



9300 Shelbyville Rd, Ste 300
Louisville, KY 40222
502-394-9353

Employee Information:

Name: _____
 Last First
Phone:
Home : _____ Cell: _____ Work: _____
Alternate Email Address: _____

Please Provide full information for 2 Emergency Contacts

Primary Emergency Contact:

Name: _____
 Last First
Relationship: _____
Phone: _____
Email Address: _____

Secondary Emergency Contact:

Name: _____
 Last First
Relationship: _____
Phone: _____
Email Address: _____

Employee's Withholding Certificate

OMB No. 1545-0074

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.

2024

| | | | |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number |
| | Address | | |
| | City or town, state, and ZIP code | | |
| | (c) <input type="checkbox"/> Single or Married filing separately Married filing jointly or Qualifying surviving spouse Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

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

| | |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Step 2: Multiple Jobs or Spouse Works | omplete 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. o only one of the following. a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

| | | |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Step 3: Claim Dependent and Other Credits | your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ Multiply the number of other dependents by \$500 \$ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here | 3 |
| Step 4 (optional): Other Adjustments | a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here c) Extra withholding. Enter any additional tax you want withheld each pay period | 4(a) 4(b) 4(c) |

| | | | |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|
| Step 5: Sign Here | Under Penalties of Perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete Employee Signature | | |
| Employers Only | Technology Consulting, Inc. | | 61-1151562 |

General Instructions

Section references are to the Internal Revenue Code.

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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

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. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

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.

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

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

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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



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

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

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3

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 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a

2a \$ _____

- b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b

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 (along with any other additional amount you want withheld)

4 \$ _____

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



- 1** Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income

1 \$ _____

- 2** Enter: { • \$29,200 if you're married filing jointly or a qualifying surviving spouse
• \$21,900 if you're head of household
• \$14,600 if you're single or married filing separately }

2 \$ _____

- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"

3 _____

- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information

4 _____

- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4

5 _____

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 subject to the Paperwork Reduction Act unless the form disp control number. Books or records relating to a form or its ins retained as long as their contents may become material in th any Internal Revenue law. Generally, tax returns and return in confidential, as required by Code section 6103.

The average time and expenses required to complete and depending on individual circumstances. For estimated avera instructions for your income tax return.

If you have suggestions for making this form simpler, we w from you. See the instructions for your income tax return.

KENTUCKY'S WITHHOLDING
CERTIFICATE

2024

| | | |
|----------------------------------------------------------------------------|-------|----------|
| Social Security Number | | |
| Name—Last, First, Middle Initial | | |
| Mailing Address (Number and Street including Apartment Number or P.O. Box) | | |
| City, Town or Post Office | State | ZIP Code |

All Kentucky wage earners are taxed at a flat 4% rate with a standard deduction allowance of \$3,160. The Department of Revenue annually adjust the standard deduction in accordance with KRS 141.081(2)(a).

Check if exempt:

- 1. Kentucky income tax liability is not expected this year (see instructions)
- 2. You qualify for the Fort Campbell Exemption Certificate. I am a resident of _____ State
- 3. You qualify for the nonresident military spouse exemption
- 4. You work in Kentucky and reside in a reciprocal state

Additional withholding per pay period under agreement with employer \$_____

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.

Signature

Date

Instructions to Employees

All Kentucky wage earners are taxed at a flat 4% tax rate with an allowance for the standard deduction.

You may be exempt from withholding if any of the four conditions below are met:

1. You may be exempt from withholding for 2024 if both the following apply:

- For 2023, you had a right to a refund of all Kentucky income tax withheld because you had no Kentucky income tax liability, and
- For 2024, you expect a refund of all your Kentucky income tax withheld.

Income Tax Liability Thresholds—The 2023 filing threshold amount based upon federal poverty level is expected to be \$14,580 for a family size of one (single, or married living apart from your spouse for the entire year), \$19,720 for a family of two (single with one dependent child or a married couple), \$24,860 for a family of three (single with two dependent children or a married couple with one dependent child) and \$30,000 for a family of four or more (single with three dependent children or a married couple with two or more dependent children). Modified gross income is equal to your federal adjusted gross income plus any interest income from other states municipal bonds and pension income from a qualifying lump-sum distribution. If your combined modified gross income is expected to be less than the threshold amount for your family size, then you (and your spouse, if applicable) may not have an income tax liability.

If both the above statements apply, you are exempt and may check box 1. Your exemption for 2024 expires February 15, 2025.

2. Under the provisions of Public Law 105–261, pay and compensation earned at the Fort Campbell, Kentucky, military base is exempt from Kentucky income tax if you are not a resident of Kentucky. KRS 141.010(32) defines “resident” as an individual domiciled within this state or an individual who is not domiciled in this state, but maintains a place of abode in this state and spends in the aggregate more than one hundred eighty-three (183) days of the taxable year in this state.

