



EMPLOYEE ENROLLMENT PACKAGE

Worksite, LLC. and subsidiaries ("Worksite") is a co-employer of the employees working for its Client Company. As a co-employer, Worksite is the employer of record for payroll, tax reporting, benefits, workers' compensation insurance, claims management and other administrative functions. The Client Company is responsible for the day-to-day work of the employees and otherwise running the Client Company.

Section 1 - Employee Pay Setup - To Be Completed by Employee's Supervisor/Manager

Client Company _____ DBA _____

Employee Name _____

Client Location (if multiple locations) ^{Last} _____ ^{First} _____ Dept. Name or Number (if any) ^{MI} _____

Original Date of Hire _____ Job Title _____ Employee ID (if any) _____

Workers' Comp Code _____ Pay Frequency Weekly Bi-Weekly Semi-Monthly Monthly

If you are unsure of the proper Comp Code, please contact your Payroll Specialist for assistance.

Employee Classification: Exempt Non-Exempt Employment Status: Full-time Part-time

Primary Pay Type: Salary Hourly Rate of Pay \$ _____ Per _____
(Accurate time records must be maintained.)

Tips: No Yes

Commissions: No Yes

Shift Pay: No Yes Rate of Pay \$ _____ Per _____

Piece Work: No Yes Rate of Pay \$ _____ Per _____

Other: _____ Rate of Pay \$ _____ Per _____

IMPORTANT—CLIENT COMPANY PLEASE NOTE:

Federal law requires that employers must complete and maintain a fully completed Employment Eligibility Verification Form (Form I-9) for every employee. Worksite can provide this form as well as instructions and assistance in the proper completion and maintenance of I-9 forms; however, it is the Client Company's responsibility to ensure all employees have completed an I-9 form and the Client Company's responsibility to maintain the completed forms as required by law. Form I-9 is available at <https://www.uscis.gov/i-9>.

WORKSITE DOES NOT RETAIN COMPLETED I-9 FORMS

Supervisor, Manager or Authorized Representative: _____
Signature *Date*

Print Name: _____ Title: _____

Client _____ DBA _____

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

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

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Reserved for future use.

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

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

TIP: If you have self-employment income, see page 2.

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

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

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

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



DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE INFORMATION

Employee Name:
Social Security Number:
Employer:

PLEASE CHECK ONE:

<input type="radio"/> New / Replace existing account on file
<input type="radio"/> Add to existing account on file
<input type="radio"/> Cancel / Stop

COMPLETE FOR DIRECT DEPOSIT

<u>Account 1</u>	<u>Account 2</u>
Bank Name: _____	Bank Name: _____
Routing Number: _____	Routing Number: _____
Account Number: _____	Account Number: _____
<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Entire Net Pay <input type="radio"/> Percentage of Net Pay _____ % <input type="radio"/> Specific Dollar Amount \$ _____	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Entire Net Pay <input type="radio"/> Percentage of Net Pay _____ % <input type="radio"/> Specific Dollar Amount \$ _____
<i>Please attach a voided check or deposit slip for verification of bank data.</i>	

COMPLETE FOR RAPID PAYCARD

<i>I authorize Worksite to deposit my wages on to my Rapid PayCard. I agree to the terms and conditions of the Rapid PayCard Program including any transaction fees.</i>	Card ID: _____ <small>*Located on the front of the PayCard envelope.</small>
Select One: <input type="radio"/> Entire Net Pay <input type="radio"/> Percentage of Net Pay _____ % <input type="radio"/> Specific Dollar Amount \$ _____	
Please print the address where the Rapid PayCard should be mailed:	
Street Address: _____ Apt# _____	
City: _____ State: _____ Zip: _____	
Home Phone: _____ Date of Birth: _____	

EMPLOYEE AUTHORIZATION

I hereby authorize Worksite to deposit my earnings directly into my checking and/or savings account(s) as indicated above and agree that such credit to these accounts constitutes payment and receipt by me. Worksite reserves the right to recall funds sent in error and to interrupt or discontinue direct deposits and issue live checks to any and all employees at any time for any reason. I am always responsible for verifying that funds have been credited into the proper account and are available prior to writing checks or otherwise withdrawing funds from this account. I am aware that this authority will remain in full effect until Worksite receives ten (10) days prior written notification from me of change or termination.

Employee Signature: _____ **Date:** _____

By signing above, I am agreeing that I am either the account holder or have authority of the account holder to authorize Worksite to make direct deposits into the above account(s).

Worksite Use Only

Received by:	Processed by:
Date:	Date: