



Client Name: _____

Address: _____

City

State

Zip

Employee Name: _____

Last Name

First Name

Employee Signature: _____

Employee Email: _____

Date: _____



Welcome

This company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap, disability or marital status. We assure you that your opportunity for employment with this employer depends solely upon your qualifications. The company also accommodates individuals with handicaps, disabilities and bona fide religious beliefs.

Employee Instructions:

1. Complete this book in its entirety
2. This booklet requires signatures for successful completion and processing:
 - a. New Employee Certification
 - b. Employment Eligibility Certification
 - c. W-4 Withholding Certificate
 - d. Drug Free Workplace Policy Certification
 - e. Harassment Policy Certification
 - f. Safety Guidelines
 - g. Direct Deposit Form
 - h. Policies and Procedures
 - I. I-9 Disclaimer
 - J. Electronic Signature Authorization

Management Instructions:

1. Verify signature on New Employee Certification page.
2. Complete the Employment Eligibility Verification and have an Authorized Representative sign Box 2.
3. Federal Withholding Certificate must be completed; verify number listed on line; verify signature.
4. Visually verify and make copies of documents used to verify employee's employment eligibility.
5. Drug Free Workplace clients must verify and witness employee's signature. Provide employees with appropriate paperwork and direct them to the appropriate facilities for testing.
6. Verify signature on Harassment Policy Certification.
7. Verify signature on Safety Guidelines
8. If employee wishes to use Direct Deposit, make sure to attach a voided check along with the signed form.



New Employee Certification

I affirm and certify that an offer of employment has been made to me, conditioned on the satisfactory completion of this New Hire Booklet and that all information given herein and in my interview(s) with the Company is true and correct to the best of my knowledge. I pledge to abide by all Company policies, procedures and safety rules.

I understand that if I am hired, my employment with the Company will not be for a specific term and may be terminated by me or the Company with or without notice or cause at any time. I further understand that no oral promise, Company policy, custom business proactive or other procedure (including the Company's Employee Handbook or any personnel manuals) shall constitute an employment contract or modification of the at-will employment relationship between me and the Company.

I acknowledge that as a condition of employment the Company has the right to and may require drug and alcohol testing. The testing will be at the Company's expense. I agree to submit to such testing if asked to do so.

I agree to abide by the direction and supervision of management in regards to the day-to-day operation of my duties, including but not limited to determination of my wages or salary levels, performance evaluations, scheduling, promotions, transfers and benefits.

Last Name	First Name	Employee Signature	Date
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Employee Information

(to be completed by employee)

Employee Name: _____
Last First M.I.

Address: _____
Apt. #

City State Zip Phone: _____

Social Security Number: _____ Date of Birth: _____
mm/dd/yyyy

Drivers License Number: _____ DL Expiration Date: _____
mm/dd/yyyy

State License Held: _____

Gender: Male Female

Race: White African American Hispanic Asian/Pacific Islander
 American Indian

Primary Contact: _____ Relationship: _____

Main Contact: _____ Mobile Phone: _____

Secondary Contact: _____ Relationship: _____

Main Phone: _____ Mobile Phone: _____

COMPANY INFORMATION (to be completed by employer):

Company Name: _____ Job title: _____

Email Address: _____ Start Date: _____

Rate of Pay: _____ Status: _____

Division: _____ WC Code: _____



Drug-Free Workplace Policy Summary

In a commitment to safeguard the health of our employees and to provide a safe working environment, we have established a Drug-Free Workplace Policy for our company. This policy is set up pursuant to the Drug-Free Workplace program requirements under applicable state laws and regulations and Department of Transportation Rule 49 CFR part 40, Procedures for Transportation Workplace Drug Testing. The contents of these drug and alcohol guidelines are presented as statements of the company's current policy and may be changed and updated by the company as required. These guidelines are not intended to create a contract between the company and any employee. Nothing in these guidelines binds the company to a specific or definite period of employment or to any specific policies, procedures, actions, rules, terms or conditions of employment. Details of this policy may be obtained from management.

