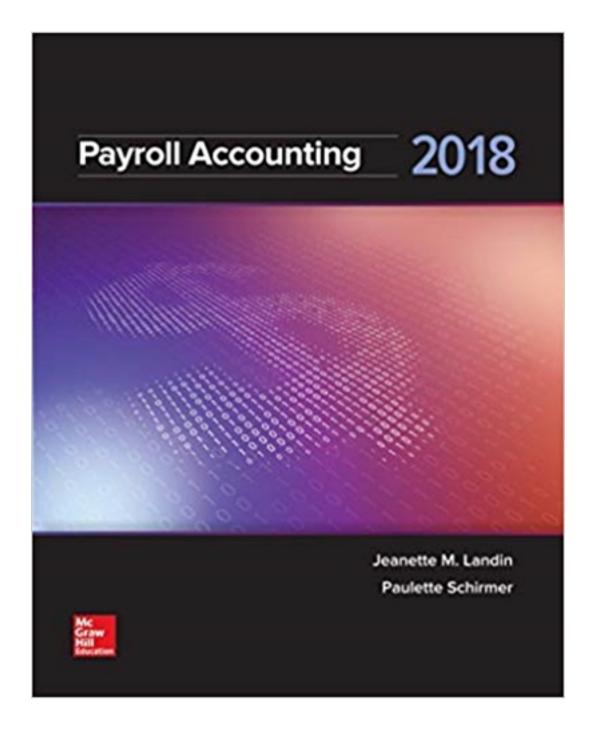
## Solutions for Payroll Accounting 2018 4th Edition by Landin

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# Solutions

## SOLUTIONS MANUAL: CHAPTER 2 END OF CHAPTER ANSWERS ANSWERS TO STOP AND CHECK EXERCISES

### What's in the File?

1. A, B, D, E

## Match the pay frequencies:

- 2. B
- 3. D
- 4. A
- 5. C

### Who Are You?

- 1. Student answers will vary. One possible way to prove both identity and employment is a current U.S. passport. Alternatively, a current state-issued driver's license and a social security card will work for the purposes of the I-9.
- 2. Student answers will vary. Many students may underestimate their estimated exemptions.
- 3. Student answers will vary. Examples of statutory employees include: A driver who distributes beverages (other than milk) or meat, vegetable, fruit, or bakery products or who picks up and delivers laundry or dry cleaning, if the driver is a single company's agent or is paid on commission. A full-time life insurance sales agent whose principal business activity is selling life insurance or annuity contracts, or both, primarily for one life insurance company. An individual who works at home on materials or goods that a company supplies and that must be returned to that company or a designated agent in accordance with furnished specifications for the work to be done. A full-time traveling or city salesperson who works on a single company's behalf and turns in orders from wholesalers, retailers, contractors, or operators of hotels, restaurants, or other similar establishments. The goods sold must be merchandise for resale or supplies for use in the buyer's business operation. The work performed for that single company must be the salesperson's principal business activity.

## **Exempt vs. Nonexempt**

1. Exempt workers are exempt from the overtime provisions of FLSA. Exempt workers tend to be employees in a company's managerial or other leadership functions, in which they may need to work more than 40 hours per week to complete their tasks. Exempt workers usually receive a fixed salary per period that is not based on the number of hours worked. Nonexempt workers tend to be compensated on an hourly basis and often do not have managerial or leadership responsibilities. It should be noted

that some nonexempt workers do have managerial or leadership responsibilities and may receive a fixed salary; however, these particular employees are covered by the overtime provisions of FLSA. An employee is defined as a person who works solely for one company. Most or all work-related materials are provided by the company. Employee payroll taxes are paid by the company, and the employee may be eligible for fringe benefits. In contrast, an independent contractor may have more than one company as a client. Independent contractors provide their own tools and materials, pay their own income taxes, and generally establish their working hours. An employee of a company is considered to be part of the payroll expense, whereas an independent contractor is a vendor of the company who submits invoices for payment.

#### 2. C

3. Nonexempt. When workers are employed on a nonexempt basis, they are paid to perform a specific job regardless of the number of hours worked to accomplish that job. A 2014 Gallup Work and Education poll found that more than half of the nonexempt salaried workers surveyed worked in excess of 40 hours per week.

#### **Worker Facts**

- 1. Hourly workers and nonexempt are protected by the FLSA
- 2. Exempt workers receive a fixed amount of money and generally direct the actions of other employees; nonexempt workers are eligible for overtime and generally have their work directed by a manager.
- 3. Commission workers are typically tied to sales completed by the individual; piece rate pay is determined by the number of pieces the employee completes during a shift or period.
- 4. A minimum hourly rate is set by the U.S. Federal government. Minimum wage rates can and do vary per state, and different parts of the same state may have different minimum wages. The minimum wage may differ from a "living wage," which is an amount needed to meet basic subsistence needs. As of 2017, approximately 40 cities and/or counties have enacted living wage ordinances to rise in relation to the Consumer Price Index.

## Who Does Which Job?

Student answers will vary. The answer should reflect a clear separation of duties, cross-training, rotation of tasks, and security protocols.

## **Internal Controls and Audits**

- 1. B
- 2. C

## **Destroy and Terminate**

- 1. Paper payroll records should be shredded or burned. Computer records should be purged from the server and all other storage devices.
- 2. Charlie should receive his final pay on October 12, and not later than October 13. His employer is not required to provide him with a severance package, although he may be eligible for his accrued vacation pay.

## ANSWERS TO END-OF-CHAPTER MATERIALS

## **REVIEW QUESTIONS**

- 1. What constitutes internal controls for a payroll department?
  - a. Payroll system design, authorized signers, documentation, and review of the process
- 2. Why should more than one person prepare/verify payroll processing?
  - a. Internal controls and verification to avoid fraud or theft
- 3. What documents are required in all new hire packets?
  - a. I-9 and W-4
- 4. Why are new hires required to be reported to the state's employment department?
  - a. The enforcement of child support and legal withholdings, ensuring immigrants are still eligible to work, verification of professional licensing/qualifications, administration of COBRA benefits
- 5. For the state in which you live, when must a terminated employee be paid his or her final paycheck?
  - a. Student answers will vary. This is a state specific regulation time ranging from the point of discharge to no time requirements.
- 6. What are the five main payroll frequencies?
  - a. Daily, weekly, biweekly, monthly, semi-monthly
- 7. What are some of the best practices in establishing a payroll system?

- a. Keep any requests for leave with the related paystubs, file retention schedule, have more than one person responsible for the duties/verification, and separation of duties
- 8. What are the important considerations in setting up a payroll system?
  - a. Pay frequency, pay types, method of payment, benefits, manual/computerized/outsourced payroll processing, file security system
- 9. What are the different tasks involved in payroll accounting?
  - a. Entering the employees, entering the hours, calculation of gross wages, preparation of paychecks, payment of taxes, reporting requirements
- 10. When does a payroll record retention period begin?
  - a. Disbursement of pay
- 11. What agencies or organizations can audit a company's payroll records?
  - 1. The Internal Revenue Service (IRS)
  - 2. Federal and State Departments of Labor
  - 3. Department of Homeland Security
  - 4. Other state and local agencies
  - 5. Labor unions
- 12. How long must employers keep terminated employee records?
  - a. Seven years from the date of termination
- 13. Are independent contractors included in company payroll? Why or why not?
  - a. It depends; some independent contractors are not included in the company's payroll, but are treated as vendors. Some independent contractors are considered statutory employees and would be included in the company's payroll.
- 14. What is the difference between termination and resignation?
  - a. An employee is terminated by the employer; when the employee initiates the separation it is a resignation. Employees who resign will receive their final paycheck in the normal payroll cycle, whereas terminated employees may be required to receive theirs sooner.

- 15. What is the difference between weekly, biweekly, semi-monthly, and monthly pay periods?
  - a. A weekly pay period is for one week, biweekly pay period is two weeks long, semimonthly pay period is twice a month, and monthly pay period is once a month.
- 16. What differentiates exempt and nonexempt employees?
  - a. Nonexempt employees are covered under the Fair Labor Standards Act (FLSA) and are in non-supervisory positions. Exempt employees are typically in managerial positions, are exempt from overtime pay requirements and the FLSA.
- 17. What categories exist for the purpose of document retention?
  - 1. Payroll Records (time sheets, electronic records, etc.)
  - 2. Employee federal, state, and local income tax records
  - 3. Form I-9 and accompanying employee eligibility documents
  - 4. Employee benefits and contributions
  - 5. Health plan documentation

## **EXERCISES SET A**

- E2-1A. Krystal Valdez, a nonexempt employee at Misor Investments, works a standard 8:00–5:00 schedule with an hour for lunch. Krystal received overtime pay for hours in excess of 40 per week. During the week, she worked the following schedule:
  - 4. 2.25
- E2-2A. Roger Ortega receives her pay twice per month working for Megaveo Enterprises. Which of the following choices describes his pay frequency?
  - b. Semimonthly
- E2-3A. Lila Rivera is a new employee for Divera Glass. Which Federal forms must be complete as part of the hiring process?
  - 1. W-4
  - 4. I-9

E2-4A. Wilbur Matthews, a resident of Wisconsin, ended his employment with Bovill Farms on December 8, 2017. The next pay date for the company is December, 20. By what date should he receive his final pay?

- 3. December 20
- E2-5A. Charlene Kelley is a new nonexempt sales clerk for Oyondo Retail Stores. She completes her time card for the pay period. To ensure proper internal control, what is the next step in the payroll review process?
  - 3. Submit the time card to her manager for review

E2-6A. Alfonso Silva needs additional filing space at the end of the year in the company's offsite, secured storage. He sees several boxes marked for the current year's destruction. What methods can Alfonso use to dispose of the payroll records? (Select all that apply.)

- 3. Shred the records, then dispose of the shredded paper
- 4. Incinerate the payroll records marked for destruction

E2-7A. Ed Myers is verifying the accuracy and amount of information contained in the employee records for his employer, Genible Industries. Which of the following items should be present in the employee information? (Select all that apply)

- 1. Job title
- E2-8A. Ginger Klein is the payroll clerk for Neolane Transportation. A colleague who is classified as an independent contractor requests to be classified as an employee. What factors should Ginger consider? (Select all that apply.)
  - 1. Relationship of the Parties
  - 2. Behavioral Control
  - 4. Financial Control

E2-9A. What are the forms of identification that establish identity for the I-9? (Select all that apply.)

- 1. Driver's License
- 2. Native American Tribal document
- 3. Voter's Registration card

E2-10A. What are the forms of identification that establish *employment authorization* for the I-9? (Select all that apply.)

- 1. U.S. Citizen I.D. Card.
- 2. U.S. Passport
- 4. Certified copy of the birth certificate.

E2-11A. Jamie Patil is a candidate for the position of sales manager with Retrozz Furniture. She is going to be required to supervise several employees and can determine the direction in which she will complete the assignments given to her. What guidelines should she follow when classifying workers as exempt or nonexempt?

- a. The FLSA and the Department of Labor provide guidance for the proper classification of workers as either exempt or nonexempt.
- E2-12A. Susana Robledo is the office manager for Wardley and Sons Auto Detailing. Because it is a small office she is required to keep track of all employee records and pay both employees and contractors. Which of the following are legal factors that will differentiate between exempt and nonexempt employees? (Select all that apply.)
  - b. Type of work performed
  - d. Amount of supervisor-given direction

## PROBLEM SET A

P2-1A. Henrietta Morales is a salaried employee earning \$75,000 per year. Calculate the standard gross salary per pay period under each of the following payroll frequencies:

| a. | Biweekly    | \$75,000/26 = \$2,884.62 |
|----|-------------|--------------------------|
| b. | Semimonthly | \$75,000/24 = \$3,125.00 |
| c. | Weekly      | \$75,000/52 = \$1,442.31 |
| d. | Monthly     | \$75,000/12 = \$6,250.00 |

- P2-2A. Beth Caldwell is in the payroll accounting department of Acerill Films. An independent contractor of the company requests that Social Security and Medicare taxes be withheld from future compensation. What advice should Beth offer?
  - a. As an independent contractor they would be responsible for their own payments and these would not be withheld by the company
- P2-3A. You are the new payroll supervisor for your company. Which payroll documentation control procedures are now your responsibility?
  - a. Payroll system security, Maintenance of paid time off (i.e., vacation, sick, etc.), Access to payroll data, Separation of duties, Training of payroll staff
- P2-4A. Leona Figueroa is a new employee in the payroll department of Octolium Computers. After working at the company for one week, she asks you why it is so important to submit new hire documentation. What guidance will you offer her?
  - a. Reporting creates a registry to monitor child support obligations, tracks immigration to ensure individuals are legal to work in the United States, ensures that individuals in professions that can have sanctions are legally able to continue to work, finally to enable the tracking of COBRA benefits.
- P2-5A. You are the payroll accounting clerk for your company, Conose Advertising, which has 50 employees. The controller has asked for assistance in determining which accounting software package is best suited to the company's payroll needs. What factors should you consider in your decision?
  - a. Student answers may vary, key points that need to be included: ease of update for changes in tax laws, tax tables, and payroll regulations; ease of reporting; confidentiality.