Check box 2 if you certify that you are not a resident of Kentucky and only earn wages as an employee at Fort Campbell, Kentucky. This exemption must be revoked within 10 days of a move or change of address to Kentucky.

3. You may be exempt from withholding, if you meet the conditions set for under the Servicemember Civil Relief Act as amended by the Military Spouses Residence Relief Act. You must complete the worksheet below to determine if you are eligible.

In order to qualify you must complete this form in full, certify that the you are not subject to Kentucky withholding tax because you met the conditions set forth below, and provide a copy of your spouse's military picture ID issued to the employee by the U.S. Department of Defense.

-
- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------|-----|----|
| 1. My spouse is a military servicemember..... | (check one) | YES | NO |
| 2. I am NOT a military servicemember..... | (check one) | YES | NO |
| 3. My military servicemember spouse has a current military order assigning him or her to a military location in Kentucky | (check one) | YES | NO |
| 4. I and my military servicemember spouse live at the same address | (check one) | YES | NO |
| 5. My military servicemember's state of domicile is a state other than Kentucky and I am electing to use that state of domicile | (check one) | YES | NO |
| If yes, enter the 2-letter state code of the servicemember's state of domicile _____ | | | |
| 6. I am present in Kentucky solely to be with my military servicemember spouse..... | (check one) | YES | NO |

If you checked "YES" to all the statements above, your earned income is exempt from Kentucky withholding tax.

Check box 3 if you checked "YES" to all the statements listed in the worksheet. You are exempt from Kentucky income tax withholding. This exemption will terminate if any of the answers to the questions changes to "NO". In general, the exemption termination date will be the earlier of:

- The day the military servicemember is no longer in the military;
 - The day the employee enlists in the military;
 - The day the employee and the military servicemember no longer live at the same address; or
 - The day the military servicemember's permanent duty station changes to a location outside of Kentucky.
4. You may be exempt from withholding if you work in Kentucky but reside in one of the following reciprocal states: Illinois, Indiana, Michigan, West Virginia, Wisconsin, Virginia and you commute daily or Ohio and you are not a shareholder-employee who is a "twenty (20) percent or greater" direct or indirect equity investor in a S corporation.

In order to qualify you must complete the worksheet below:

I have not been a resident of Kentucky during the year. (Check block in front of applicable statement.) I work in Kentucky and reside in:

Illinois, Indiana, Michigan, West Virginia, Wisconsin

Virginia and commute daily to my place of employment in Kentucky. (*Must commute daily to apply.*)

Ohio and I am not a shareholder-employee who is a "twenty (20) percent or greater" direct or indirect equity investor in an S corporation.

Check box 4 if you certify you work in Kentucky and reside in a reciprocal state.

If you meet any of the four exemptions you are exempted from Kentucky withholding. However, you must complete this form and file it with your employer before withholding can be stopped. You will need to maintain a copy of the K-4 for your permanent records.

Instructions to Employers

Form K-4 is only required to document that an employee has requested an exemption from withholding OR to document that an employee has requested additional withholding in excess of the amounts calculated using the formula or tables. If neither situation applies, then an employer is not required to maintain Form K-4.

Upon receipt of this form, properly completed, you are authorized to discontinue withholding for an employee who qualifies for one of the four exemptions. Retain a copy of all K-4's received from employees.



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 |
| 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. | | 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) _____ | | |
| Signature of Employee | | Today's Date (mm/dd/yyyy) | | |

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| | List A | OR | List B | AND | List C |
|-----------------------------------------------------------------------------------------|--------|----|------------------------|-----|--------|
| Document Title 1 | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 2 (if any) | | | Additional Information | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 3 (if any) | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Check here if you used an alternative procedure authorized by DHS to examine documents. | | | | | |

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

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

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity AND | LIST C Documents that Establish Employment Authorization |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| 1. U.S. Passport or U.S. Passport Card | OR | 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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | 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 | 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | | 3. School ID card with a photograph | 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. Employment Authorization Document that contains a photograph (Form I-766) | | 4. Voter's registration card | 4. Native American tribal document |
| 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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. | | 5. U.S. Military card or draft record | 5. U.S. Citizen ID Card (Form I-197) |
| 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 | | 6. Military dependent's ID card | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | 7. U.S. Coast Guard Merchant Mariner Card | 7. Employment authorization document issued by the Department of Homeland Security |
| | | 8. Native American tribal document | For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . |
| | | 9. Driver's license issued by a Canadian government authority | The Form I-766, Employment Authorization Document, is a List A, Item Number 4 , document, not a List C document. |
| | | 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 | |

Acceptable Receipts

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

For receipt validity dates, see the M-274.

