_ TELEPHONE (229) \_\_\_\_\_

11. ADDRESS \_\_\_\_\_

12. PERSONS TO BE NOTIFIED IN EMERGENCIES (LIST AT LEAST TWO)

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ TELEPHONE (229) \_\_\_\_\_

ADDRESS \_\_\_\_\_

13. NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ TELEPHONE (229) \_\_\_\_\_

ADDRESS \_\_\_\_\_

14. OTHER INFORMATION OR REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

COMPENSATION PROCEDURES

THIS IS TO CERTIFY THAT I HAVE READ AND UNDERSTAND THE WORKERS' COMPENSATION PANEL OF PHYSICIANS NOTICE.

I UNDERSTAND THAT WHEN I AM INVOLVED IN AN ON-THE-JOB INJURY MY EMPLOYER WILL PAY MEDICAL COSTS TREATMENT BY THE PHYSICIAN(S) I SELECT FROM THE COMPANY OF PHYSICIANS. IF I DESIRE TO OBTAIN MEDICAL SERVICES FROM A PHYSICIAN NOT LISTED ON THE PANEL, I MAY DO SO; HOWEVER, I WILL BE LIABLE FOR THOSE MEDICAL EXPENSES. THE PHYSICIAN SELECTED FROM THE PANEL MAY ARRANGE FOR APPROPRIATE INSULTATIONS, REFERRALS, AND OTHER SPECIALIZED MEDICAL SERVICES AS THE NATURE OF THE INJURY REQUIRES. I AM DISSATISFIED WITH THE PHYSICIAN SELECTED I MAY MAKE ONE CHANGE WITHOUT PERMISSION TO A SECOND PHYSICIAN ALSO LISTED ON THE PANEL. UPON NOTIFICATION OF THE EMPLOYER, AN INDEPENDENT MEDICAL EXAMINATION MAY BE ELECTED AS SET FORTH BY THE LAW. HOWEVER, ANY FURTHER CHANGES REQUIRE PERMISSION OF THE EMPLOYER/INSURER, SELF-UNSURER CLAIMS OFFICE, OF THE STATE BOARD OF WORKER' COMPENSATION.

THE CASE OF A BONA-FIDE EMERGENCY INVOLVING SEVERE INJURY OR WHEN A PANEL PHYSICIAN IS NOT AVAILABLE, I SHOULD SEEK MEDICAL CARE FROM THE NEAREST HOSPITAL EMERGENCY ROOM. HOWEVER, ALL FOLLOW-UP CARE MUST, THEREAFTER, BE RENDERED BY A PHYSICIAN FROM THE PANEL, OR A PANEL PHYSICIAN'S REFERRAL.

I FURTHER UNDERSTAND THAT I MUST NOTIFY MY SUPERVISOR OR A MEMBER OF MY DEPARTMENT'S ADMINISTRATIVE STAFF OR THE PERSONNEL OFFICE AS SOON AS THE INJURY OCCURS, REGARDLESS OF THE EXTENT OF THE INJURY, AND WHEN POSSIBLE, PRIOR TO SEEKING TREATMENT. I UNDERSTAND THAT THE TREATING PHYSICIAN WILL VERIFY MY EMPLOYMENT AND ELIGIBILITY FOR TREATMENT WITH MY EMPLOYER BEFORE COMMENCING TREATMENT UNLESS THE NATURE OF THE INJURY SO PROHIBITS. DELAY IN NOTIFICATION MAY RESULT IN DENIAL OF PAYMENT FOR MEDICAL SERVICES RENDERED.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(PLEASE PRINT NAME) SOCIAL SECURITY #

\_\_\_\_\_  
(SIGNATURE OF EMPLOYEE) (DATE)

\_\_\_\_\_  
(SIGNATURE OF WITNESS) (DATE)

# Form W-4 (2014)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to six eligible children or <b>less</b> "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b> _____
<p>For accuracy, <b>complete all worksheets that apply.</b> {</p> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074  <b>2014</b>
<b>1</b> Your first name and middle initial _____ Last name _____		<b>2</b> Your social security number _____		
Home address (number and street or rural route) _____ City or town, state, and ZIP code _____		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
<b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		<b>5</b> _____		
<b>6</b> Additional amount, if any, you want withheld from each paycheck		<b>6</b> \$ _____		
<b>7</b> I claim exemption from withholding for 2014, and I certify that I meet <b>both</b> of the following conditions for exemption.		<div style="background-color: #cccccc; width: 100%; height: 100%;"></div>		
• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ►				
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ►		<b>Date</b> ►		
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)	

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details . . . . . 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2014 Form W-4* worksheet in Pub. 505.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2014 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,950 and enter the result here. Drop any fraction . . . . . 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . 9 \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . 10 \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . 1 \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . . 2 \_\_\_\_\_
  - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 \_\_\_\_\_
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
  - 6 **Subtract** line 5 from line 4 . . . . . 6 \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_
  - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_
  - 9 Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	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 who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You 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.



## INSTRUCTIONS FOR COMPLETING FORM G-4

Enter your full name, address and social security number in boxes 1a through 2b.