- P2-6A. Aaron Tallchief is a citizen of the Northern Pomo Indian Nation. In completing his I-9, he provides an official Northern Pomo Nation birth certificate to establish identification and employment eligibility. Is this sufficient documentation? Why or why not?
  - a. Yes, these are acceptable since this would fulfill the requirements of items from type B and type C of the acceptable documents.
- P2-7A. The controller has requested your assistance to price various accounting software programs available for document retention, payroll preparation, and financial reporting. What requirements should you ensure are present in the computer program?
  - a. Availability of handling various payroll types, processing timelines, updates of tax tables, maintaining confidentiality, options for retention schedule implementation, and secured accessibility.
- P2-8A. Twinte Cars, a California corporation, has internal corporate requirements that stipulate a three-year payroll document retention period. They enter into a contract with an international company that mandates a six-year payroll document retention requirement. How should Twinte Cars balance these requirements?
  - a. The longer retention period would be appropriate since the benefits and records may be called to evidence up to 8 years depending upon the circumstances.
- P2-9A. Ted McCormick is a full-time life insurance agent with Centixo Insurance, a small insurance company. The company has classified him as an employee, and he feels that he should be classified as an independent contractor because he receives no company benefits and sets his own office hours. Should he be reclassified as an independent contractor? Why or why not?
  - a. Of the three tests, Ted does not meet the relationship of the parties and should be treated as an employee.
- P2-10A. Evelyn Hardy is an employee of Polyent Plastics, a company with headquarters in Rock Island, Illinois. She lives and works in Doha Qatar, and earns an annual salary of \$97,300. The company has been withholding U.S. federal income taxes from her pay, but Evelyn believes that she should be exempt because she is an expatriate. What course of action should Evelyn take?
  - a. Evelyn would need to file IRS Foreign Earned Income Exclusion

## P2-11A. Complete the W-4 for employment at Superore Wheels

Erma Jane Grant 441 West Hill Road Montrose, Colorado 81401 SSN: 432-55-6792

Single, head of household

Two dependents

Eligible for the Child tax credit because the two allowances and an annual salary of \$36,000

\$1,500 in child care expenses Not claiming additional amounts to be withheld Not claiming exemption from withholding

| Fo                                 | rm W-4  | (2017)   | The exceptions don't apply<br>greater than \$1,000,000.  | to supplemental w   | nonwac  | ie income.  | e. If you ha<br>, such as ir   | nterest or   | r divider   | rds.   |
|------------------------------------|---|--|--|---|---|---|--|--|---|--|
| empl<br>tax fr                     | om your pay. Consid   | W-4 so that your<br>correct tederal income<br>or completing a new Form<br>your personal or financial   | Basic instructions, If you a<br>the Personal Allowances to<br>worksheets on page 2 turth<br>withholding allowances bas<br>deductions, certain credits,   | Worksheet below.<br>er adjust your<br>ed on itemized  | The 1040-E:<br>you ma<br>annuity  | 8, Estimat<br>y owe add<br>income, s                                  | extimated<br>ed Tax for<br>litional tax,<br>co Pub. 50<br>olding on F                | Individua<br>If you had to the                               | als. Othe<br>ave pen:<br>Lout if y                          | erwise,<br>sion or<br>ou should                        |
| Exen<br>comp<br>form<br>Februard F | tion changes.  pption from withhold  lete only lines 1, 2, 3  to validate it. Your ex  ary 15, 2018. See Pr  stimated Tax.  | ling. If you are exempt,<br>, 4, and 7 and sign the<br>emption for 2017 expires<br>ab. 505, Tax Withholding  | or two camers/multiple job<br>Complete all worksheets<br>may claim fewer (or zero) al<br>wages, withholding must be<br>you claimed and may not be<br>percentage of wages.                          | s situations.<br>that apply. Howev<br>llowances. For regu<br>a based on allowan<br>e a flat amount or         | Wer, you working spo<br>pular total number<br>on all jobs to<br>W.4. Your v | Jispouse of<br>mber of a<br>absiusing to<br>our withho<br>Il allowand | or more tha<br>Howances<br>worksheet<br>olding usus                                  | an one jo<br>you are<br>is from o<br>ally will b<br>iimed on | b, ligure<br>entitled<br>nly one<br>a most :<br>the For     | e the<br>to claim<br>Form<br>securate<br>in W-4        |
| on his<br>from and in<br>exam      | s or her tax return, you<br>withholding if your tot<br>actudes more than \$3<br>ple, interest and divid<br>ceptions. An employ  | n claim you as a dependent<br>u can't claim exemption<br>tal income exceeds \$1,050<br>50 of unearned income (for<br>lends),<br>ee may be able to claim<br>ig even if the employee is  | Head of household, General of household filing status or you are unmarried and pay costs of keeping up a home dependent(s) or other qualifub. 501, Exemptions, Statifiling Information, for inform | n your tax return or<br>more than 50% of<br>Flor yourself and y<br>lying individuals. S<br>odard Deduction, a | head claimed<br>nly if Nonres<br>the Notice<br>our Nonresi<br>ee Nonresi    | I on the of<br>ident alle<br>1392, Sup<br>dent Alien<br>your with     | thers. See<br>n. If you ar<br>plemental<br>is, before o<br>sholding. /<br>505 to see | Pub. 50!<br>re a nonn<br>Lorm W-<br>completir<br>After vou   | 5 for det<br>esident<br>4 Instru<br>19 this for<br>1 Form \ | alia.<br>alian, see<br>otions for<br>orm.<br>N-4 takes |
| a dep                              | sendent, if the employ<br>ge 65 or older,   | ig even ii ine emproyee is<br>/co:   | Tax oredits. You can take p<br>account in figuring your allor  | rojected tax credits  | into having for 201   | withheld c  | :ompятея I<br>b. 505, нер<br>(Single) o  | to vour u  | residentes  | I total tax  |
| - Will                             | dind, or<br>claim adjustments to<br>zed deductions, on hi   | o income, bux credibs, or<br>is or ber lex return  | withholding allowances. Cre<br>care expenses and the child<br>using the <b>Personal Allowan</b><br>See Pub. 505 for information<br>credits into withholding allow                                  | ces Worksheet he<br>n on converting you   | daimed Future   | developn  | nents, Into<br>lecting For<br>ed after we  | ormation   | about a   | ny tuture  |
| 0.000000                           |   | Persona  | I Allowances Works   |   |   |   |  |  |   |  |
| A                                  | Enter "1" for you   | urself if no one else can  | claim you as a dependent   |   |   |   |  |  | Α   | _ 1  |
|                                    | 1   | <ul> <li>You're single and have</li> </ul>   | e only one job; or   |   |   |   | 1  |  |   |  |
| В                                  | Enter "1" if: {   | <ul> <li>You're married, have or</li> </ul>  | only one job, and your spe   | ouse doesn't wo   | ork; or   |   | } .  |  | В   |  |
|                                    | l   | <ul> <li>Your wages from a sec</li> </ul>  | ond job or your spouse's v   | wages (or the tol   | al of both) are \$1,6   | 500 or le   | ss. J  |  |   |  |
| C                                  |   |  | choose to enter "-0-" if y   |   |   | _   | spouse   | or more  | C)  |  |
|                                    | than one job. (E  | ntering "-0-" may help yo  | ou avoid having too little ta  | x withheld.) .  |   | + +   |  |  | C   |  |
| D                                  | Enter number of   | dependents (other than   | your spouse or yourself)   | you will claim o  | n your tax return .   |   |  |  | D   | _ 2  |
| E                                  | Enter "1" if you  | will file as <b>head of house</b>  | <b>shold</b> on your tax return (s   | see conditions u  | ınder <b>Head of ho</b> ı   | usehold   | above)   |  | E   | _1_  |
| F                                  | Enter "1" if you  | have at least \$2,000 of cl  | nild or dependent care e   | xpenses for wh  | nich you plan to cl   | aim a cr  | edit .   |  | F   |  |
|                                    | (Note: Do not in  | iclude child support payr  | nents. See Pub. 503, Chil  | d and Depende   | nt Care Expenses  | , for deta  | ails.)   |  |   |  |
| G                                  | • If your total inc   | come will be less than \$7   | illd tax credit). See Pub. 9<br>0,000 (\$100,000 if married<br>"2" if you have five or mo  | l), enter "2" for e   | each eligible child   |   |  | you  |   |  |
|                                    |   |  | 000 and \$84,000 (\$100,000  |   |   | " tor eac   | h eligible   | obild  | G   |  |
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|                                    | complete all<br>worksheets  | • If you are single and  | have more than one job oxceed \$50,000 (\$20,000 if  | or are married ar<br>married), see th   | nd you and your a<br>e Two-Earners/Mu                                       | pouse be<br>altiple Jo  | oth work<br>obs Work   | and th   | e comb<br>on pag  | olned<br>e 2   |
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|                                    | W_A   | Employe  | e's Withholding  | Allowan   | ce Certifica  | ate   |  | OMB  | No. 154   | 5-0074   |
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|                                    | Iment of the Treasury<br>of Nevenue Service   |  | he IRS. Your employer may b  |   |   |   |  | (2)  | 10/   |  |
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| 441                                | West Hill Road  |  |  |   | ut legally separated, or sp   |   |  |  |   |  |
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| 5                                  | Total number  | of allowances you are cla  | alming (from line H above  | or from the app   | licable worksheet   | on page   | e 2)   | 5  | 7   |  |
| 6                                  | Additional am   | ount, if any, you want wit   | hheld from each payched  | k   |   |   | , ,  | 6 \$   |   |  |
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|                                    | If you meet bo  | oth conditions, write "Exe   | mpt" here  |   |   | 7   |  |  |   |  |
| Und                                |   |  | arnined this certificate and   |   |   |   | is true, co  | orrect, a  | ind cor   | nplete.  |
|                                    | loyee's signature   |  |  |   |   |   |  |  |   |  |
| -                                  | Contract State of the State of | inless you sign if.) ►   |  | re-span   |   | Date  |  |  |   |  |
| В                                  | Lmployer's name   | e and address (Employer: Com   | iplete lines & and 10 only if sen  | ding to the IRS.)   | 9 Office code (optiona  | i) 10 L   | mployer is   | dentificat   | ion num   | iber (LIN)   |
| For                                | Privacy Act and P   | aperwork Reduction Act   | Notice, see page 2.  |   | Cat. No. 10220Q   | -   |  | F  | om W  | <b>-4</b> (2017)                                       |

P2-12A. Complete the I-9 for employment at Erma Jane Grant. Be sure to complete the "preparer" section.

Erma Jane Grant

441 West Hill Road

Montrose, Colorado 81401

SSN: 432-55-6792

Maiden Name: Grant

Date of Birth: June 12, 1986

U.S. Citizen

Erma presented her passport for her employer to review. Passport number 3890493, issued by the United States State Department, expires April, 1 2020.