Essential Parts of the Policy:

- Observance of this policy is a condition of continued employment.
- This policy prohibits the sale, possession, use, manufacturing, or distribution of drugs, drug paraphernalia or alcohol while working for or on company assigned or owned property, or while operating any vehicle, machinery, or equipment owned or leased by the company.
- It is a violation of this policy to report to work if drugs or alcohol is found to be present in your system at or above the level prescribed by application drug testing rules.
- It is a violation of this policy to report to work, return to work, or to remain at work with the odor of alcohol on your breath, regardless of whether or not you are actually intoxicated.

Testing of Employees:

- Employees may be tested when there is reasonable suspicion that the employee is using or has used drugs while performing their assigned duties.
- Employees may be required as a condition of continued employment to be drug tested if the test is conducted as part of a routine or annual fitness-for-duty medical examination.
- Employees who cause or contribute to an accident may be required to submit to a drug test. Employees, while at work, who sustain injuries requiring medical treatment beyond first aid may be drug tested.
- Employees who have been determined to have used drugs or alcohol, and are retained by the company will be subject to unannounced follow-up drug tests at least once per year for a period of up to 2 years.
- Additional testing, including random testing may also be conducted as required by applicable state or federal laws, rules or regulations or as deemed necessary by the company.

Disciplinary Action:

- The company may suspend employees without pay under this policy pending the results of a drug test or investigation.
- In the case of a first-time violation of this policy, when an employee has a positive drug or alcohol test result, (without evidence of use, sale possession, distribution, dispensation, or purchase of drugs or alcohol on company property or while on duty), the employee will be subject to discipline up to and including discharge.
- Any employee who has a second violation of any part of this policy will be discharged.
- Any employee using, selling, purchasing, distributing, or dispensing drugs or alcohol while on duty or while on company property will be discharged.
- An employee who refuses to submit to drug screening may be denied continued employment.
- An employee who refuses to cooperate with a drug screening post accident will be subject to discipline up to and including discharge.
- An employee injured in a workplace accident who has a confirmed, positive test result may be denied eligibility for medical and indemnity benefits as provided by applicable workers' compensation laws.
- An employee who is discharged from duty on the basis of a confirmed positive test will have their claim for unemployment compensation benefits opposed and possibly denied.



New Employee Certification

Employee Rights and Responsibilities:

- Each employee will be given an opportunity, both before and after drug use screening, to confidentially report to the assigned Medical Review Officer the use of prescription and/or non-prescription medication that may alter or affect the results of a test.
- Employees have the right, upon written request, to receive a copy of the drug test result.
- Employees have the right to consult the Medical Review Officer (MRO) for technical information regarding prescription and non-prescription medication. Addresses of MRO's may be obtained from management.
- An employee who is using prescription and/or non-prescription medication which may impair the employee's ability to work safely must report this medication use to their supervisor or management before starting any work related activity. This notification will be kept strictly confidential, but failure to notify your supervisor or management may result in disciplinary action.
- All information, interviews, reports, statement memoranda and drug test results, written or otherwise, received by the company as a part of this drug testing program are confidential communications. Unless authorized by state or federal laws, rules or regulations, the company will not release such information without a written consent form signed voluntarily by the person tested.
- Any employee who receives a confirmed positive drug test result has the right to challenge the result.
- An employee who elects to challenge the results of a confirmed positive test result may have the original specimen retested by another qualified laboratory. All re-testing will be at the employee's expense.
- The employee has the responsibility of notifying the drug testing laboratory of any administrative or civil action brought concerning the drug test results. The lab will maintain a sample until the case of administrative appeal is settled.
- An Employee Assistant Plan/Substance Abuse Program list is available and will be provided upon request.
- The company will provide employees with a period of training regarding substance abuse and this Drug-Free Workplace Policy.

Acknowledgment Signature:

I hereby acknowledge that I have received and read a summary of the company's Drug-Free Workplace Policy. I have had an opportunity to have this material fully explained.

I understand that this substance abuse testing program is established as a safety requirement in accordance with applicable state regulations. The program involves routine testing of urine, hair, blood, or other authorized samples to determine the presence of illegal drugs. These tests may be conducted at anytime by the company or its agent(s) to determine that the employees meet the necessary qualifications for employment and continued employment. I also understand that the Drug-Free Workplace policy and related documents are not intended to constitute a contract between the company and myself.