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------|--------------------------------------------------------------------------|
| • 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 | Receipt for a replacement of a lost, stolen, or damaged List B document. | Receipt for a replacement of a lost, stolen, or damaged List C document. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------|--------------------------------------------------------------------------|

*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 (mm/dd/yyyy) | | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | Middle Initial (if any) | |
| 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 (mm/dd/yyyy) | | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | Middle Initial (if any) | |
| 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 (mm/dd/yyyy) | | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | Middle Initial (if any) | |
| 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 (mm/dd/yyyy) | | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | Middle Initial (if any) | |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |



**Supplement B,
Reverification and Rehire (formerly Section 3)**

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

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

| | | |
|------------------------------------------------|------------------------------------------------|------------------------------------------------|
| Last Name (Family Name) from Section 1. | First Name (Given Name) from Section 1. | Middle initial (if any) from Section 1. |
|------------------------------------------------|------------------------------------------------|------------------------------------------------|

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

| Date of Rehire (if applicable) | New Name (if applicable) |
|--------------------------------|----------------------------------------------------------------------|
| Date (mm/dd/yyyy) | 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) (mm/dd/yyyy) |
|----------------|--------------------------|---------------------------------------|

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

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

Additional Information (Initial and date each notation.) Check here if you used an alternative procedure authorized by DHS to examine documents.

| Date of Rehire (if applicable) | New Name (if applicable) |
|--------------------------------|----------------------------------------------------------------------|
| Date (mm/dd/yyyy) | 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) (mm/dd/yyyy) |
|----------------|--------------------------|---------------------------------------|

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

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

Additional Information (Initial and date each notation.) Check here if you used an alternative procedure authorized by DHS to examine documents.

| Date of Rehire (if applicable) | New Name (if applicable) |
|--------------------------------|----------------------------------------------------------------------|
| Date (mm/dd/yyyy) | 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) (mm/dd/yyyy) |
|----------------|--------------------------|---------------------------------------|

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

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

Additional Information (Initial and date each notation.) Check here if you used an alternative procedure authorized by DHS to examine documents.



9300 Shelbyville Road, Suite 300
P.O. Box 22529
Louisville, KY 40252-0529

To New Employee:

Please check your stub for correct address, federal/state exemptions and state tax withholding and CORRECT PAY RATE**. If the state withholding is anything other than your home state, then TCI is not set up in that state and we will be using KY –No withholding taken out. You will need to set up with your state quarterly payments. Also you may have to do the same with your city withholding if applicable where you live.

We do everything in our power to set up each employee correctly; however we ask that you check all the information out so that it does not result in a problem with your paycheck or the filing of your taxes, please call Diane Gibson or Karen Walsh ASAP to correct. Please make sure your first direct deposit has been credited properly.

THIS WILL BE THE LAST STUB YOU RECEIVE.

IF YOU ELECTED DIRECT DEPOSIT, THIS IS THE FIRST AND ONLY STUB YOU WILL RECEIVE . YOU WILL NEED THIS STUB TO ACTIVATE YOUR IPAY ACCOUNT IN ORDER TO VIEW ALL OTHER STUBS FROM THIS POINT ON.

Upon registration, you may elect to have an automatic email notification sent to you when your current earnings statement is available.

How to access iPay Statements

1. Go to <https://paystatements.adp.com>
2. Click on “Register Now”.
3. Enter the Self Service Registration Pass Code which is: **tcipro-tcipro111**
4. Select iPayStatements as the self-service Product.
5. From your most recent pay statement, enter the following information:
 - Company Code
 - File Number
 - Check/Advice Number
 - Pay Date
 - Social Security Number

You will be prompted to complete a registration process during which you must answer a few security questions and select a password. Your password must contain between 8 to 20 characters and at least one alpha and one numeric character. You will be assigned a system generate user ID. The security questions will be used to verify your identity if you ever forget your user ID or password.

Once you have completed the registration process, you should “Bookmark” or “Add to your Favorites” the new URL, <https://paystatements.adp.com>

We hope you will enjoy this new feature. We appreciate the opportunity to provide you with this exciting new way of viewing your pay information.



