# Virginia Tax

Overview of New Hire Forms

June 26, 2023



### What Forms will be Covered Today

- 1. Introduction
- 2. I-9
- 3. W-4 and VA-4
- 4. Direct Deposit
- 5. Personal Information and Emergency Contact
- 6. Prior State Service



### **Welcome to Virginia Tax**

Congratulations on your new job! We're excited for you to join us.

This is instructions on how to complete the 6 new hire forms that you will need to bring with you on your first day. You will also need to bring supporting I-9 documents and a letter from your bank or a voided check with your name on the account.

We look forward to meeting you.



### I-9 Form – Verifies Identity and Right to Work

Page 1 of 4

### **Complete Section I only**

Form I-9 Edition 08/01/23

		1000	Depart	ment o	igibility f Homeland nd Immigra	Securit	y				USCIS Form I-9 OMB No.1615-004 Expires 07/31/2026
START HERE: Employer failing to comply with the ANTI-DISCRIMINATION I employees for documental Supplement B, Reverificat	e requirements NOTICE: All en tion to verify info	s for comp nployees co formation in	leting this an choose Section 1	form. S which ac , or speci	ee below and ceptable docun fy which accep	the <u>Instru</u> nentation to table docu	present mentation	for Form I-	9. Emplo	yers o	cannot ask t for Section 2 or
Section 1. Employee day of employment, b Last Name (Family Name)		accepting		er.	s must compl	ete and s		Other Last			
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Address (Street Number and	d Name)		Apt. Nur	mber (If an	y) City or Town				State	- 1	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Socia	al Security No	mber	Employe	e's Email Addres				Employee	e's Tel	ephone Number
fines for false statemer use of false documents connection with the co this form. I attest, und of perjury, that this inffinicluding my selection attesting to my citizens immigration status, is to correct.	mpletion of er penalty ormation, of the box ship or	3. Ala 4. And f you check I	wful perman oncitizen (oth	ent resider her than ite r 4., enter	united States (S at (Enter USCIS of am Numbers 2, a one of these: mm I-94 Admission	or A-Number and 3. above on Number	) authorize		ort Numbe		Country of Issuance
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#### LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a

combination of one selection from List B and one selection from List C.

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

LIST A		LIST B	LIST C	
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity ANI	Documents that Establish Employment Authorization	
1. U.S. Passport or U.S. Passport Card		Driver's license or ID card issued by a State or outlying possession of the United States	A Social Security Account Number card, unless the card includes one of the followin	
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		provided it contains a photograph or information such as name, date of birth,	restrictions: (1) NOT VALID FOR EMPLOYME	
Foreign passport that contains a temporary I-551 stamp or temporary	gender, height, eye color, and address  2. ID card issued by federal, state or local		(2) VALID FOR WORK ONLY WIT	
I-551 printed notation on a machine- readable immigrant visa		government agencies or entities, provided it contains a photograph or information such as	(3) VALID FOR WORK ONLY WIT	
Employment Authorization Document that contains a photograph (Form I-766)		name, date of birth, gender, height, eye color, and address	Certification of report of birth issued by the	
5. For an individual temporarily authorized		3. School ID card with a photograph	Department of State (Forms DS-1350, FS-545, FS-240)	
to work for a specific employer because of his or her status or parole:		Voter's registration card	3. Original or certified copy of birth certificate	
a. Foreign passport; and		5. U.S. Military card or draft record	issued by a State, county, municipal authority, or territory of the United States	
<li>b. Form I-94 or Form I-94A that has the following:</li>		6. Military dependent's ID card	bearing an official seal	
(1) The same name as the		7. U.S. Coast Guard Merchant Mariner Card	Native American tribal document	
passport; and	- 1	8. Native American tribal document	5. U.S. Citizen ID Card (Form I-197)	
(2) An endorsement of the individual's status or parole as long as that period of		Driver's license issued by a Canadian government authority	<ol> <li>Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> </ol>	
endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or	Ì	For persons under age 18 who are unable to present a document listed above:	<ol> <li>Employment authorization document issued by the Department of Homeland Security</li> </ol>	
limitations identified on the form.		10. School record or report card	For examples, see <u>Section 7</u> and <u>Section 13</u> of the M-274 on <u>uscis.gov/i-9-central</u> .	
Passport from the Federated States of Micronesia (FSM) or the Republic of the		11. Clinic, doctor, or hospital record	The Form I-766. Employment	
Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		12. Day-care or nursery school record	Authorization Document, is a List A, Item Number 4. document, not a List C document.	
	_	Acceptable Receipts	L	
May be present		I in lieu of a document listed above for a te For receipt validity dates, see the M-274.	emporary period.	
Receipt for a replacement of a lost, stolen, or damaged List A document.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.	
Form I-94 issued to a lawful permanent resident that contains an				
I-551 stamp and a photograph of the individual.				
Form I-94 with "RE" notation or refugee stamp issued to a refugee.				