My signature below indicates that I have read, understood, authorize and consent to the above statement and any attached addendum and hereby voluntarily participate in the substance abuse testing program.

Employee Name (printed)

Employee Signature

Date



New Employee Certification

Purpose:

We are committed to maintaining a work environment free of harassment on the basis of race, creed, religion, gender, sex, national origin, age, marital status, sexual preference, or disability. We will not tolerate harassment of personnel by a supervisor, co-worker, vendor, customer or anyone else. Workplace and sexual harassment may violate one or more of the following:

- Title IV of the Civil Rights Act of 1964
- Age Discrimination Employment Act
- Americans with Disabilities Act (ADA)

Any employee who engages in sexual or other unlawful harassment violates this policy and the law and will be disciplined up to and including immediate termination.

Guidelines:

Harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of their race, color, creed, religion, gender, national origin, age, marital status or disability when it:

1. has the purpose or effect of creating an intimidating, hostile, or offensive working environment
2. has the purpose or effect of unreasonably interfering with an individual's work performance; or
3. otherwise adversely affects an individual's employment opportunities.

Examples of inappropriate and prohibited harassment include, but are not limited to the following:

1. epithets, slurs, negative stereotyping, or threatening, intimidating, or hostile acts that relate to race, color, religion, gender, national origin, age, marital status, sexual preference, or disability; and,
2. written or graphic material that denigrates or shows hostility toward an individual or group because of race, color, religion, gender, national origin, age, marital status, sexual preference, or disability and that is placed on walls, bulletin boards, or elsewhere on the company's premises or circulated in the work place. This also includes acts that purport to, or are meant to be "jokes," or "pranks" but that are hostile or demeaning, such as hate mail, threats, defaced photographs, or other such conduct.

Sexual advances, request for sexual favors and any other physical, verbal, or visual conduct of sexual nature constitute sexual harassment when:

1. Submission to the conduct is an explicit or implicit term or condition of employment or continued employment;
2. Submission or rejection of the conduct is used as a basis for employment decisions affecting an employee, such as a promotion, demotion or evaluation;
3. The conduct has purpose or effect of reasonably interfering work performance or creating an intimidating, hostile or offensive work environment.

Sexual harassment may include, but is not limited to, unwelcome sexual propositions; sexual innuendo, suggestive remarks; vulgar or sexually explicit comments gestures or conduct; sexual oriented kidding, teasing or practical jokes; and physical contact, such as brushing against another's body, pinching or patting. Sexual and workplace harassment may be present when the intended target of conduct is not offended, but others reasonably find the conduct intimidating, hostile or abusive.



Safety Guidelines

These Safety Guidelines are provided for your information and education. They are intended to provide you with basic safety information that will assist you in avoiding injury while performing your daily activities.

GENERAL SAFETY GUIDELINES

1. It is important that all employees report all work related injuries to their immediate supervisor as soon as possible after they become aware of the injury.
2. Everyone should exercise extreme care and consideration in the performance of their duties to see they do not cause injury to others or create work hazards that could cause injury to others.
3. No one should try to lift or move heavy/bulky objects that could cause injury to the back or other body parts. You are requested to seek assistance.
4. Personal tools, equipment, extension cords, chemicals or electrical heaters should not be brought to work without management authorization.
5. When you become aware of a facility or equipment defect, report it to the facilities manager for proper corrective action. Failure to report faulty conditions may result in injuries.
6. Never attempt to repair electrical equipment or appliances while in service. Tag them out of service and notify proper authority to affect repair.
7. Cabinets can be very dangerous if used improperly. Opening two drawers simultaneously can cause a cabinet to crash to the floor. Whenever possible, cabinets should be bolted together in tandem, secure to the floor or wall.
8. Flammable liquids should always be stored in appropriate, closed containers. Large supplies should be stored in UL Approved cabinets or other appropriate means described by the Fire Department. Flammable liquids should never be left unattended.
9. Heavy objects should be stored on lower shelves while lighter and less dangerous items can be stored on middle and upper shelves.
10. Bookshelves, storage cabinets and other elevated storage areas should be well secured.
11. Defective furniture, worn carpet, defective chairs, loose handrails or other facility defects which could contribute to an accident should be reported to building services for proper corrective action.
12. Everyone should take time to be educated regarding emergency procedures.