Employee Direct Deposit Enrollment Form

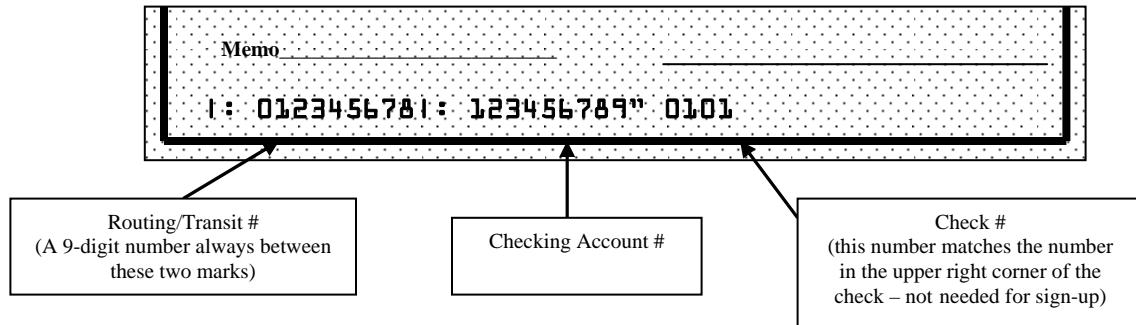
Payroll Manager – Please complete this section and send a copy to ADP for enrollment. (Please print.)

Company Code: _____ Company Name: _____ Employee File Number: _____

Payroll Mgr. Name: _____ Payroll Mgr. Signature: _____

To enroll in Full Service Direct Deposit, simply fill out this form and give to your payroll manager. Attach a voided check for each checking account - not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize ADP to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ADP to my account. In the event that ADP deposits funds erroneously into my account, I authorize ADP to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until ADP and Bank have received written notice from me of its termination in such time and in such manner as to afford ADP and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____ - _____ - _____

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

2. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

3. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.

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Full Service Direct Deposit (FSDD) is a service mark of Automatic Data Processing, Inc.

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NEW POLICY – EXPENSE REPORTS

30 DAY LIMIT

PROCEDURES:

In order to be reimbursed:

All expense reports will need to be completed in the following manner:

Billable expenses will need to be detailed as to client attributed, date occurred and people involved, **all** expenses will need to have a receipt attached for reimbursement. If expenses is attributed to mileage, please make sure number of miles is entered, along with above explanation of trip. (If all expenses are to be attributed to a trip to a client site, note date of trip, client, name of client contact, and reason for trip.) **THESE EXPENSE REPORTS WILL NEED TO BE GIVEN TO ADMINISTRATION DURING THE CURRENT PERIOD IN WHICH EXPENSES WERE INCURRED WHEN EVER POSSIBLE.**

Non-billable expenses will need date of occurrence, people involved, receipts, and business purpose for the expense.

Note: Mileage is reimbursed at .565 cents (unless otherwise specified by client) per mile. Number of miles reimbursed should be the number of miles it would take to get to location from the office. If subsequent trips are made thereafter on the same day, mileage would start at that site from which you start.

1. We strongly suggest that you submit your expense reimbursement report monthly. In any event, all expense reports will need to reach Administration **within 30 days (NON BILLABLE EXPENSES)** ** of date of occurrence in order to be reimbursed.
2. All expense reports will need to be submitted in the one of the following manners:

For In-house Employees: Please submit a signed original and one copy of all expense reports and receipts.

For on-site Employees:

- 1) Please scan and email to kwalsh@tcipro.com; or
- 2) Fax a copy to 502-426-6233
- 3) Lastly, if email or fax is not an option; please make sure all receipts are taped to 8 ½ by 11 sheet of paper and mailed along with expense report to PO Box 22529, Louisville, KY 40252-0529 ATTN: Karen Walsh.

Any expense reports not submitted as listed above will be returned by mail to consultant for proper submission.

****NOTE: FOR EXPENSE REPORTS SENT AFTER THE 30-DAY LIMIT:**

EMPLOYEE PERSONAL EXPENSES (NON-BILLABLE), REIMBURSEMENT WILL NOT BE MADE, AND EXPENSE REPORT WILL BE RETURNED TO THE EMPLOYEE,

AND; IF

EMPLOYEE BILLABLE EXPENSES - THE EMPLOYEE WILL NEED TO WAIT UNTIL CLIENT PAYMENT IS RECEIVED BEFORE A REIMBURSEMENT CHECK WILL BE CUT.



Expense Report

| Employee Number Office Number Period Ending | | Expense Allocation Client Code and Name | | | |
|---------------------------------------------------|----------------------|--------------------------------------------|---------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date | Detail of Expenses | Travel | Lodging | Meals | Other |
| TOTALS | | | | | |
| Signature | TCI Paid or Advanced | All Expenses | | | All Allocated Expenses |
| Approval | Balance Due TCI | Payment | | | Instructions: |
| | Balance Due Me | Check No. | Date | Amount | <ol style="list-style-type: none">Include original receipts for expenses.The total for 'All Expenses' must equal the total for 'All Allocated'If 'All Expenses' exceeds 'TCI Paid', enter difference in 'Balance Due Me', otherwise enter difference in 'Due TCI' |