## **Employment Eligibility Verification Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 08/31/2019

► START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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  | Other L   | er Last Names Used (if any) |  |  |
|---|-------------------------|-----------|-------------------|-----------------|-----------|-----------------------------|--|--|
| Grant   | Erma                    |           |                   | J               | Grant     |                             |  |  |
| Address (Street Number and Name)  | Apt. N                  | umber     | City or Town      |                 | 1         | State                       | ZIP Code                                       |  |
| 441 West Hill Road  |                         |           | Montrose          |                 |           | CO                          | 81401  |  |
| Date of Birth (mm/dd/yyyy) U.S. Social Sec  | curity Number           | Employ    | ee's E-mail Addre | ess             | E         | mployee's                   | Telephone Number                               |  |
| 06/12/1986 4 3 2 - 5  | 5 6 7 9 2               |           |                   |                 |           |                             |  |  |
| I am aware that federal law provides for connection with the completion of this   |                         | t and/or  | fines for false   | statements o    | r use of  | false do                    | cuments in                                     |  |
| I attest, under penalty of perjury, that I  | am (check one           | of the fo | ollowing boxe     | s):             |           |                             |  |  |
| 1. A citizen of the United States   |                         |           |                   |                 |           |                             |  |  |
| 2. A noncitizen national of the United State  | s (See instruction      | is)       |                   |                 |           |                             |  |  |
| 3. A lawful permanent resident (Alien Re  | gistration Numbe        | r/USCIS N | Number): Number   | /A              |           |                             |  |  |
| 4. An alien authorized to work until (expir Some aliens may write "N/A" in the expir  |                         |           | -                 | 1/A             | -         |                             |  |  |
| Aliens authorized to work must provide only o<br>An Alien Registration Number/USCIS Number  |                         |           |                   |                 |           | Do                          | QR Code - Section 1<br>Not Write In This Space |  |
| 1. Alien Registration Number/USCIS Number   | : <u>N/A</u>            |           |                   | _               |           |                             | 国党教修5美国  |  |
| OR  2. Form I-94 Admission Number: N/A  |                         |           |                   |                 |           |                             |  |  |
| 2. Form I-94 Admission Number: N/A OR   |                         |           |                   | <del>-</del>    |           |                             |  |  |
| 3. Foreign Passport Number: N/A   |                         |           |                   | _               |           |                             | THE WAS CORES                                  |  |
| Country of Issuance: N/A  |                         |           |                   | <u></u>         |           |                             |  |  |
| Signature of Employee   |                         |           |                   | Today's Date    | (mm/dd.   | /уууу)                      |  |  |
| Preparer and/or Translator Certi  | fication (che           | ck one    | a).               |                 |           |                             |  |  |
| 200 - 100 - | A preparer(s) a         |           |                   | the employee in | completin | g Section                   | 1.   |  |
| (Fields below must be completed and sign  | ed when prepa           | rers and/ | or translators a  | assist an emplo | yee in c  | ompletin                    | g Section 1.)                                  |  |
| I attest, under penalty of perjury, that I knowledge the information is true and c  |                         | in the co | mpletion of S     | ection 1 of thi | s form a  | and that                    | to the best of my                              |  |
| Signature of Preparer or Translator   |                         |           |                   |                 | Γoday's [ | Date (mm/                   | (dd/yyyy)                                      |  |
| Last Name (Family Name)   |                         |           | First Nam         | e (Given Name)  |           |                             |  |  |
| Address (Street Number and Name)  |                         | c         | ity or Town       |                 |           | State                       | ZIP Code                                       |  |
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Form I-9 11/14/2016 N Page 1 of 3

Page 2 of 3



Form I-9 11/14/2016 N

## **Employment Eligibility Verification Department of Homeland Security**

**USCIS** Form I-9 OMB No. 1615-0047 Expires 08/31/2019

U.S. Citizenship and Immigration Services

| Employee Info from Section 1  | Last Name  | (Family Nam   | re)  | The contract of the second                             | (Given Nar   | ne)  | M.I.   | Citize   | enship/Immigration Statu  |
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| U.S. Passport   |  | N/A   |  |  |  | N/A  |  |  |   |
| Issuing Authority<br>U.S. Department of State   |  | Issuing N/A   | Authority  |  |  | Issuir<br>N/A  | ng Autho   | ority  |   |
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## **EXERCISE SET B**

E2-1B. Stacy Romero, a nonexempt employee of Prosaria Publishers, works a standard 6:00–3:00 p.m. schedule with an hour for lunch. Stacy works in a state requiring overtime for hours over 8 per day and for those over 40 in a week. During the week, she worked the following schedule:

| Monday    | 6:00-10:30 | 11:15–3:00 | 8.25 |
|-----------|------------|------------|------|
| Tuesday   | 6:15–10:45 | 11:45–3:15 | 8.00 |
| Wednesday | 5:45-10:00 | 11:00-3:30 | 8.75 |
| Thursday  | 7:00–12:00 | 1:00-3:00  | 7.00 |
| Friday    | 6:00-3:00  | (no lunch) | 9.00 |

Based on a 40-hour work week, how much overtime has Stacy worked during the period?

1. 2 hours

E2-2B. Grant Saunders is a salaried employee earning \$84,000 per year who receives pay every two weeks. Which of the following best describes the pay frequency?

a. Biweekly

E2-3B. On October 31, 2017, Dolores Goodman quit her job after ten years with Omnivue Optics in Utah. Omnivue Optics pays employees weekly on Fridays. Upon quitting, Dolores had 38.5 hours of vacation accrued that she had not used, and she had worked 45 hours, 5 hours of which was subject to overtime. When must she receive her final paycheck?

1. On the next pay date.

E2-4B. Adrienne Norman terminated her employment with Univee Inc. on December 15, 2017. When is the earliest that Univee Inc. may destroy her payroll records?

3. December 15, 2020

- E2-5B. Elijah Brown is a new payroll clerk at Zata Imports, a company with 250 employees. He has completed entering all time card data for the pay period. What should Elijah's next step in the payroll review process be?
  - 3. Ask his supervisor to verify the accuracy of the payroll data.
- E2-6B. Elaine Wheeler needs additional filing space at the end of the year in the company's office and chooses to use offsite, secured storage. Upon arriving at the storage facility, she discovers that the unit is nearly full and sees several boxes marked for destruction at the end of the next calendar year. What are Elaine's obligations regarding the destruction of the payroll records marked for destruction? (Select all that apply.)
  - 2. She should make arrangements to pulp or burn the payroll records marked for destruction.
  - 3. She should arrange to have a document destruction service pick up the boxes marked for destruction.
  - 4. She should bring a shredding machine to the storage facility and prepare to shred the records marked for destruction.
- E2-7B. Gerardo Rogers is conducting a review of the payroll files for each employee at Meejo Games. Which of the following items must be present in the file? (Select all that apply.)
  - 1. Basis upon which compensation is paid.
  - 2. Overtime pay earned during each pay period.
  - 3. Hours worked during each pay period.
- E2-8B. Jane McCarthy is preparing to compute employee pay and needs to determine the amount of employee federal income taxes to be withheld. Which of the following should she consult?
  - 2. IRS Publication 15
- E2-9B. John Franklin is a new employee of the Camidel Clothiers. Which of the following will provide proof of identity for the completion of the I-9? (Select all that apply.)
  - 2. U.S. Military Identification Card.
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4. New York driver's license.

E2-10B. Sheri Jennings is completing the I-9 for her new employment at Insulend Tours. Which of the following provides proof of her employment authorization? (Select all that apply.)

- 1. Social Security Card.
- 2. Certificate of birth abroad, issued by the U.S. Department of State.

E2-11B. Laverne Watkins is a candidate for the position of marketing clerk with the promotions department of Paramba Productions, earning \$10.25 per hour. She will work occasional overtime in her new position and will not have managerial or supervisory duties as a regular part of her job description. Why should Laverne be classified as a nonexempt employee? (Select all that apply.)

- 2. She has no supervisory or managerial duties
- 3. She has the term *clerk* in her job title

E2-12B. Rex Marshall manages a ski resort with year-round and seasonal employees. Assuming that the ski resort engages in interstate commerce, which are the FLSA requirement(s) that Rex should consider?

- 1. Hourly wages paid to employees
- 3. Number of hours worked per week
- 4. Employee age and weekly work schedule

## PROBLEM SET B

- P2-1B. Tasha Webb is an independent contractor for Antimbu Exports, where you are the payroll accountant. She feels that she should receive employee benefits because of the number of hours that she dedicates to the company. What guidance can you offer Tasha?
  - a. Independent contractors are most frequently treated as a vendor and would not be included in employee benefits. There are specific tests that determine the relationship

between employer and employee; however, the number of hours committed is not one of the defining traits.

- P2-2B. Joseph Lyons was terminated for cause from Telecy Industries in Hawaii, on August 21, 2017. As of the date of his termination, he had accrued 22 hours of regular time. Employees at Telecy are paid semimonthly on the 15th and last day of the month. Joseph would like to know when he will be paid for the accrued hours. What will you tell him?
  - a. Hawaii requires that when an employee is terminated their final pay is given at the time of termination or on the next business day if financially unable to issue the check.
- P2-3B. Sara Northman, a member of the Algonquin Indian Nation, is a new employee at Predeo Game Design. During the process of completing her I-9, she claims that the only way to prove her identity is the Algonquin Indian National official birth certificate. Is this document sufficient to verify his employment eligibility? Explain.
  - a. Algonquin Indian National official birth certificate would be adequate as it can fulfill both requirements for establishing identity and employment verification.
- P2-4B. Abraham Manning is a new employee of Symity Batteries. He is curious about the purpose of the requirements for new hire documentation to be forwarded to government agencies. What should you tell him?
  - a. Reporting creates a registry to monitor child support obligations, tracks immigration to ensure individuals are legal to work in the United States, ensures that individuals in professions that can have sanctions are legally able to continue to work, finally to enable the tracking of COBRA benefits.
- P2-5B. Frances Perez wants to start her own company. As a seasoned payroll professional, she approaches you for guidance about the differences between weekly, biweekly, and semimonthly pay periods. What would you tell her?
  - a. Weekly payroll is where individuals will receive 52 paychecks per year and are suited for companies that are small construction or professional entities. Biweekly payroll is where individuals will receive 26 paychecks per year processed every two weeks and is one of the more common pay periods, occasionally this method may result in 27 pay periods. Semimonthly is where employees will receive 24 paychecks per year

- P2-6B. Katrina Wilkins is a new payroll clerk for Remm Plumbing. She is curious about the purpose of the different steps in the payroll review process and asks you, her supervisor, for guidance. What would you tell her?
  - a. The payroll review process is designed to verify the information so that employees are paid correctly and the data is correct. Starting with the employee completing their time card, the information is then verified by the manager. After the manager has agreed that the employee has accurately portrayed the hours worked, the payroll clerk will prepare the information for the manager to review and approve. Once the information has been approved, the payroll checks can be issued to the employees.
- P2-7B. George Andrews started as a payroll accountant at Portose Herbals, a company with 70 employees. He soon notices that the former payroll accountant had been processing payroll manually, and suggests that the company immediately switch to cloud-based payroll. Although the company is switching to an electronic payroll processing system, what types of paper documentation must be maintained in employee records?
  - a. Employers retain physical copies of employees' time records, pay advice, and any other documentation processed with the paycheck. Some other types of documentation include: Request for a day off; reports of tardiness or absenteeism; detailed records of work completed during that day's shift.
- P2-8B. Tara Morris, a payroll clerk, has received a promotion and is now the payroll supervisor for Fligen Enterprises. What document control items could now become her responsibility?
  - a. Payroll system security, Maintenance of paid time off (i.e., vacation, sick, etc.), Access to payroll data, Separation of duties, Training of payroll staff
- P2-9B. Herman Watkins is in the payroll department of Neombee Plastics, a multistate company. The company has historically been filing employee information with each state. What alternative exists for multistate employers?
  - a. Multistate Employer Notification Form allows centralized reporting from the Office of Management and Budget

P2-10B. Derek Allen is the payroll supervisor for Caposis Freight. His company is preparing to merge with another distribution company that has a different pay cycle. The president of the company wants to know the difference between biweekly and semimonthly pay cycles as far as pay dates and pay amounts. What should Derektell him?

a. Moving between biweekly (26 pay periods per year with the possibility of 27) to a semimonthly system (24 pay periods per year) would cause individual to see increases per pay period since there are more days being covered on the pay period under semimonthly than on biweekly. This would also result in higher taxes per pay period.

## P2-11B. Complete the W-4 for employment at Dark Forest Ranch:

Linda Ellen Marshall

8924 County Line Road

Taylorville, Illinois 62555

SSN: 129-53-2309

Married filing jointly, combined income exceeds \$70,000 per year

Three dependents. She has no child care expenses but is able to claim the child tax credit and does not wish to withhold additional amounts.

She has a second job as a delivery driver for Tazio Labs, where she earns \$12,000/year.

## Form W-4 (2017)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the torm to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

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

- Is age 65 or older,
- Is blind, or

The exceptions don't apply to supplemental wages greater than \$1,000,000.