PROPER LIFTING TECHNIQUES

1. Your back and neck have natural curves that should be kept flexible. Good posture maintains those curves and reduces stress on your muscles, ligaments and the shock-absorbing discs between the bones in your spine.
2. Lift mentally first, planning your route and the place you will put down the load. When the load is heavy or bulky, get help. Ask a co-worker or use equipment to ease the task (e.g., mechanical lift, hand truck, cart, etc.).
3. Establish good footing as you approach the object you intend to lift. Bend your knees, not your back and get a good grip. Plan to hold the object close to your body. Tighten your stomach as you lift. Lift smoothly with your legs, not your back.
4. Stand straight as you move the object. Don't twist your body while lifting; rather, turn your feet. Keep your balance. If you have a problem, ask for help. Be sure of your footing and pathway.

I HAVE THOROUGHLY READ AND UNDERSTAND THE SAFETY GUIDELINES. I WILL ALWAYS MAINTAIN SAFE WORK PRACTICES AS OUTLINED ABOVE AND WILL IMMEDIATELY REPORT ANY INFARCTION TO MY SUPERVISOR.

Date: _____

Signature: _____

Name: _____



Direct Deposit Form

We are pleased to offer you direct deposit. Now you can have your paycheck automatically deposited in your checking or savings account on payday, and you don't have to change your present banking relationship to take advantage of this service.

Here's how direct deposit works:

Once your direct deposit has been entered into our system, your account goes into pre-note status, to verify we have the correct account number set up. This typically takes 5 business days. Once verified successfully, your direct deposit becomes active.

On payday you will receive an earnings statement showing gross salary, taxes, other deductions, and net pay. Your money will already have been deposited in your account(s). The amount of the deposit will appear on your bank statement. We believe you will like the added convenience of having your net pay automatically deposited for you. Direct deposit is safe, convenient and easy.

All you need to do is:

1. Mark the box next to type of account to indicate whether your net pay will be deposited in your checking or savings account.
2. Fill in your name, the name and location of your financial institution, and today's date.
3. Attach a voided check for verification of the financial institution information. If you are unable to attach the voided check, please fill in your account number. NOTE: Be sure to sign the form!

Name:

Client/Employer Name:

Phone: Email:

SSN (last 4 digits):

Action Requested (Check One)

Start Direct Deposit

Stop Direct Deposit

Change (add/delete a bank, increase/decrease fixed amount or select a new bank account)

Effective Date

As Soon As Possible

Future Pay Date

Bank Name:	Account #:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing #:		<input type="checkbox"/> Fixed amount or percent \$ / %	
Check Only One Box:	<input type="checkbox"/> Deposit any balance of net pay to this account	<input type="checkbox"/> Full deposit	
Bank Name:	Account #:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing #:		<input type="checkbox"/> Fixed amount or percent \$ / %	
Check Only One Box:	<input type="checkbox"/> Deposit any balance of net pay to this account	<input type="checkbox"/> Full deposit	
Bank Name:	Account #:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing #:		<input type="checkbox"/> Fixed amount or percent \$ / %	
Check Only One Box:	<input type="checkbox"/> Deposit any balance of net pay to this account	<input type="checkbox"/> Full deposit	
Bank Name:	Account #:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing #:		<input type="checkbox"/> Fixed amount or percent \$ / %	
Check Only One Box:	<input type="checkbox"/> Deposit any balance of net pay to this account	<input type="checkbox"/> Full deposit	

I authorize Star HR to deposit my net pay via direct deposit to my account(s) as indicated above. If funds to which I am not entitled are deposited to my account(s), I authorize Star HR to direct the financial institution(s) to return said funds.

I understand that it is my responsibility to verify that payments have been credited to my account(s) and that Star HR assumes no liability for overdrafts for any reason. I understand that in the event my financial institution(s) is/are not able to deposit any electronic transfer into my account due to any action I take, Star HR cannot issue funds to me until the funds are returned to Star HR by my financial institution(s).