Line 3: Write the number of allowances you are claiming in the brackets beside your marital status.

- A. Single - enter 1 if you are claiming yourself
- B. Married Filing Joint, both spouses working - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- C. Married Filing Joint, one spouse working - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- D. Married Filing Separate - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- E. Head of Household - enter 1 if you claim yourself but the individual(s) for whom you maintain a home does not qualify as a dependent; or 2 if you claim yourself and a qualified dependent for whom you maintain a home

**Do not claim a deduction on Line 4 for a dependent used to qualify you as head of household**

Line 4: Enter the number of dependent allowances you are entitled to claim.

Line 5: Complete the worksheet on Form G-4 if you claim additional allowances. Enter the number on Line H here.

**Failure to complete and submit the worksheet will result in automatic denial of your claim.**

Line 6: Enter a specific dollar amount that you authorize your employer to withhold in addition to the tax withheld based on your marital status and number of allowances.

Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 3 - 5.

Line 8:

a) Check the first box if you qualify to claim exempt from withholding. You can claim exempt if you filed a Georgia income tax return last year and the amount on Line 4 of Form 500EZ or Line 16 of Form 500 was zero, **and** you expect to file a Georgia tax return this year and will not have a tax liability. You can not claim exempt if you did not file a Georgia income tax return for the previous tax year. **Receiving a refund in the previous tax year does not qualify you to claim exempt.**

**EXAMPLES:** Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$100. Your tax liability is the amount on Line 4 (or Line 16); therefore, you **do not qualify** to claim exempt.

Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$0 (zero). Your tax liability is the amount on Line 4 (or Line 16) and you filed a prior year income tax return; therefore, you **qualify** to claim exempt.

b) Check the second box if you are not subject to Georgia withholding and meet the conditions set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Under the Act, a spouse of a servicemember may be exempt from Georgia income tax on income from services performed in Georgia if:

1. The servicemember is present in Georgia in compliance with military orders;
2. The spouse is in Georgia solely to be with the servicemember;
3. The spouse maintains domicile in another state; and
4. The domicile of the spouse is the same as the domicile of the servicemember.

Additional information for employers regarding the Military Spouses Residency Relief Act:

1. On the W-2 for 2009, the employer should report all wages earned during the year as Georgia wages. On the W-2 for 2010 and any year thereafter, the employer should not report any of the wages as Georgia wages on the W-2.
2. If the spouse of a servicemember is entitled to the protection of the Military Spouses Residency Relief Act in another state and files a withholding exemption form in such other state, the spouse is required to submit a Georgia Form G-4 so that withholding will occur as is required by Georgia Law when a Georgia domiciliary works in another state and withholding is not required by such other state. If the spouse does not fill out the form, the employer shall withhold Georgia income tax as if the spouse is single with zero allowances.

**Do not complete Lines 3 - 7 if claiming exempt.**

**O.C.G.A. § 48-7-102** requires you to complete and submit Form G-4 to your employer in order to have tax withheld from your wages. By correctly completing this form, you can adjust the amount of tax withheld to meet your tax liability. Failure to submit a properly completed Form G-4 will result in your employer withholding tax as though you are single with zero allowances.

Employers are required to mail any Form G-4 claiming more than 14 allowances or exempt from withholding to the Georgia Department of Revenue for approval. Employers will honor the properly completed form as submitted pending notification from the Withholding Tax Unit. Upon approval, such forms remain in effect until changed or until February 15 of the following year. Employers who know that a G-4 is erroneous should not honor the form and should withhold as if the employee is single claiming zero allowances until a corrected form has been received.

# Miller County Board of Commissioners

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## Direct Deposit Form

### Employee Information:

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Bank Information:

**\*\*PLEASE ATTACH A VOIDED CHECK\*\***

Bank Name: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

Checking       Savings

Authorization Agreement: I hereby authorize Miller County Board of Commissioners to deposit my paycheck directly into the above mentioned account. This authority will remain in effect until I have given written notice that I am terminating this contract, or until Miller County Board of Commissioners has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instruction to be executed. If an incorrect deposit should be made into my bank account, I authorize my bank and Miller County Board of Commissioners to make the appropriate adjustment(s). A two week notice must be given to HR for any changes to bank account information.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR initials: \_\_\_\_\_ Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_



## Instructions

Read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

### What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

### When Should Form I-9 Be Used?

All employees, citizens, and noncitizens hired after November 6, 1986, and working in the United States must complete Form I-9.

### Filling Out Form I-9

#### Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

#### Noncitizen Nationals of the United States

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

#### Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

#### Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

#### Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

### Section 3, Updating and Reverification

Employers must complete Section 3 when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in Section 1 (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
  - 2. Record the document title, document number, and expiration date (if any) in Block C; and
  - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing Section 3.