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits to child or dependent care expenses and the child tax credit may be claimed

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

acjust your withinoiding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total take for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future

| • Will itemiz | claim adjustments to income; tax credits;<br>zed deductions, on his or her tax return.   |   | Allowances Worksheet below.<br>ormation on converting your othing allowances.  | developments affecting F<br>er legislation enacted after v<br>at www.irs.gov/w4.   | Form W-4 (such a<br>we release it) will | as<br>I be posted     |
|---------------|--|---|--|--|---|-----------------------|
|               | P  | ersonal Allowances W  | <b>orksheet</b> (Keep for y  | our records.)  |   |                       |
| Α             | Enter "1" for yourself if no one el  | se can claim you as a depe  | ndent  |  | А                                       | 1                     |
|               | You're single a  | and have only one job; or   |  | )  |   |                       |
| В             |  | d, have only one job, and yo  |  |  | В                                       | 0                     |
|               | Your wages from  | m a second job or your spor   | use's wages (or the total o  | f both) are \$1,500 or less.   |   |                       |
| C             | Enter "1" for your spouse. But, y  | ou may choose to enter "-0  | -" if you are married and  | have either a working spous  | e or more                               |                       |
|               | than one job. (Entering "-0-" may  | help you avoid having too   | little tax withheld.)  |  | С                                       | 1                     |
| D             | Enter number of dependents (oth  | ner than your spouse or you   | ırself) you will claim on yo   | our tax return   | D                                       | 3                     |
| E             | Enter "1" if you will file as head o   | f household on your tax re  | turn (see conditions unde  | er Head of household above   | e) E                                    |                       |
| F             | Enter "1" if you have at least \$2,0   | 00 of child or dependent of   | are expenses for which   | you plan to claim a credit   | F                                       |                       |
|               | (Note: Do not include child supp   | ort payments. See Pub. 503  | B, Child and Dependent C   | are Expenses, for details.)  |   |                       |
| G             | Child Tax Credit (including addit  | ional child tax credit). See F  | Pub. 972, Child Tax Credi  | t, for more information.   |   |                       |
|               | • If your total income will be less  | than \$70,000 (\$100,000 if m   | arried), enter "2" for each  | n eligible child; then less "1"  | if you                                  |                       |
|               | have two to four eligible children   | or less "2" if you have five  | or more eligible children.   | A STATE OF THE PARTY OF THE PAR |   |                       |
|               | • If your total income will be between   | en \$70,000 and \$84,000 (\$1)  | 00,000 and \$119,000 if ma   | rried), enter "1" for each eligib  | ole child. G                            | 3                     |
| Н             | Add lines A through G and enter total  | al here. (Note: This may be diff  | ferent from the number of ex   | xemptions you claim on your ta   | x return.) > H                          | 8                     |
|               | • If you plan to   | itemize or claim adjustmen  | ts to income and want to   | reduce your withholding, see t   | the Deduction                           |                       |
|               | For accuracy, and Adjustme   | nts Worksheet on page 2.  |  | , ,  |   |                       |
|               | worksheets earnings from a   |   |  | ou and your spouse both wo<br>vo-Earners/Multiple Jobs Wo  |   |                       |
|               | The state of the s |   | stop here and enter the nu   | ımber from line H on line 5 of F   | Form W-4 belo                           | W                     |
|               | tment of the Treasury  | ployee's Withhole to are entitled to claim a certain view by the IRS. Your employer | number of allowances or ex   | emption from withholding is  | OMB No. 15                              | 545-0074<br><b>17</b> |
| 1             | Your first name and middle initial   | Last name   |  | 2 Your soc   | ial security num                        | ber                   |
| Lind          | la E   | Marshall  |  | 1  | 129-53-2309                             |                       |
|               | Home address (number and street or   | rural route)  | 3 ☐ Single ✓   | Married Married, but withhole  | d at higher Single                      | e rate                |
| 8924          | County Line Road   |   |  | ally separated, or spouse is a nonreside   |   |                       |
|               | City or town, state, and ZIP code  |   |  | differs from that shown on your  |   |                       |
| Tayl          | orville, Ilinois 62555   |   |  | must call 1-800-772-1213 for a   |   |                       |
| 5             | Total number of allowances you   | are claiming (from line H a   | bove or from the applica   | ble worksheet on page 2)   | 5                                       | 8                     |
| 6             | Additional amount, if any, you v   |   |  |  | 6 \$                                    |                       |
| 7             | I claim exemption from withhold  |   |  | lowing conditions for exemp  |   |                       |
|               | Last year I had a right to a ref   |   |  |  |   |                       |
|               | This year I expect a refund of   |   |  |  |   |                       |
|               | If you meet both conditions, wr  |   | Control of the Contro |  |   |                       |
| Unde          | er penalties of perjury, I declare that  |   |  |  | correct and c                           | omplete               |
| Emp           | loyee's signature<br>form is not valid unless you sign it.)  |   |  | Date▶  |   |                       |
| 8             | Employer's name and address (Emplo   |   | y it sending to the IRS.) 9  | Office code (optional) 10 Employe  | er identification nu                    | umber (EIN)           |
| For F         | Privacy Act and Paperwork Reduct   | tion Act Notice, see page 2.  | Ca   | at. No. 10220Q   | Form V                                  | <b>N-4</b> (2017)     |

P2-12B. Complete the I-9 for employment at Ecovee Energy located at 244 Winston Drive, Gretna, Virginia 24557. Be sure to complete the "preparer" section.

**Lloyd Gregory Flowers** 

SSN: 382-10-0392

Date of Birth: 11-20-1993

1298 Chantham Road

Gretna, Virginia 24557

U.S. Citizen

Lloyd presented his driver's license and Social Security card to the Human Resources Manager, Amanda Weeble, to review.

Virginia Driver's License #293034293, Expires 11/20/2020



## Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019

► START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

| ast Name ( <i>Family Name</i> )   | First Name (Giv                                    | First Name (Given Name)              |  |                 | Other I   | ner Last Names Used (if any)                  |                                |  |
|---|--|--------------------------------------|--|-----------------|-----------|---|--------------------------------|--|
| lowers  | Lloyd  |                                      |  | G               |           |   |                                |  |
| Address (Street Number and Name)  | Apt. N   | umber                                | City or Town   | 1               | 1         | State   | ZIP Code                       |  |
| 298 Chantham Road   |  |                                      | Gretna   |                 |           | VA  | 24557                          |  |
| Date of Birth (mm/dd/yyyy) U.S. Social Se   | curity Number                                      | Employ                               | ee's E-mail Add  | ress            | E         | mployee's                                     | Telephone Numbe                |  |
| 1/20/1993 3 8 2 - 1   | 0 - 0 3 9 2  |                                      |  |                 |           |   |                                |  |
| am aware that federal law provides fo<br>onnection with the completion of this  |  | t and/or                             | fines for false  | e statements o  | r use of  | false do                                      | ocuments in                    |  |
| attest, under penalty of perjury, that I  | am (check one                                      | of the f                             | ollowing boxe  | es):            |           |   |                                |  |
| 1. A citizen of the United States   |  |                                      |  |                 |           |   |                                |  |
| 2. A noncitizen national of the United State  | es (See instruction                                | ns)                                  |  |                 |           |   |                                |  |
| 3. A lawful permanent resident (Alien Re  | egistration Numbe                                  | r/USCIS I                            | Number):   | N/A             | 7-        |   |                                |  |
| 4. An alien authorized to work until (expi  |  |                                      |  | N/A             |           |   |                                |  |
| Some aliens may write "N/A" in the expi   | ration date field.                                 | See instr                            | uctions)   |                 |           |   | QR Code - Section 1            |  |
| Aliens authorized to work must provide only of An Alien Registration Number/USCIS Numbe   | r OR Form I-94 A                                   |                                      |  |                 |           | D   | o Not Write In This Space      |  |
| <ol> <li>Alien Registration Number/USCIS Number</li> <li>OR</li> </ol>  | r: <u>N/A</u>                                      |                                      |  |                 |           |   |                                |  |
| 2. Form I-94 Admission Number: N/A OR   |  |                                      |  | _               |           |   |                                |  |
| 3. Foreign Passport Number: N/A   |  |                                      |  |                 |           |   | 回其無效果的                         |  |
| Country of Issuance: N/A  |  |                                      |  | 21              |           |   |                                |  |
| ignature of Employee  |  |                                      |  | Today's Dat     | o (mm/de  | (//////////////////////////////////////       |                                |  |
| griature or Employee  |  |                                      |  | Todays Dat      | e (mm/uu  | <i>, , , , , , , , , , , , , , , , , , , </i> |                                |  |
|   | fication (ale                                      | eck on                               | e):  |                 |           |   |                                |  |
| reparer and/or Translator Certi   | ncation (che                                       |                                      |  |                 |           | na Section                                    | 1.                             |  |
| I did not use a preparer or translator.   | A preparer(s) a                                    | nd/or trans                          | slator(s) assisted                                       |                 |           |   |                                |  |
| I did not use a preparer or translator.   | A preparer(s) a                                    | nd/or trans                          | slator(s) assisted                                       |                 |           |   |                                |  |
| I did not use a preparer or translator.  Fields below must be completed and signatest, under penalty of perjury, that I   | A preparer(s) a<br>ned when prepa<br>have assisted | nd/or trans<br>rers and              | slator(s) assisted<br>or translators                     | assist an empl  | oyee in d | completin                                     | g Section 1.)                  |  |
| Preparer and/or Translator Certi  I did not use a preparer or translator.  Fields below must be completed and signattest, under penalty of perjury, that I nowledge the information is true and dignature of Preparer or Translator | A preparer(s) a<br>ned when prepa<br>have assisted | nd/or trans<br>rers and              | slator(s) assisted<br>or translators                     | assist an empl  | oyee in o | completin                                     | g Section 1.) to the best of m |  |
| I did not use a preparer or translator.  Fields below must be completed and signattest, under penalty of perjury, that I nowledge the information is true and o   | A preparer(s) a<br>ned when prepa<br>have assisted | nd/or trans<br>rers and              | slator(s) assisted<br>for translators<br>ompletion of \$ | assist an empl  | oyee in o | completin<br>and that                         | g Section 1.) to the best of m |  |
| I did not use a preparer or translator.  Fields below must be completed and signattest, under penalty of perjury, that I nowledge the information is true and dignature of Preparer or Translator                                   | A preparer(s) a<br>ned when prepa<br>have assisted | nd/or trans<br>rers and<br>in the co | slator(s) assisted<br>for translators<br>ompletion of \$ | assist an emplo | oyee in o | completin<br>and that                         | g Section 1.) to the best of m |  |

Form I-9 11/14/2016 N Page 1 of 3



Document Title

Issuing Authority

Document Number

Document Title

Issuing Authority

Document Title N/A

Issuing Authority Document Number

N/A

Document Number

of Acceptable Documents.")

Employee Info from Section 1

Expiration Date (if any) (mm/dd/yyyy)

Expiration Date (if any)(mm/dd/yyyy)

Expiration Date (if any)(mm/dd/yyyy)

The employee's first day of employment (mm/dd/yyyy):

List A

Identity and Employment Authorization

## **Employment Eligibility Verification Department of Homeland Security**

**USCIS** Form I-9 OMB No. 1615-0047 Expires 08/31/2019

U.S. Citizenship and Immigration Services

Last Name (Family Name)

OR

Virginia

293034293

11/20/2020

Section 2. Employer or Authorized Representative Review and Verification (Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists First Name (Given Name) M.I. Citizenship/Immigration Status AND List B List C Identity **Employment Authorization** Document Title Document Title Driver's license issued by state/territory Social Security Card (Unrestricted) Issuing Authority Issuing Authority Social Security Administration Document Number Document Number Expiration Date (if any)(mm/dd/yyyy) Expiration Date (if any)(mm/dd/yyyy) Additional Information Do Not Write In This Space

(See instructions for exemptions)

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

| Signature of Employer or Authorized Representative        |  |            |                     | Title of Employer or Authorized Representative Human Resources Manager |  |             |                   |
|---|--|------------|---------------------|--|--|-------------|-------------------|
| Last Name of Employer or Authorized Representative Weeble | First Name of Employer or Authorized Representativ |            |                     | ative  | Employer's Business or Organization Name |             |                   |
| Employer's Business or Organization Address (Stre         | et Number a  | nd Name)   | City or Town Gretna |  |  | State<br>VA | ZIP Code<br>24557 |
| Section 3. Reverification and Rehires                     | (To be com   | pleted and | signed by emplo     | yer or   | authorizeo                               | represe     | ntative.)         |
| A New Name (if applicable)                                |  |            |                     |  | Date of R                                | chire lifa  | onlinable)        |

| Last Name ( <i>Family Name</i> )   | First Name (Given Nam | re)              | Middle Initial    | Date (mm    | /dd/yyyy)                             |
|--|-----------------------|------------------|-------------------|-------------|---------------------------------------|
| C. If the employee's previous grant of emplo<br>continuing employment authorization in the |                       | expired, provid- | e the information | for the doc | ument or receipt that establishes     |
| Document Title   |                       | Document Num     | ber               |             | 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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

Form I-9 11/14/2016 N Page 2 of 3

### **CRITICAL THINKING**

- 2-1. When Omnimia Graphics was looking to implement a payroll accounting system, the manufacturing firm had several options. With only 40 employees, the manual preparation of payroll through spreadsheets and handwritten time cards was a comfortable option for the firm. Another option is to convince the senior management of Omnimia Graphics to implement a software program for payroll processing. What are the key points to consider? If the company has more than one department, how can this transition be accomplished?
- 1. Key points that need to be included: ease of update for changes in tax laws, tax tables, and payroll regulations; ease of reporting; whether the employee self-service option would be eligible; confidentiality
- 2-2. You have been hired as a consultant for Semiva Productions, a company facing an IRS audit of their accounting records. During your review, you notice anomalies in the payroll system involving overpayments of labor and payments to terminated employees. What would you do?
- 1. When the abnormalities are discovered, the management of the company should be made aware of the situation. Since the IRS audit is imminent, documenting the date of the find and attempts to rectify the error would be advisable. Depending upon the nature of the anomalies, the company or payroll employees may have made some serious errors.

IN THE REAL WORLD: CASE FOR DISCUSSION

Student response will vary.