I understand this authorization will override any previous authorization and will remain in effect until a) revoked by my written request; or b) immediately following my termination from employment with Star HR; or c) 120 days after my last paycheck was issued.

I understand I must immediately notify Star HR before I close any/all account(s) listed above while this authorization is in effect. I also understand. I will be charged for any fees incurred due to any closed or invalid accounts.

Employee Signature: _____

Today's Date: _____



Electronic Signature Authorization & Employee Portal Registration

Star HR is pleased to be your new payroll provider. As a convenience we have auto filled your Employee New Hire Packet with the information you already have on file. Please go to <http://starhro.com/resources/> to obtain a copy of the New Hire Packet and Employee Safety Manual. Both Star HR and Employee (parties) agree that the New Hire Packet and Employee Safety Manual may be electronically signed. The parties agree that the electronic signatures appearing on these documents are the same as handwritten signatures for the purposes of validity, enforceability and admissibility. If you would like a paper version of the New Hire Packet please ask your worksite supervisor. You may also go on-line and navigate to the following address <https://key-ep.prismhr.com/#/auth/login> to access pay stubs and other important employee information. If we do not have your correct email address on file you will not be able to register on the employee portal.

Once there you will see the following screen and will need to click on register to enroll.



Once on the employee portal screen <https://key-ep.prismhr.com/#/auth/login> enter the Last Name and Social Security number that matches what is on your employee record.



You will need to have a personal email address to receive password resets and verification. Username and password must be created in next step – see parameters for password. The password must contain the following:

- 8 Characters in length
- contain at least 1 number
- contain at least uppercase letter
- contain at least lowercase letter
- contain at least one symbol

Employee Print Name: _____

Employee Signature: _____

Date: _____



I-9 Disclaimer

ON-SITE EMPLOYER / CLIENT COMPANY
PLEASE COMPLETE & RETAIN I-9 AT
YOUR LOCATION.

STAR HR DOES NOT RECEIVE OR MAINTAIN I-9 FORMS.
PLEASE INCLUDE A COPY OF
EMPLOYEE'S VALID GOVERNMENT
ISSUED PICTURE ID WITH APPLICATION.

Employee's Withholding Certificate

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

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

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

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

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

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ Employee's signature (This form is not valid unless you sign it.)		_____ Date

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

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



- 1 Enter an estimate of your 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
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 }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

Screening Notice and Certification Request for the Work Opportunity Credit

▶ Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____



Date _____

Dear New Employee:

Your employer is participating in a federal program to initiate jobs.

In order to complete the requirements, please complete the survey below:

Signature: _____ Date: ____/____/____ Social Security: # ____-____-_____

Print Name: _____ Date of Birth: ____/____/____ How old are you?: _____

Have you worked for this employer before? YES NO If **Yes**, last date of employment: ____/____/____

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:
(Please also complete the top and sign the bottom of the attached 8850 form. Thank you!)

1. In the **past 6 months**, have you or family member received SNAP / Food Stamps? YES NO

If YES, please give name of primary recipient & City/State: _____

2. In the **last 18 months**, have you received TANF (Temporary Assistance for Needy Families)? YES NO

If YES, please give name of primary recipient & City/State: _____

3. Are you a **VETERAN** of the U.S. Armed Forces? YES NO **(IF NO, Please GO to Question #4.)**

• Have you been unemployed a **combined period of (6) months during the past year**? YES NO

• Have you been unemployed for a **combined period of (4) weeks but less than (6) months during the past year**? YES NO

• Were you discharged or released from active duty within the past year? YES NO

• Are you entitled to compensation for a service-connected disability? YES NO

• Are you a member of a family that received SNAP benefits for **at least 3 months during the past 15 months before you were hired**? YES NO

If YES, please give name of primary recipient & City/State: _____

4. In the **past 60 days**, did you receive Supplemental Security Income (SSI) benefits? YES NO

5. In the **last year**, were you convicted of a felony or released from prison after a felony conviction? YES NO

• If **Yes**, enter the date of conviction: ____/____/____ & date of release: ____/____/____

• Was this a federal or a state conviction?