### What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### USCIS Forms and Information

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

### Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

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**Paperwork Reduction Act**

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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

**Form I-9, Employment  
Eligibility Verification**

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

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

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

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

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

I attest, under penalty of perjury, that I am (check one of the following):

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

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

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

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

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

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

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

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

Documents that Establish Both  
Identity and Employment  
Authorization

### LIST B

Documents that Establish  
Identity

### LIST C

Documents that Establish  
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	
9. Driver's license issued by a Canadian government authority	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
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	<b>For persons under age 18 who are unable to present a document listed above:</b>	8. Employment authorization document issued by the Department of Homeland Security
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

PRE-EMPLOYMENT CONSENT AND NOTICE  
ALCOHOL AND CONTROLLED SUBSTANCE TESTING

AS A CONDITION OF EMPLOYMENT BY MILLER COUNTY, YOU MUST SUBMIT TO A PHYSICAL EXAMINATION. THIS EXAMINATION WILL INCLUDE AN ALCOHOL AND CONTROLLED SUBSTANCE SCREENING TEST. IN ORDER TO BE EMPLOYED BY MILLER COUNTY, YOU MUST SUCCESSFULLY PASS THIS SCREENING TEST.

BY SIGNING THE FORM, YOU ARE ACKNOWLEDGING THAT YOU CONSENT TO SUCH A SCREENING TEST, AND THAT YOU UNDERSTAND THAT SUCH A SCREENING TEST IS PART OF THE MILLER COUNTY'S ALCOHOL AND CONTROLLED SUBSTANCE POLICY. YOU HEREBY AGREE TO ABIDE BY THIS POLICY.

DATE: \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Social security # \_\_\_\_\_

SIGNATURE WITNESSED BY AUTHORIZED  
MILLER COUNTY EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*

TESTING AUTHORIZED MILLER COUNTY EMPLOYEE: \_\_\_\_\_

DRUG TEST: POSITIVE: \_\_\_\_\_ NEGATIVE: \_\_\_\_\_

DATE: \_\_\_\_\_

TEST RESULTS WITNESSED BY AUTHORIZED HR EMPLOYEE:  
\_\_\_\_\_ DATE: \_\_\_\_\_

COMPENSATION PROCEDURES

THIS IS TO CERTIFY THAT I HAVE READ AND UNDERSTAND THE WORKERS' COMPENSATION PANEL OF PHYSICIANS NOTICE.

I UNDERSTAND THAT WHEN I AM INVOLVED IN AN ON-THE-JOB INJURY MY EMPLOYER WILL PAY MEDICAL COSTS TREATMENT BY THE PHYSICIAN(S) I SELECT FROM THE COMPANY OF PHYSICIANS. IF I DESIRE TO OBTAIN MEDICAL SERVICES FROM A PHYSICIAN NOT LISTED ON THE PANEL, I MAY DO SO; HOWEVER, I WILL BE LIABLE FOR THOSE MEDICAL EXPENSES. THE PHYSICIAN SELECTED FROM THE PANEL MAY ARRANGE FOR APPROPRIATE INSULTATIONS, REFERRALS, AND OTHER SPECIALIZED MEDICAL SERVICES AS THE NATURE OF THE INJURY REQUIRES. I AM DISSATISFIED WITH THE PHYSICIAN SELECTED I MAY MAKE ONE CHANGE WITHOUT PERMISSION TO A SECOND PHYSICIAN ALSO LISTED ON THE PANEL. UPON NOTIFICATION OF THE EMPLOYER, AN INDEPENDENT MEDICAL EXAMINATION MAY BE ELECTED AS SET FORTH BY THE LAW. HOWEVER, ANY FURTHER CHANGES REQUIRE PERMISSION OF THE EMPLOYER/INSURER, SELF-UNSURER CLAIMS OFFICE, OF THE STATE BOARD OF WORKER' COMPENSATION.

THE CASE OF A BONA-FIDE EMERGENCY INVOLVING SEVERE INJURY OR WHEN A PANEL PHYSICIAN IS NOT AVAILABLE, I SHOULD SEEK MEDICAL CARE FROM THE NEAREST HOSPITAL EMERGENCY ROOM. HOWEVER, ALL FOLLOW-UP CARE MUST, THEREAFTER, BE RENDERED BY A PHYSICIAN FROM THE PANEL, OR A PANEL PHYSICIAN'S REFERRAL.

I FURTHER UNDERSTAND THAT I MUST NOTIFY MY SUPERVISOR OR A MEMBER OF MY DEPARTMENT'S ADMINISTRATIVE STAFF OR THE PERSONNEL OFFICE AS SOON AS THE INJURY OCCURS, REGARDLESS OF THE EXTENT OF THE INJURY, AND WHEN POSSIBLE, PRIOR TO SEEKING TREATMENT. I UNDERSTAND THAT THE TREATING PHYSICIAN WILL VERIFY MY EMPLOYMENT AND ELIGIBILITY FOR TREATMENT WITH MY EMPLOYER BEFORE COMMENCING TREATMENT UNLESS THE NATURE OF THE INJURY SO PROHIBITS. DELAY IN NOTIFICATION MAY RESULT IN DENIAL OF PAYMENT FOR MEDICAL SERVICES RENDERED.

\_\_\_\_\_  
(PLEASE PRINT NAME)  
SOCIAL SECURITY #

\_\_\_\_\_  
(SIGNATURE OF EMPLOYEE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF WITNESS)

\_\_\_\_\_  
(DATE)

REVISED ON MAY 19, 2008