## CONTINUING PAYROLL PROJECT: PREVOSTI FARMS AND SUGARHOUSE

Prevosti Farms and Sugarhouse pays its employees according to their job classification. The following employees make up Sugarhouse's staff:

| Employee Number | Name and Address       | Payroll information          |
|-----------------|------------------------|------------------------------|
| A-Mille         | Thomas Millen          | Hire Date: 2-1-2017          |
|                 | 1022 Forest School Rd  | DOB: 12-16-1982              |
|                 | Woodstock, VT 05001    | Position: Production Manager |
|                 | 802-478-5055           | PT/FT: FT, exempt            |
|                 | SSN:031-11-3456        | No. of Exemptions: 4         |
|                 | 401(k) deduction: 3%   | M/S: M                       |
|                 |                        | Pay Rate: \$35,000/year      |
| A-Towle         | Avery Towle            | Hire Date: 2-1-2017          |
|                 | 4011 Route 100         | DOB: 7-14-1991               |
|                 | Plymouth, VT 05102     | Position: Production Worker  |
|                 | 802-967-5873           | PT/FT: FT, nonexempt         |
|                 | SSN:089-74-0974        | No. of Exemptions: 1         |
|                 |                        | M/S: S                       |
|                 |                        | Pay Rate: \$12.00/hour       |
| A-Long          | Charlie Long           | Hire Date: 2-1-2017          |
|                 | 242 Benedict Road      | DOB: 3-16-1987               |
|                 | S. Woodstock, VT 05002 | Position: Production Worker  |
|                 | 802-429-3846           | PT/FT: FT, nonexempt         |
|                 | SSN: 056-23-4593       | No. of Exemptions: 2         |

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|         |                       | M/S: M  |
|---------|-----------------------|---|
|         |                       | Pay Rate: \$12.50/hour  |
| B-Shang | Mary Shangraw         | Hire Date: 2-1-2017   |
|         | 1901 Main Street #2   | DOB: 8-20-1994  |
|         | Bridgewater, VT 05520 | Position: Administrative Assistant                            |
|         | 802-575-5423          | PT/FT: PT, nonexempt  |
|         | SSN: 075-28-8945      | No. of Exemptions: 1  |
|         |                       | M/S: S  |
|         |                       | Pay Rate: \$10.50/hour  |
| B-Lewis | Kristen Lewis         | Hire Date: 2-1-2017   |
|         | 840 Daily Hollow Road | DOB: 4-6-1960   |
|         | Bridgewater, VT 05523 | Position: Office Manager                                      |
|         | 802-390-5572          | PT/FT: FT, exempt   |
|         | SSN: 076-39-5673      | No. of Exemptions: 3  |
|         |                       | M/S: M  |
|         |                       | Pay Rate: \$32,000/year                                       |
| B-Schwa | Joel Schwartz         | Hire Date: 2-1-2017   |
|         | 55 Maple Farm Way     | DOB: 5-23-1985  |
|         | Woodstock, VT 05534   | Position: Sales   |
|         | 802-463-9985          | PT/FT: FT, exempt   |
|         | SSN: 021-34-9876      | No. of Exemptions: 2  |
|         |                       | M/S: M  |
|         |                       | Pay Rate: \$24,000/year base plus 3% commission per case sold |
| B-Prevo | Toni Prevosti         | Hire Date: 2-1-2017   |

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| 10520 Cox Hill Road   | DOB: 9-18-1967            |
|-----------------------|---------------------------|
| Bridgewater, VT 05521 | Position: Owner/President |
| 802-673-2636          | PT/FT: FT, exempt         |
| SSN: 055-22-0443      | No. of Exemptions: 5      |
|                       | M/S: M                    |
|                       | Pay Rate: \$45,000/year   |
|                       |                           |

The Departments are as follows:

Department A: Agricultural Workers

Department B: Office Workers

1. You have been hired as of February 1, 2017, as the new accounting clerk. Your employee number is B-XXXXX, where "B" denotes that you are an office worker and "XXXXX" is the first five letters of your last name. If your last name is fewer than five letters, use the first few letters of your first name to complete the employee number. Your social security number is 555-55-5555, and you are full-time, nonexempt, and paid at a rate of \$34,000 per year. You are single with only one job (claiming 2 exemptions). You live at 1644 Smittin Road, Woodstock, VT 05001. Your date of birth is 1/1/1991 and your Social Security number is 555-55-5555 for the project. You are a citizen of the United States and provide a Vermont driver's license #88110009 expiring 1/1/2020 in addition to your Social Security card for verification of your identity. Complete the W-4 and the I-9 to start your own employee file.

## Form W-4 (2017)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

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

- Is age 65 or older,
- Is blind, or
- adiustonato to incomo tou oraditu

The exceptions don't apply to supplemental wages greater than \$1,000,000.

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

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

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

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

See Pub 555 for information on consenting your other.

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total take for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as

|  | ciaim adjustments t<br>ed deductions, on h   | to income; tax credits; or<br>his or her tax return.                  | See Pub. 505 for information<br>credits into withholding allow | n on converting your<br>vances.                  | other legislat<br>atwww                   | tion enacted<br>v.irs.gov/w4 | l after we release it)<br>!.  | will be    | posted          |  |
|--|--|---|--|--|---|------------------------------|---|------------|-----------------|--|
|  |  | Persona   | l Allowances Works   | <b>heet</b> (Keep fo                             | r your records                            | .)                           |   |            |                 |  |
| A  | Enter "1" for yo   | ourself if no one else can o  | laim you as a dependent  |  |   |                              |   | Α          | 1               |  |
|  | ſ  | <ul> <li>You're single and have</li> </ul>                            | only one job; or   |  |   |                              | )   |            |                 |  |
| В  | Enter "1" if:  | MARKOCKI EMPERATORUM ERITARIO ERITARIO E                              | only one job, and your spo                                     |  | 100000000000000000000000000000000000000   |                              | }   | В          |                 |  |
|  | ι  |   | ond job or your spouse's v                                     | • •  | the same transfer of the same transfer of |                              |   |            |                 |  |
| С  | ,  | our <b>spouse.</b> But, you may                                       |  |  | and have either a                         | working s                    | spouse or more  |            |                 |  |
|  |  | Entering "-0-" may help yo  | 9  | 350  |   |                              |   | C _        |                 |  |
| D  |  | of <b>dependents</b> (other than                                      |  |  | A DE COMMUNICATION OF STREET              |                              |   | D _        | 2               |  |
| E  |  | will file as <b>head of house</b>                                     |  |  |   |                              | **  | E          |                 |  |
| F  | E002701 10000 10000 10000  | have at least \$2,000 of ch   | total Table to the second                                      | or and a second                                  | 200                                       |                              |   | F.         |                 |  |
| _  | Acceptance of the control of   | include child support paym  |  | 150  |   |                              |   |            |                 |  |
| <ul> <li>G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.</li> <li>If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you</li> </ul> |  |   |  |  |   |                              |   |            |                 |  |
|  |  | ncome will be less than \$70<br>ur eligible children or <b>less</b> ' |  |  | ~   | ı; tnen l <b>es</b>          | s "1" IT you  |            |                 |  |
|  |  | come will be between \$70,0   |  |  |   | l" for each                  | eligible child  | G          |                 |  |
| н  |  | ugh G and enter total here. ( <b>N</b>                                |  |  |   |                              | •   | й.         |                 |  |
| Sin  | Add III Co A till Ot   | •   | or claim adjustments to i                                      |  |   |                              | record to the residence of the  | _          | 3               |  |
|  | For accuracy,  | and Adjustments Worl  |  | ilcome and wam                                   | t to reduce your w                        | itiiioluliig                 | , see the <b>Deduct</b>   | ions       |                 |  |
|  | complete all • If you are single and have more than one job or are married and you and your spouse both work   |   |  |  |   |                              |   |            |                 |  |
|  | worksheets that apply. earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Work to avoid having too little tax withheld. |   |  |  |   |                              |   |            | : 2             |  |
|  | шасарріу.  |   | e situations applies, <b>stop h</b>                            | ere and enter the                                | e number from line                        | e H on line                  | 5 of Form W-4 b   | elow.      |                 |  |
|  |  | Cananata have and   | give Form W-4 to your em                                       |  | - 4                                       |                              |   |            |                 |  |
|  |  | B 54 255  | See Man arether a back   | denotes  |   |                              | s   |            |                 |  |
| _  | $W_{-4}$   | Employe   | e's Withholding  | g Allowand                                       | ce Certific                               | ate                          | OMB N   | o. 1545    | -0074           |  |
| Form<br>Depart   | ment of the Treasury   |   | itled to claim a certain numb                                  |  |   |                              |   | 1          | 7               |  |
|  | I Revenue Service  |   | ne IRS. Your employer may b                                    | e required to send                               | a copy of this forn                       |                              |   | ୬ <b>•</b> | -               |  |
| 1  | Your first name  | and middle initial  | Last name  |  |   | 2 You                        | ur social security r  | numbe      | r               |  |
| Stud   |  |   | Success  |  |   |                              | 555-55-555  |            |                 |  |
|  | Home address (   | number and street or rural route                                      | )  |  | Married                                   |                              |   |            |                 |  |
| 1644   | Smitten Road   | ate, and ZIP code   |  |  | it legally separated, or s                | •                            |   |            |                 |  |
|  |  |   |  |  | me differs from the                       |                              |   | -          |                 |  |
|  | dstock, VT 0500  |   | landar Grand Bar II alanda                                     |  | You must call 1-800                       |                              |   | 7.17.0     |                 |  |
| 5  |  | of allowances you are cla   |  | 20 No. 20 10 10 10 10 10 10 10 10 10 10 10 10 10 | licable worksnee                          | t on page                    | 2) 5 6 \$   | 3          |                 |  |
| 6<br>7   |  | nount, if any, you want with<br>otion from withholding for :          |  |  | following condit                          | one for a                    |   |            |                 |  |
| •  |  | had a right to a refund of <b>a</b>                                   | reserve ATS - rec  |  | a company                                 |                              | kemption.   |            |                 |  |
|  |  | expect a refund of <b>all</b> feder                                   |  |  |   | 100                          |   |            |                 |  |
|  | ***  | oth conditions, write "Exer   |  |  |   | ► <b>7</b>                   |   |            |                 |  |
| Unde   |  | rjury, I declare that I have ex                                       | •                        |  |   |                              | true, correct, an   | d com      | plete.          |  |
|  | lovee's signatur   | • 10 • 10 10 10 10 10 10 10 10 10 10 10 10 10                         |  |  | -   |                              | ACCUPACION DE LA COMPANION DE |            | - A BARRET      |  |
|  |  | unless you sign it.) ▶  |  |  |   | Date ▶                       | •   |            |                 |  |
| 8  | Employer's nam   | ne and address (Employer: Com   | olete lines 8 and 10 only if send                              | ding to the IRS.)                                | 9 Office code (optional                   | al) <b>10</b> Er             | nployer identificatio   | n numb     | er (EIN)        |  |
| <u>Prev</u>  | osti Farms and S   | Sugarhouse  |  |  |   |                              |   |            |                 |  |
| For F  | Privacy Act and I  | Paperwork Reduction Act   | Notice, see page 2.  |  | Cat. No. 10220Q                           |                              | For   | m W-       | <b>4</b> (2017) |  |



## Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 08/31/2019

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

| Section 1. Employee Information than the first day of employment, but not                   |           |              |           |             | st complete an  | d sign S | Section 1 d | of Form I-9 no later                             |
|---|-----------|--------------|-----------|-------------|-----------------|----------|-------------|--|
| Last Name (Family Name)   | First Nar | ne (Given Na | me)       |             | Middle Initial  | Other    | Last Name   | s Used (if any)                                  |
| Success   | Student   |              |           |             | В               |          |             |  |
| Address (Street Number and Name)  |           | Apt. Number  | City      | or Town     | •               |          | State       | ZIP Code   |
| 1644 Smittin Road   |           |              | Wood      | lstock      |                 |          | VT          | 05001  |
| Date of Birth (mm/dd/yyyy)  01/01/1991  U.S. Social Sectors  5 5 5 5 5 5 5 5                | ¬`┌┬      | ber Emp      | loyee's E | -mail Addr  | ess             | E        | Employee's  | Telephone Number                                 |
| I am aware that federal law provides for connection with the completion of this for         |           | nment and/   | or fines  | for false   | statements o    | or use o | f false do  | ocuments in                                      |
| I attest, under penalty of perjury, that I a  | m (ched   | k one of the | e follow  | ing boxe    | s):             |          |             |  |
| 1. A citizen of the United States   |           |              |           |             |                 |          |             |  |
| 2. A noncitizen national of the United States   | (See ins  | tructions)   |           |             |                 |          |             |  |
| 3. A lawful permanent resident (Alien Reg   | istration | Number/USCI  | S Numb    | er): №      | I/A             |          |             |  |
| 4. An alien authorized to work until (expira<br>Some aliens may write "N/A" in the expira   |           |              |           | _           | I/A             | _        |             |  |
| Aliens authorized to work must provide only on<br>An Alien Registration Number/USCIS Number |           |              |           |             |                 |          | D           | QR Code - Section 1<br>o Not Write In This Space |
| Alien Registration Number/USCIS Number:     OR  | N/A       |              |           |             | _               |          |             |  |
| 2. Form I-94 Admission Number: N/A OR   |           |              |           |             | _               |          |             |  |
| 3. Foreign Passport Number: N/A   |           |              |           |             |                 |          |             | 国際工作企業的概念  |
| Country of Issuance: N/A  |           |              |           |             | _               |          |             |  |
| Signature of Employee   |           |              |           |             | Today's Dat     | e (mm/de | d/yyyy)     |  |
| Preparer and/or Translator Certif   | icatior   | ı (check c   | ne):      |             |                 |          |             |  |
|   |           |              |           | s) assisted | the employee in | completi | ng Section  | 1.   |
| (Fields below must be completed and signe   | ed when   | preparers a  | nd/or tra | anslators a | assist an empl  | oyee in  | completin   | g Section 1.)                                    |
| I attest, under penalty of perjury, that I h<br>knowledge the information is true and c     |           | isted in the | compl     | etion of S  | ection 1 of th  | is form  | and that    | to the best of my                                |
| Signature of Preparer or Translator   |           |              |           |             |                 | Today's  | Date (mm/   | /dd/yyyy)  |
| Last Name (Family Name)   |           |              |           | First Nam   | e (Given Name)  |          |             |  |
| Address (Street Number and Name)  |           |              | City or   | Town        |                 |          | State       | ZIP Code   |
|   |           |              |           |             |                 |          |             | •  |
| 1   | STOP1     | Employer C   | 'omplete  | es Next Po  | ige STCPI       |          |             |  |