'Refer to the Employment Authorization Extensions page on I-9 Central for more information.

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On your first day, you will need a document from List A OR Documents from List B AND List C.



### W-4 Form – Federal Withholding Certificate

### Complete all areas in BLUE Sections 3 & 4 are Optional

Department of the T		Give	Form W-4 to your employer	r.		1 2024		
Internal Revenue Se	ervice	Your withhol	ding is subject to review by			202-		
Step 1:	(a) F	First name and middle initial	Last name		(b)	Social security number		
Enter Personal	Addre	ess				s your name match the		
Information					car	ne on your social security d? If not, to ensure you get		
illormation	City o	or town, state, and ZIP code			con	fit for your earnings, tact SSA at 800-772-1213 o to www.ssa.gov.		
		Single or Married filing separately						
		Married filing jointly or Qualifying survivir Head of household (Check only if you're un		e costs of keeping up a home t	for vourse)	and a qualifying individual		
claim exempti		-4 ONLY if they apply to you; other om withholding, and when to use the	estimator at www.irs.gov/	W4App.				
Step 2: Multiple Job	bs	Complete this step if you (1) hold n also works. The correct amount of						
or Spouse		Do only one of the following.						
Works		<ul> <li>(a) Use the estimator at www.irs.go or your spouse have self-emplo</li> </ul>	syment income, use this o	ption; or		d Steps 3-4). If you		
		(b) Use the Multiple Jobs Workshe						
be most accur		(c) If there are only two jobs total, option is generally more accura higher paying job. Otherwise, (t -4(b) on Form W-4 for only ONE of 1 you complete Steps 3-4(b) on the Fo	te than (b) if pay at the loo o) is more accurate these jobs. Leave those s orm W-4 for the highest pa	wer paying job is more to steps blank for the other aying job.)	r jobs. (Y	of the pay at the		
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### **VA-4 Form – Commonwealth Withholding Certificate**

#### FORM VA-4 COMMONWEALTH OF VIRGINIA

DEPA	KIMENI	UF IAXAI	ION
PERSONAL	EXEMP1	TION WO	RKSHEET

		(See back for	r instructions)	
	If you are married and you	elf, write "1"		
3.	Write the number of depe	ndents you will be allowed to cl (do not include your spouse)	aim	
	Subtotal Personal Exemptions for age	tions (add lines 1 through 3)		
	(b) If you claimed an	r older on January 1, write "1" exemption on line 2 and your s on January 1, write "1"	pouse	
6.	Exemptions for blindness (a) If you are legally I (b) If you claimed an	olind, write "1"exemption on line 2 and your olind, write "1"		
7.	Subtotal exemptions for a	ge and blindness (add lines 5 t	hrough 6)	
8.	Total of Exemptions - add	line 4 and line 7		
		ore and give the certificate to your er S VIRGINIA INCOME TAX WIT Name		
Str	reet Address			
Cit	ty		State	Zip Code
L				
	(a) Subtotal of Perso	LE LINES BELOW enter the number of exemptions and Exemptions - line 4 of the on Worksheet		
		otions for Age and Blindness onal Exemption Worksheet		
	(c) Total Exemptions	- line 8 of the Personal Exempt	tion Worksheet	
2.	Enter the amount of addit	onal withholding requested (se	e instructions)	
3.		ect to Virginia withholding. I me		ere)
4.		ect to Virginia withholding. I me er Civil Relief Act, as amended		
	Residency Relief Act		(check h	ere)
01				
	nature PLOYER: Keep exemption certific	ates with your records. If you believe to		ate emptions, notify the Department of

Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury

You may use the top worksheet to assist you with completing this form. Complete the bottom demographic section and line 1 a, b, and c and number 2. For number 2, if you do not want additional withholding, enter 0.00 in that line. Only complete line 3 or 4 if it applies. Sign and date the form.