6. Are you being referred by an agency for employees with disabilities? (Must be a Vocational Rehabilitation Agency)

• YES NO

• Are you being referred by Social Security's Ticket to Work Program for employees with disabilities?
YES NO

• Are you being referred by the Department of Veteran Affairs? YES NO

7. Have you received Unemployment Compensation for more than 26 consecutive weeks? YES NO

Starting Hourly Wage: \$ _____

Start Date: ____/____/____

CMS is responsible for administering this program for your employer, and is an independent organization. All information disclosed by yourself, therefore, will be handled independently by your employer. The information you provide is confidential and will be used only by CMS in strict confidence with the Department of Labor to determine your eligibility for the program. Thank you for your time and effort.

Dear Employee,

Your company is participating in a federal program under the PATH Act to create jobs.

In order to meet the guidelines for this program, we are requesting your assistance in completing the following brief survey via telephone, web link or web link QR code. All information you provide will remain confidential, and will not impact the hiring process.

Any information you provide is confidential and will be reviewed in strict confidence with the Department of Labor to determine eligibility for the available job initiation programs.

Please select one of the following methods to complete this process-

Web Screening: <https://wotc.irecruit-us.com/admin.php?wotcID=starhrwotc>

**Smart Phone
Web Screening:**



Call Center #: 866-597-6917

Your time and cooperation with this effort is greatly appreciated.

Thank you!



NOTIFICATION OF BENEFITS ELIGIBILITY

Welcome to Star HR! As a new employee, you are eligible to enroll in our insurance program. You can find information on the benefits that are available to you at www.mybenefitservices.com/companyname. Our benefits include medical, dental, vision, life insurance and short-term disability coverage. If are unable to access the internet, you can enroll by calling 888-820-5687 and select option 2. Our Minimum Essential Covmaprage or MEC plan option is compliant with the Affordable Care Act or Obamacare.

You have 30 days from today's date to enroll or decline insurance. To enroll or decline, you must complete an online enrollment form at www.mybeneftservices.com/star.

If you elect benefits, deductions will be taken from your paycheck prior to your effective date of coverage Based on your hire date, your coverage will be effective approximately thirty days from your date of hire. Payroll deductions for your portion of the benefit cost will start the first pay period prior to your effective date of coverage. The amount of your deductions depends on the benefit choices you make. Once you see a payroll deduction in your check you are covered under the benefits you selected, and you will receive your ID cards via email.

Please note that our insurance has a "gap in coverage" feature that allows you to keep your benefits for up to 5 consecutive weeks if you are not working. Those missed premiums are forgiven.

By signing below, you are acknowledging that you have been offered insurance.

Name (Printed)

Date

Signature

Email address

Phone Number

GET YOUR FAMILY COVERED

YOU NOW HAVE AN OPPORTUNITY TO PARTICIPATE IN BENEFITS! BOTH MEDICAL PLANS YOU CAN ENROLL IN COST LESS THAN \$21 PER WEEK!



MEDICAL PLAN OPTIONS

- A basic plan that covers well care and preventive services only, however, does have a telemedicine feature and benefits for prescription drugs
- A limited medical plan that pays benefits for doctor office visits, urgent care, diagnostic lab/X-Ray services, telemedicine, prescription drugs with over 200 medications available for a \$1 copay, and in-hospital benefits

DENTAL COVERAGE

- Coverage for preventive, basic and major dental services
- Up to \$500 per insured per year in benefits
- Preventive dental services are covered at 100%
- Available for you and your family

VISION COVERAGE

- Coverage for eye exams, glasses and contact lenses
- Up to \$600 per insured per year in benefits
- Routine eye exams covered at 100% after a \$25 copay

BENEFITS INFORMATION

You will be receiving more information via text and email; however you don't have to wait! For more information about these plans, go to enrollment site. You can see the details on the benefits and sign up for coverage on the enrollment site. The cost of your benefit elections will be deducted from your paycheck weekly.

 PREVENTIVE COVERAGE

 LIMITED MEDICAL BENEFITS

 DENTAL COVERAGE

 VISION COVERAGE

Contact Us For More Information:

Phone: 888.820.5687

Text: 918.876.5015

Email: eligibility@ctpa.com

Enrollment Site:

www.mybenefitservices.com/star