Form I-9 11/14/2016 N Page 1 of 3



## **Employment Eligibility Verification Department of Homeland Security**

U.S. Citizenship and Immigration Services

**USCIS** Form I-9 OMB No. 1615-0047 Expires 08/31/2019

| Section 2. Employer or<br>(Employers or their authorized repringuist physically examine one documents.")                              | esentative must co   | mplete and                                      | l sign Sectio | n 2 within 3         | B business day | s of the e   |                    |                                       |  |
|---|--|---|---------------|----------------------|----------------|--|--------------------|---------------------------------------|--|
| Employee Info from Section 1  | Last Name (Famil   | ly Name)  |               | First Nam            | e (Given Nam   | ne)  | M.I.               | Citizenship/Immi                      | gration Status   |
| List A<br>Identity and Employment Aut   | OR<br>horization   |   | List<br>Iden  |                      | Α              | ND   |                    | List C<br>Employment Au               | thorization  |
| Document Title  |  | ocument T                                       |               |                      |                |  | ent Title          | )                                     | v2   |
| N/A Issuing Authority   |  | river's licer<br>ssuing Auth                    | nse issued by | state/terri          | tory           |  | Security<br>Author | Card (Unrestricted                    | 1)   |
| N/A   |  | ermont  | ionity        |                      |                |  |                    | ity Administrat                       | ion  |
| Document Number   |  | Ocument N                                       | lumber        |                      |                | Docum<br>555555  | nent Nur           | nber                                  |  |
| Expiration Date (if any)(mm/dd/yy)  | (y) E  |   | ate (if any)( | mm/dd/yyy            | v)             |  |                    | e (if any)(mm/dd/y                    | <i>yyy)</i>  |
| Document Title  |  |   |               |                      |                |  |                    |                                       |  |
| N/A Issuing Authority N/A   |  | Additional                                      | I Informatio  | n                    |                |  |                    | QR Code - Sect<br>Do Not Write In Thi |  |
| Document Number   |  |   |               |                      |                |  |                    |                                       |  |
| Expiration Date (if any)(mm/dd/yy)  | (y)  |   |               |                      |                |  |                    |                                       |  |
| Document Title  |  |   |               |                      |                |  |                    |                                       |  |
| Issuing Authority N/A   |  |   |               |                      |                |  |                    |                                       |  |
| Document Number   |  |   |               |                      |                |  |                    |                                       |  |
| Expiration Date (if any)(mm/dd/yy)  | (y)  |   |               |                      |                |  |                    |                                       |  |
| Certification: I attest, under po<br>(2) the above-listed document(<br>employee is authorized to wor<br>The employee's first day of o | s) appear to be g<br>k in the United St  | enuine an<br>ates.                              | nd to relate  |                      | ployee nam     | ed, and  | (3) to th          |                                       |  |
| Signature of Employer or Authorize  | ed Representati∨e  |   | Today's Da    | te( <i>mm/dd/</i> )  | yyy) Title     | Chicony Com-   | yer or A           | uthorized Repres                      | entative   |
| Last Name of Employer or Authorized   | Mary Committee of the C | First Name of Employer or Authorized Representa |               |                      | Representative | Employer's Business or Organization Name Prevosti Farms & Sugarhouse |                    |                                       |  |
| Employer's Business or Organizati<br>820 Westminster Road   | on Address (Street   | Number ar                                       | nd Name)      | City or To           |                |  | Sta<br>VT          | ZIP Code<br>05520                     |  |
| Section 3. Reverification   | and Rehires (7   | To be com                                       | pleted and    | signed by            | / employer c   | r author.  | ized re            | presentative.)                        |  |
| A. New Name (if applicable)   |  |   |               |                      |                | B. Date  | of Rehir           | e (if applicable)                     |  |
| Last Name (Family Name)   | First Nam  | ne (Given N                                     | Vame)         | Mi                   | ddle Initial   | Date (m  | m/dd/yy            | yy)                                   |  |
| C. If the employee's previous grant<br>continuing employment authorization  |  |   |               | , provide th         | e information  | for the do   | cument             | or receipt that est                   | ablishes   |
| Document Title  |  |   | Docume        | ent Number           |                |  | Expir              | ation Date (if any)                   | (mm/dd/yyyy)   |
| attest, under penalty of perjui   | The control of the co |   |               |                      |                |  |                    |                                       | Control of the Contro |
| Signature of Employer or Authorize  |  |   | Date (mm/c    | 10.1 - 10.0 - 10.0 - | 1              |  |                    | ized Representati                     |  |
|   |  |   |               |                      |                |  |                    |                                       |  |

2. Complete the headers of the employee earnings register for each employee. Enter the pay rate for each employee.

#### EMPLOYEE EARNING RECORD Name Thomas Millen Hire Date 2/1/2017 Address 1022 Forest School Rd Date of Birth 12/16/1982 City/State/Zip Woodstock/VT/05001 Exempt/Nonexempt Exempt 802-478-5055 Married/Single М Telephone Social Security Number 031-11-3456 No. of exemptions Position Production Manager Pay Rate \$35,000/year Period Hrs Pay for Pay for Ended Worked Reg Pay OT Pay Holiday Gross Pay 401(k) Federal FICA Comm Ins Taxable Taxable YTD Net YTD Gross Pay for Pay for Fed Inc. Social State Inc. Federal FICA Tax Sec. Tax Medicare Tax Total Deduc Net pay Pay EMPLOYEE EARNING RECORD Name Hire Date 2/1/2017 Avery Towle Address 4011 Route 100 Date of Birth 7/14/1991 Exempt/Nonexempt Plymouth/VT/05102 City/State/Zip Nonexempt Telephone 802-967-5873 Married/Single Social Security Number 089-74-0974 No. of exemptions Pay Rate \$12.00/hour Production Worker Position Taxable Taxable Period Hrs Pay for Pay for OT Pay 401(k) Federal Ended Worked Reg Pay Holiday Comm Gross Pay Ins FICA Taxable Taxable YTD Gross Pay for Pay for Fed Inc. Social State Inc. YTD Net FICA Sec. Tax Medicare Total Deduc Net pay Federal Tax Tax Pay

### EMPLOYEE EARNING RECORD

| Name<br>Address<br>City/State/Zip<br>Telephone<br>Social Security Number<br>Position |                            |                 | Charlie Lo<br>242 Bened<br>S. Woodst<br>802-429-38<br>056-23-459<br>Production | ict Rd<br>ock/VT/0500<br>46<br>3 | 02                | -<br>-<br>-<br>- | Hire Date Date of Birth Exempt/Nonexempt Married/Single No. of exemptions Pay Rate |                   | 2/1/2017<br>3/16/1987<br>Nonexempt<br>M<br>2<br>\$12.50/hour   |                            |  |
|--|----------------------------|-----------------|--|----------------------------------|-------------------|------------------|--|-------------------|--|----------------------------|--|
| Period<br>Ended  | Hrs<br>Worked              | Reg Pay         | OT Pay   | Holiday                          | Comm              | Gross Pay        | Ins  | 401(k)            | Taxable<br>Pay for<br>Federal                                  | Taxable<br>Pay for<br>FICA |  |
|  |                            |                 |  |                                  |                   |                  |  |                   |  |                            |  |
| Taxable Taxable Pay for Pay for Fed Inc Federal FICA Tax                             |                            | Fed Inc.<br>Tax | Social<br>Sec. Tax   | Medicare                         | State Inc.<br>Tax | Total Deduc      | Net pay  | YTD Net<br>Pay    | YTD Gross<br>Pay   |                            |  |
|  |                            |                 |  | EARNING R                        | ECORD             |                  |  |                   |  |                            |  |
| Name<br>Address<br>City/State/Zip<br>Telephone<br>Social Security Number<br>Position |                            |                 | 802-575-54<br>075-28-894   | St #2<br>ter/VT/0552<br>123      |                   | -<br>-<br>-<br>- | Married/   | irth<br>lonexempt | 2/1/2017<br>8/20/1994<br>t<br>Exempt<br>S<br>1<br>\$10.50/hour |                            |  |
| Period<br>Ended  | Hrs<br>Worked              | Reg Pay         | OT Pay   | Holiday                          | Comm              | Gross Pay        | Ins  | 401(k)            | Taxable<br>Pay for<br>Federal                                  | Taxable<br>Pay for<br>FICA |  |
|  |                            |                 |  |                                  |                   |                  |  |                   |  |                            |  |
| Taxable<br>Pay for<br>Federal  | Taxable<br>Pay for<br>FICA | Fed Inc.<br>Tax | Social<br>Sec. Tax   | Medicare                         | State Inc.<br>Tax | Total Deduc      | Net pay  | YTD Net<br>Pay    | YTD Gross<br>Pay   | 5                          |  |

#### EMPLOYEE EARNING RECORD

| Name<br>Address<br>City/State/Zip<br>Telephone<br>Social Security Number<br>Position |                            |                 | Kristen Le<br>840 Daily I<br>Bridgewat<br>802-390-55<br>076-39-567<br>Office Mai | Hollow Rd<br>er/VT/05523<br>72<br>73 | 3                 | -<br>-<br>-<br>- | Hire Date Date of Birth Exempt/Nonexempt Married/Single No. of exemptions Pay Rate |                   | 2/1/2017<br>4/6/1960<br>Exemtpt<br>M<br>3<br>\$32,000/year            |                            |
|--|----------------------------|-----------------|--|--------------------------------------|-------------------|------------------|--|-------------------|---|----------------------------|
| Period<br>Ended  | Hrs<br>Worked              | Reg Pay         | OT Pay   | Holiday                              | Comm              | Gross Pay        | Ins  | 401(k)            | Taxable<br>Pay for<br>Federal   | Taxable<br>Pay for<br>FICA |
|  |                            |                 |  |                                      |                   |                  |  |                   |   |                            |
|  |                            |                 |  |                                      |                   |                  |  |                   |   |                            |
| Taxable<br>Pay for<br>Federal  | Taxable<br>Pay for<br>FICA | Fed Inc.<br>Tax | Social<br>Sec. Tax   | Medicare                             | State Inc.<br>Tax | Total Deduc      | Net pay  | YTD Net<br>Pay    | YTD Gross<br>Pay  |                            |
|  |                            |                 |  |                                      |                   |                  |  |                   |   |                            |
|  |                            |                 | EMPLOYEE   | EARNING R                            | ECORD             |                  |  |                   |   |                            |
| Name<br>Address<br>City/State<br>Telephor<br>Social Se<br>Position                   |                            | nber            | Joel Schwig<br>55 Maple<br>Woodstoo<br>802-463-99<br>021-34-987<br>Sales         | Farm Wy<br>k/VT/05534<br>985         |                   | -<br>-<br>-<br>- | Hire Date<br>Date of Bi<br>Exempt/No<br>Married/S<br>No. of exe<br>Pay Rate        | onexempt<br>ingle | 2/1/2017<br>5/23/1985<br>Exempt<br>M<br>2<br>\$24,000/year • commissi |                            |
| Period<br>Ended  | Hrs<br>Worked              | Reg Pay         | OT Pay   | Holiday                              | Comm              | Gross Pay        | Ins  | 401(k)            | Taxable<br>Pay for<br>Federal   | Taxable<br>Pay for<br>FICA |
|  |                            |                 |  |                                      |                   |                  |  |                   |   |                            |
|  |                            |                 |  |                                      |                   |                  |  |                   |   |                            |
| Taxable<br>Pay for<br>Federal  | Taxable<br>Pay for<br>FICA | Fed Inc.<br>Tax | Social<br>Sec. Tax   | Medicare                             | State Inc.<br>Tax | Total Deduc      | Net pay  | YTD Net<br>Pay    | YTD Gross<br>Pay  |                            |
|  |                            |                 |  |                                      |                   |                  |  |                   |   |                            |