#### 7

### **Employee Direct Deposit Form**

#### Commonwealth of Virginia EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Agency Name:	
Name (First, Middle Initial, Last)	Employee Number
Street Address	City, State and Zip
Financial Institution Name (Required even if institution is not change	ng)
Routing Number (Required even if institution is not changing)	Account Type    Checking   Savings
Amount (Check one):	☐ Fixed Amount, \$
Account Number (Attach voided check or other confirmation of account nu	nber)
as indicated. I am responsible for ensuring the accuracy of the routing on this form and lagere to notify memployer immediately of any oth understand that each payroll payment made to me by the Comm my direct deposit recorn! I agree that in the event my employer not deposited to my account, my bank is authorized to debit my account if financial institution is unable to deposit any electronic transfer into my information); that I am responsable for any resulting bank fees incurre funds have been returned to my employer by my financial institution. As required by the Federal Office of Foreign Asset Control in support amount of my direct deposits in to being forwarded to a bank in another ceiving bank to forward the full direct deposits to a bank in another or	inges to the information so that my pay may be properly distributed. In ownealth will be distributed among ALL of the accounts listed on offices my financial institution that I am not entitled to the funds or the amount of the deposit. I understand that in the event my account due to any action I take (to include providing incorrect J, and that my employer cannot issue the payrolf funds to me until the high may take up to four days. of U.S.C. Tille 50, War and National Defense, I attest that the full or country and that if at any point I establish a standing order for my outry, I will inform my employing agency immediately.
Employee organise	Date
For Agency Use (required):	Document Control #
and existing direct definition in a new or renired employee and existing direct de	posit records have been verified with the employee in on-boarding.
Request confirmed with EE by (check at least one):form personalEE state badge or driver's license verified (do not use email to verify)	
Form received and verified by:	
	Title: Date: /

Complete all areas in Blue.
Remember to sign and date. On your first day, please bring a voided check with your name on the account or a letter from your bank with your routing and account numbers in order to receive direct deposit.



### 2

### **Personal Information/Emergency Contact Form**



#### PERSONAL INFORMATION/EMERGENCY CONTACT FORM

Effective Date:	Form Type:  Original Employment Status: Classifie	☐ Changed ☐	je   <b>W</b> age
PERSONAL INFORMATION:	Employee ID #:		
Last lew lame*:	First	M.I.	Suffix
Last Name changes require an updated s	,	M.I.	Suffix
lome Address:	Home #: (   Work #: (   Cell #: (	) -	
rimary Contact (complete FULLY): ame: ddress1: ddress2:	Work Phone: ( ) -		
rimary Contact (complete FULLY): lame: ddress1: ddress2: lity, State, Zip: lome Phone:	Name: Home Phone: Work Phone: Relationship:		

Please complete the entire form starting with the Personal Information section. Sign and date.



### **Prior State Service Form**

employment even if there is no prior service to report.

#### PRIOR STATE SERVICE CREDIT

Proper crediting of prior classified state service ensures employees are given appropriate credit towards their annual leave accrual rates. <u>All</u> classified state service should be listed even if it is not reflected on your state application. If you are unsure of exact dates, provide as much information as possible. Use additional pages if necessary.

	Agency Name	Dates of Service (mm/yyyy)	Name (if different)
1			
3			
4			
5			
6			
7			
8			
	I <u>do not</u> have any p	prior classified state service to rep	ort.
Printe	d Name	Signature	Date
Pleas	e sign and return to h	Human Resources within 31-days	of initial date of

Please complete the entire form. If you do not have state service, please check the box that you do not have state service, print your name, sign and date.



## Thank You

If you have any questions, please contact: Human Resources at 804.786.3608