### EMPLOYEE EARNING RECORD

| Name<br>Address<br>City/State/Zip<br>Telephone<br>Social Security Number<br>Position |  |                 | Toni Prevo<br>10520 Cox<br>Bridgewat<br>802-673-26<br>055-22-044<br>Owner/Pre | Hill Rd<br>ter/VT/0552<br>536<br>43 | 1          | -<br>-<br>-<br>-       | Hire Date Date of Birth Exempt/Nonexempt Married/Single No. of exemptions Pay Rate |                     | 2/1/2017<br>9/18/1967<br>Exempt<br>M<br>5<br>\$45,000/year  |                            |  |
|--|--|-----------------|---|-------------------------------------|------------|------------------------|--|---------------------|---|----------------------------|--|
| Period<br>Ended  | Hrs<br>Worked  | Reg Pay         | OT Pay  | Holiday                             | Comm       | Gross Pay              | Ins  | 401(k)              | Taxable<br>Pay for<br>Federal                               | Taxable<br>Pay for<br>FICA |  |
|  |  |                 |   |                                     |            |                        |  |                     |   |                            |  |
|  | <u> </u>   |                 | -   |                                     |            |                        |  |                     |   |                            |  |
|  | <del>                                     </del>                 |                 | 1   | 1                                   |            |                        |  | <u> </u>            |   |                            |  |
|  | <del>                                     </del>                 |                 | +   |                                     |            |                        |  |                     |   |                            |  |
|  | 1  |                 |   |                                     |            |                        |  |                     |   |                            |  |
|  |  |                 |   |                                     |            |                        |  |                     |   |                            |  |
| Taxable  | Taxable  | F-41            | 0:-1  |                                     | Ca-a- I    |                        |  | VTD N-4             | VTD 6   |                            |  |
| Pay for<br>Federal   | Pay for<br>FICA  | Fed Inc.<br>Tax | Social<br>Sec. Tax  | Medicare                            | State Inc. | Total Deduc            | Net nav  | YTD Net<br>Pay      | YTD Gross<br>Pay  |                            |  |
| rederai  | FICA   | Idx             | Sec. Tax  | Wedicale                            | lax        | Total Deduc            | iver pay   | ray                 | ray   | ł                          |  |
|  | <del>                                     </del>                 |                 |   |                                     |            |                        |  |                     |   | 1                          |  |
|  | <del>                                     </del>                 |                 |   |                                     |            |                        |  |                     |   | 1                          |  |
|  |  |                 |   |                                     |            |                        |  |                     |   |                            |  |
|  |  |                 |   |                                     |            |                        |  |                     |   |                            |  |
|  |  |                 |   |                                     |            |                        |  |                     |   |                            |  |
| Telepho  | Address<br>City/State/Zip<br>Telephone<br>Social Security Number |                 | Student Success 1644 Smittin Rd Woodstock/VT/05001 (555)555-5555              |                                     |            | -<br>-<br>-<br>-       | Hire Date<br>Date of Bi<br>Exempt/No<br>Married/S<br>No. of exe<br>Pay Rate        | onexempt<br>ingle   | 2/1/2017<br>1/1/1991<br>Nonexempt<br>S<br>2<br>534,000/year |                            |  |
|  | _  |                 | 1   | 1                                   |            | 1                      |  |                     | Taxable   | Taxable                    |  |
| Period<br>Ended  | Hrs  |                 |   |                                     |            | l                      | l  |                     |   |                            |  |
|  | WOIKEU   | Reg Pay         | OT Pay  | Holiday                             | Comm       | Gross Pay              | Ins  | 401(k)              | Pay for<br>Federal  | Pay for<br>FICA            |  |
|  | Worked   | Reg Pay         | OT Pay  | Holiday                             | Comm       | Gross Pay              | Ins  | 401(k)              | Pay for   | Pay for                    |  |
|  | Worked   | Reg Pay         | OT Pay  | Holiday                             | Comm       | Gross Pay              | Ins  | 401(k)              | Pay for   | Pay for                    |  |
|  | Worked   | Reg Pay         | OT Pay  | Holiday                             | Comm       | Gross Pay              | Ins  | 401(k)              | Pay for   | Pay for                    |  |
|  | Worked   | Reg Pay         | OT Pay  | Holiday                             | Comm       | Gross Pay              | Ins  | 401(k)              | Pay for   | Pay for                    |  |
|  | Worked   | Reg Pay         | OT Pay  | Holiday                             | Comm       | Gross Pay              | Ins  | 401(k)              | Pay for   | Pay for                    |  |
|  | Worked   | Reg Pay         | OT Pay  | Holiday                             | Comm       | Gross Pay              | Ins  | 401(k)              | Pay for   | Pay for                    |  |
| Taxable<br>Pay for<br>Federal  | Taxable<br>Pay for<br>FICA                                       |                 | OT Pay  Social Sec. Tax   | Holiday                             | State Inc. | Gross Pay  Total Deduc |  | 401(k)  YTD Net Pay | Pay for   | Pay for<br>FICA            |  |
| Pay for  | Taxable<br>Pay for   | Fed Inc.        | Social  |                                     | State Inc. |                        |  | YTD Net             | Pay for<br>Federal  | Pay for<br>FICA            |  |
| Pay for  | Taxable<br>Pay for   | Fed Inc.        | Social  |                                     | State Inc. |                        |  | YTD Net             | Pay for<br>Federal  | Pay for<br>FICA            |  |
| Pay for  | Taxable<br>Pay for   | Fed Inc.        | Social  |                                     | State Inc. |                        |  | YTD Net             | Pay for<br>Federal  | Pay for<br>FICA            |  |



# Payroll Accounting 2018 4<sup>th</sup> ed.

Jeanette M. Landin, Ed.D.

Paulette Schirmer, D.B.A.

# Chapter 2 Payroll System Procedures

#### **Employer Payroll Concerns**

- Pay Frequency
- Pay Types
  - Direct Deposit, Paycards, or Paper Checks
- Employee Benefits
- Pay Advances
- Confidentiality
- Fraud protection



# LO 2-1: Identify Important Payroll Procedures and Pay Cycles

- Reporting requirements
- Deadlines

 Other compliance issues related to the firm's industry



#### **EIN Purposes – Tax Related**

 EIN is the permanent federal identifier for the company

#### Must accompany

- Tax Deposits
- Payroll Tax Returns
  - Forms 940, 941, 944
  - Forms W-2 and W-3
  - Any 1099s (independent contractors)
- States may issue a different identifying number

#### **Non-Confidential Company Documents**

- Expense Receipts
- Vendor Invoices

Check copies



#### **Confidential Company Documents**

Privacy Act of 1974

Personnel information

Payroll documents



Note: Fraud-related documents may be subpoenaed at any time and must be accessible to government authorities.

#### Payroll File Requirements- Employee

- Employee full name
- Social Security number
- Complete address
- Birth date (if younger than 19)
- Sex
- Occupation

#### Payroll File Requirements - Compensation

- Time/day when workweek begins
- Hours/pay and total hours/workweek
- Basis of wages
- Hourly rate
- Total straight-time earnings
- Total overtime earnings
- Additions/deductions
- Total Wages
- Date Paid

#### **Employee Earnings Record example**

|  |                 |                 | EMPLOYEE           | EARNING F | RECORD            |                |  |                   |                               |                            |
|--|-----------------|-----------------|--------------------|-----------|-------------------|----------------|--|-------------------|-------------------------------|----------------------------|
| Name<br>Address<br>City/State/Zip<br>Telephone<br>Social Security Number<br>Position |                 |                 |                    |           |                   | -              | Hire Date<br>Date of Bi<br>Exempt/N<br>Married/S<br>No. of exe<br>Pay Rate | onexempt<br>ingle |                               |                            |
| Period<br>Ended  | Hrs<br>Worked   | Reg Pay         | OT Pay             | Holiday   | Comm              | Gross Pay      | Ins  | 401(k)            | Taxable<br>Pay for<br>Federal | Taxable<br>Pay for<br>FICA |
|  |                 |                 |                    |           |                   |                |  |                   |                               |                            |
| Taxable  | Taxable         | I               | L                  | I.        | L                 | L .            |  |                   |                               | 1                          |
| Pay for<br>Federal   | Pay for<br>FICA | Fed Inc.<br>Tax | Social Sec.<br>Tax | Medicare  | State Inc.<br>Tax | Total<br>Deduc | Net pay  | YTD Net<br>Pay    | YTD Gross<br>Pay              |                            |
|  |                 |                 |                    |           |                   |                |  |                   |                               | ]                          |
|  |                 |                 |                    |           |                   |                |  |                   |                               |                            |
|  |                 |                 | 15.00              |           |                   |                | 1  |                   |                               | ]                          |

#### **Payroll Cycle Options**

#### Daily

- Usually used in a day-labor situation
- Often paid at end of day or next day

#### Weekly

- Usually paid Friday of following week
- 52 pay periods/year

#### Payroll Cycle Options (continued)

#### Biweekly

- Paid every other week
- 26 pay periods/year

#### Semimonthly

- Paid twice/month
- 24 pay periods/year

#### Monthly

- Paid once/month
- 12 pay periods/year



#### Payroll Frequency: Example

| Payroll frequency | Pay periods/year | \$50,000/year<br>gross salary per<br>pay period |  |
|-------------------|------------------|---|--|
| Daily             | 365              | \$136.99  |  |
| Weekly            | 52               | \$961.54  |  |
| Biweekly          | 26               | \$1,923.08                                      |  |
| Semimonthly       | 24               | \$2,083.33                                      |  |
| Monthly           | 12               | \$4,166.67                                      |  |

### LO 2-2: Prepare Required Employee Documentation

- •Form W-4
- •|-9
  - Filed within 20 days of employee hire
  - \$25 fine for non-reporting per employee
  - \$500 fine for intentional non-reporting

#### W-4 Example

|                  | W-4 nent of the Treasury Revenue Service         | ► Whether you a          | oyee's Withholdi<br>are entitled to claim a certain nu<br>w by the IRS. Your employer ma | mber of allowances         | or exemption from wit    | hholding is       | OMB No. 1545-0074   |
|------------------|--|--------------------------|--|----------------------------|--------------------------|-------------------|---|
| 1                | Your first name and middle initial     Last name |                          |  | 2 Your social security num |                          |                   | ocial security number   |
| Jonat            | han A.   |                          | Doe  | 987-65-4321                |                          |                   | 987-65-4321   |
| 123 M            | Home address (n<br>lain Street                   | umber and street or run  | al route)  | 3 Single Note: If married, |                          |                   | old at higher Single rate.<br>dent alien, check the "Single" bo |
| Anyto            | City or town, stat                               | e, and ZIP code          |  |                            |                          |                   | ur social security card,<br>a replacement card. ▶ [             |
| 5                | Total number                                     | of allowances you a      | re claiming (from line H abo   | ve or from the ap          | plicable worksheet       | on page 2)        | 5 2   |
| 6                | Additional amo                                   | ount, if any, you wa     | nt withheld from each paych  | eck                        |                          |                   | 6 \$  |
| 7                | I claim exempt                                   | ion from withholdin      | g for 2016, and I certify that   | I meet both of th          | ne following conditio    | ns for exem       | ption.  |
|                  | · Last year I ha                                 | ad a right to a refun    | d of all federal income tax v  | vithheld because           | I had no tax liability,  | and               |   |
|                  | • This year I ex                                 | spect a refund of al     | I federal income tax withheld  | d because I exped          | ct to have no tax liab   | oility.           |   |
|                  | If you meet bo                                   | th conditions, write     | "Exempt" here  |                            |                          | 7                 |   |
| Under            | penalties of perju                               | iry, I declare that I ha | ave examined this certificate a  | and, to the best of        | my knowledge and be      | elief, it is true | e, correct, and complete.                                       |
| Emplo<br>(This f | oyee's signature<br>form is not valid u          | nless you sign it.) ▶    | Jonathan A. Doe  |                            |                          | Date ► 1/         | /2/2016   |
| 8                |  |                          | Complete lines 8 and 10 only if  | sending to the IRS.)       | 9 Office code (optional) | 10 Employ         | yer identification number (EIN)                                 |
| For P            | rivacy Act and P                                 | aperwork Reduction       | n Act Notice, see page 2.  |                            | Cat. No. 10220Q          | I                 | Form <b>W-4</b> (201  |

#### Form I-9 Example

| List A Identity and Employment Authorization | OR<br>n                                 | List B<br>Identity                         | AND      | List C<br>Employment Authorization                   |  |  |
|--|---|--|----------|--|--|--|
| Document Title:                              |   | nent Title:<br>ver's License               |          | ment Title:<br>ial Security Card                     |  |  |
| Issuing Authority:                           |   | g Authority:<br>ce of Kansas               | Issuin   | Issuing Authority:<br>Social Security Administration |  |  |
| Document Number:                             | 7500000                                 | nent Number:<br>347562                     | 57201233 | ment Number:<br>-65-4321                             |  |  |
| Expiration Date (if any)(mm/dd/yyyy):        | 100000000000000000000000000000000000000 | tion Date (if any)(mm/dd/yyyy):<br>17/2017 | Expira   | ation Date (if any)(mm/dd/yyyy):                     |  |  |
| Document Title:                              |   |  |          |  |  |  |
| Issuing Authority:                           |   |  |          |  |  |  |
| Document Number:                             |   |  |          |  |  |  |
| Expiration Date (if any)(mm/dd/yyyy):        |   |  |          | 0.00   |  |  |
| Document Title:                              | 1                                       |  |          | 3-D Barcode Do Not Write in This Space               |  |  |
| Issuing Authority:                           |   |  |          |  |  |  |
| Document Number:                             |   |  |          |  |  |  |

## Tests to determine employee vs. independent contractor

- Behavioral control
  - Does the employer tell the person when to work and what work to do?
- Financial control
  - What amount and nature are worker's expenses?
  - What investment does the worker have in tools needed for the job?
  - Is the worker available to work with other companies?
  - How is the worker paid?
- Relationship of the parties
  - Work contract between worker and employer
  - Benefits offered and permanence of the relationship

#### **New Hire Reporting: Why?**

- Child support tracking
- Employment eligibility verification
- Permanent resident alien tracking
- Other garnishments
  - Credit card debt
  - Court judgments

#### **Child Support**

 As of the 2010 U.S. census, the estimated amount of child support transferred between parents in the United Stated exceeded \$41.7 billion.

 As of March 2015, outstanding unpaid child support:

\$14.3 Billion

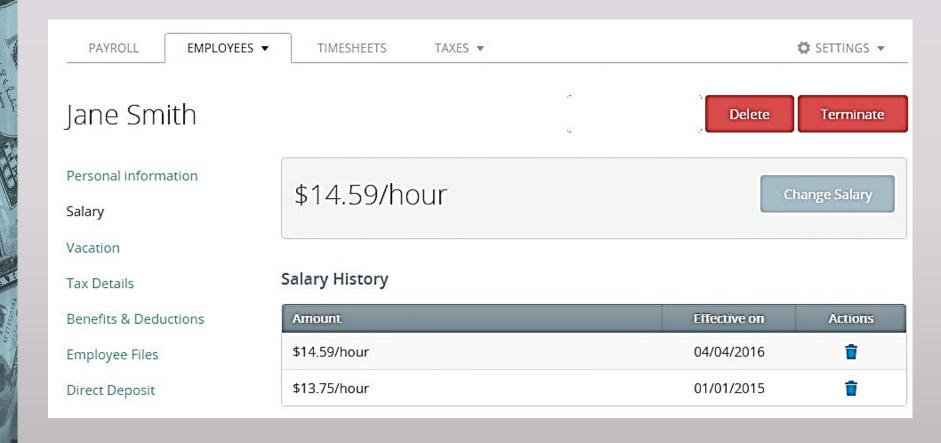
#### **Statutory Employees**

- A driver who is a single company's agent or is paid on commission
- A full-time life insurance sales agent for one life insurance company
- A home-worker who works on a company's provided materials
- A full-time traveling or city salesperson who works on a single company's behalf

#### U.S. Workers in Foreign Subsidiaries

- Known as expatriate workers
- Foreign Account Tax Compliance Act (FATCA)
  - Report wages of earners in foreign locations
  - Ensures appropriate taxation
  - Workers may exclude first \$102,100 of wages (2017 figure)
- Enforcement can be difficult due to foreign banks compliance with U.S. law

#### **Entering New Employees into a Database**



# LO 2-3: Differentiate between exempt and nonexempt employees

#### **Exempt Employees**

- Not subject to FLSA wage and hour laws
- Usually applied to
  - Highly-skilled workers
  - Managers
  - Executives



Typically receive fixed salary per pay period

#### **Exempt Executive Employee Duties Test**

- An employee whose job description involves regular management
- An employee who has substantial input into other employees' job status
- Regularly supervises two or more employees

#### **Professional Exempt Employee Duties Test**

- An employee whose work requires specific education, usually a terminal degree
- Is considered a knowledge worker or a creative professional
- An employee who must use discretion and professional judgment

#### **Exempt Administrative Duties Test**

 An employee whose primary duties are officebased or non-manual

- An employee who contributes input on matters of significance to the firm
- An employee whose regular tasks directly relate to the firm's operations

#### Nonexempt employees

- Subject to FLSA wage and hour provisions
- Employees receive specific amount per hour or other measure of output
- Must be paid a premium for work performed past the FLSA maximum during a pay period



### LO 2-4: Explain Pay Records and Employee File Maintenance

#### Pay Records include:

- Pay period
- Pay date
- Pay rate
- All deductions

#### **Employer Retains:**

- Copy of time card
- Copy of pay stub
- Any other documentation included with pay check
- Time off documentation

#### **Pay Rate Determination**

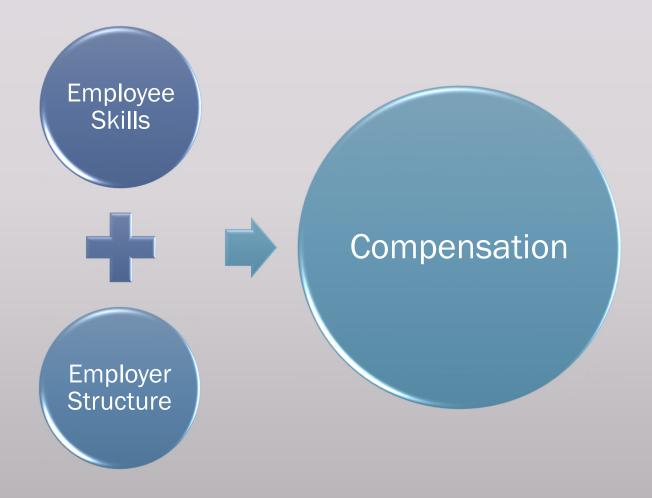
#### **Employee**

- Experience
- Education
- Certifications
- Governmental Regulations
- Hours Worked
- Job Performed

#### **Employer**

- Salary
- Hourly
- Commission
- Piece Rate
- Exempt
- Nonexempt

#### **Compensation considerations**



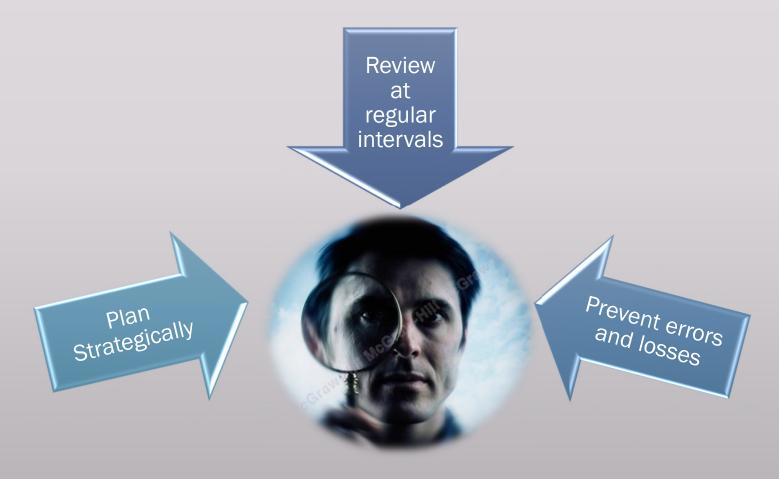
#### Calculations of Time: Exempt Employee

- Juan is a manager for a textiles firm. He earns \$52,000 per year and is classified as an exempt employee, and is paid biweekly.
- He normally works 40 hours per week.
- In June, he worked 85 hours during one pay period and 78 hours during the next.
- He would receive his salary of \$2,000 (\$52,000/26 periods) for each pay period, no matter how many hours he worked because he is classified as an exempt employee.
- Total pay = \$2,000

#### Calculations of Time: Nonexempt Employee

- Monique works as an administrator at a busy hospital.
- She is paid \$52,000 on a weekly basis and is classified as nonexempt.
- During one week, she worked 50 hours.
- She would earn her regular weekly wage of \$1,000 (\$52,000/52 period) plus time and a half for the overtime hours.
- Based on a 40-hour workweek, her hourly wage is \$25 (\$52,000/(52x40)), so her overtime pay would be \$375 (10 hours x 1.5 x \$25).
- Total Pay = \$1,000 + \$375 = \$1,375

# LO 2-5: Describe Internal Controls and Record Retention for a Payroll System



#### **Review Process Elements**

- Managerial Verification of Time Cards
- Verification of Payroll Computations
- Approval of Pay Amounts
- Preparation of Pay Disbursement
- Approval of Pay Disbursement

#### File Security

- Important part of internal control
- Safeguards governmental obligations
- Involves
  - Multiple passwords
  - Personnel cross-training
  - Electronic encryption
  - Restricted access
  - Duty rotation



#### Payroll fraud occurrence example

A payroll specialist in Florida was HIV-positive, and was afraid to reveal his illness to employers. Instead, he took the money from his employer to pay for expensive medications.

- He would memorize his coworkers' usernames and passwords to create "ghost" employees.
- These ghosts' pay would go to the payroll specialist's bank account.
- He would falsify the payroll summaries he submitted for approval.
- The payroll specialist was found guilty of embezzling \$112,000 before his termination.

Source: Journal of Accountancy

#### **Best Practices: Employee File Maintenance**

- IRS Regulation 26 CFR 1.6001
  - Employer responsible for file maintenance
  - Recommends labeling and storage of backups
  - Employer must guarantee auditor access
- IRS Revenue Procedure 98-25
  - Record keeping duration for employers
  - Must include payroll transaction detail
  - Record derivation of executive pay
  - All pay must be benchmarked and justified

#### **Best Practices: Electronic Records**

- Closed system
  - Access granted only to specific employees
- Record identifiers and logging
  - Marks who accessed which record and when
- Employers must monitor records for hacker activity

#### **Best Practices: Non-Solo Effort**

 More than one person involved in the generation and maintenance of payroll records

- Separation of duties
  - No single person could generate paychecks
- Documentation of employee duties
  - Provides verification of completed tasks
  - Protects employer against fraud



### What a Non-Solo Payroll Department Prevents

- Terminated employees could continue to be paid via the payroll system or the funds could be subverted to someone else perpetrating the fraud.
- Sales commission plans, employee bonus plans, incentive programs are all subject to employees' and management's manipulation.
- The payroll checks distributed to employees could be stolen individually or en masse prior to their distribution.

#### **Best Practices: Document Retention**

- Regulation 26 CFR 1.6001
  - Pertains to manual and computerized records
  - Guideline is 7 years
  - Retention period begins upon final pay disbursement
     \*In the event of payroll fraud, all records must be accessible indefinitely\*
  - Records for terminated employees must be kept for 7 years following separation
- Employer is responsible for all records, even when payroll is outsourced

### Document retention and the U.S. Supreme Court

In 2012, the U.S. Supreme Court issued specific guidelines to the IRS about the statute of limitations for audits. In *U.S. v. Home Concrete Supply, LLC*, the Court directed the following guidelines about records audits:

- 3 years to assess a taxpayer's deficiency
- 6 years if the taxpayer's gross assets were understated by more than 25%
- Unlimited time if intent to commit fraud exists

### LO 2-6: Discuss Employee Termination and Document Destruction Procedures

- Paper records
  - Incineration
  - Shredding
  - Pulping



- Electronic records
  - Must be purged from company servers
  - All backup copies must be destroyed

#### **Termination Pay Regulations**

- Termination type
  - Involuntary termination ("firing" or "layoff")
  - Voluntary resignation ("quitting")
- Final pay
  - Must contain all hours worked
  - Vacation and sick time owed
  - Any other compensation owed or due

#### Final Pay Regulations: Selected States

| AR | Within 7 days of discharge          | NV | Immediately upon discharge  |
|----|-------------------------------------|----|---|
| CA | At time of discharge                | NH | Within 72 hours   |
| СО | Immediately upon discharge          | NJ | By the next regular payday  |
| СТ | No later than the next business day | NM | Within 5 days when wages are definite, otherwise within 10 days if wages are indefinite |

# Final Pay Regulations: Selected States (continued)

| GA | No termination pay guidelines                          | OK | Next regular payday for the pay period |
|----|--|----|--|
| ID | Within 10 days, excluding weekends and holidays        | PA | Next regular payday                    |
| IL | No later than the next payday, immediately if possible | RI | Next regular payday                    |

#### **Summary of Payroll System Procedures**

- Payroll system requires careful planning
- Allow room for company growth
- Best practices promote accuracy and prevent fraud
- Records may be paper, computerized, or outsourced
- Records must be maintained securely and allow auditor access
- Final pay for terminated employees must reflect all amounts due