



PEO NEW HIRE PACKET

Congratulation on your recent employment! Your employer, also referred to as the worksite employer, has chosen to work with Sunwest Employer Services, Inc. (Sunwest). Sunwest is an employee leasing company otherwise known as a Professional Employer Organization (PEO). As a PEO, Sunwest has contracted with your worksite employer to create a co-employer relationship. Through the co-employer relationship, Sunwest becomes your employer of record for payroll and tax reporting purposes.

Employee Name: _____, _____, _____
Please Print: **Last Name** **First Name** **Initial**

Included in this packet are seven (7) forms you must sign and return to the Sunwest Employer Services Inc., Payroll Department.

- ✓ New Employee Information Form
- ✓ IRS Form W-4
- ✓ Arizona Form A-4
- ✓ Form I-9, Employment Eligibility Verification
- ✓ Employee Authorization Agreement For Direct Deposit
- ✓ Employer Request For Disclosure Of Wage Assignment Order To Provide Child Support
- ✓ Basic Term Life Designation Of Primary And Contingent Beneficiary – Only
Applicable To Employees That Work 30 Or More Hours Per Week



NEW EMPLOYEE INFORMATION FORM

PERSONAL DATA – AS SHOWN ON CURRENT SOCIAL SECURITY CARD

First Name (name must match the name on latest Social Security Card)	Middle	Last
Social Security Number		Date of Birth
Address		Apt./Unit
City/State/Zip		Home Phone/Cell ()
Emergency Contact Name		Relationship
Address		Emergency Contact Phone ()
Employee's Signature		Date
Personal Email Address (Please note that any applicable benefits related information will be emailed to you)		
Business Email Address		

THIS SECTION MUST BE COMPLETED BY THE WORK-SITE EMPLOYER

Employee Job Title	Job Function (e.g. Clerical)
Division/Department	Workers' Compensation Code State _____
Client Date of Hire	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Piecework

PAY CODE

<input type="checkbox"/>	Hourly employee non-exempt from overtime per the Fair Labor Standards Act (FLSA)
<input type="checkbox"/>	Salaried employee not-exempt from overtime per the Fair Labor Standards Act (FLSA)
<input type="checkbox"/>	Salaried employee exempt from overtime per the Fair Labor Standards Act (FLSA)

EMPLOYEE'S PAY FREQUENCY

<input type="checkbox"/> Monthly	Rate: \$	Per	<input type="checkbox"/> Year
<input type="checkbox"/> Semi-Monthly			<input type="checkbox"/> Month
<input type="checkbox"/> Bi-Weekly			<input type="checkbox"/> Pay Period
<input type="checkbox"/> Weekly			<input type="checkbox"/> Hour

Employee's Withholding Certificate**2021**

- ▶ **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 widow(er) <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, when to use the estimator at www.irs.gov/W4App, 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) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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
Dependents**

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 and enter the total here **3** \$ _____

**Step 4
(optional):
Other
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$ _____

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . **4(c)** \$ _____

**Step 5:
Sign
Here**

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

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

**Employers
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

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



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

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

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

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

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

- 1** Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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

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

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

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

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350

Type or print your Full Name		Your Social Security Number	
Home Address – number and street or rural route			
City or Town	State	ZIP Code	

Choose either box 1 or box 2:

☐ **1** Withhold from gross taxable wages at the percentage checked (**check only one percentage**):

☐ 0.8% ☐ 1.3% ☐ 1.8% ☐ 2.7% ☐ 3.6% ☐ 4.2% ☐ 5.1%

☐ Check this box and enter an extra amount to be withheld from each paycheck \$

☐ **2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.

SIGNATURE _____

DATE _____

Employee's Instructions

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

What are my "Gross Taxable Wages"?

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

New Employees

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not give this form to your employer the department requires your employer to withhold 2.7% of your gross taxable wages.

Current Employees

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage or to change the extra amount withheld.

What Should I do With Form A-4?

Give your completed Form A-4 to your employer.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. To keep this election for the next calendar year, you must give your employer an updated Form A-4. If you do not, your employer may withhold Arizona income tax from your wages and salary until you submit an updated Form A-4.

Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **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 Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	<div>QR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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 of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

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

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	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
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.



**SUNWEST EMPLOYER SERVICES INC.
EMPLOYEE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

I hereby authorize and request Sunwest Employer Services Inc., herein SUNWEST, to make payment of any amounts owed to me by initiating credit entries to my account indicated below in the bank(s) named below, herein BANK, and I authorize and request BANK to accept any credit entries initiated by SUNWEST to such account and credit the same to such account without responsibility for the correctness thereof.

I also authorize and request SUNWEST to effect repayment to SUNWEST for amounts owed it because of a prior erroneous credit initiated to my account, if prior to the initiation of the correction entry SUNWEST has sent or delivered to me written notice of the correction, and the reason therefore, and the correcting entry is transmitted in such time as to be delivered, or make available to BANK before midnight of the tenth day following settlement for the erroneous entry.

It is understood that this agreement may be terminated by me at any time by written notification to SUNWEST. Any notification to SUNWEST shall be effective only with respect to entries initiated by SUNWEST after receipt of such notification and a reasonable opportunity to act on it.

I recognize, acknowledge and accept that this service is being provided for my convenience. As such, I agree to hold SUNWEST, each participating bank, and NACHA harmless from any claim incident to the operation of this plan arising from any act or omission by SUNWEST including, without limitation, and claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by me as a result of the rejection of any debits because of insufficient funds arising from the failure to credit deposits to my account. I further understand that should I change, or close the account given to SUNWEST and fail to notify SUNWEST in writing prior to the initiation of the credit, I will be charged a bank fee of no less than \$15.00 to reprocess the payment owed to me. In addition, I understand that direct deposit should take effect the second pay period after submitting this authorization. I understand and recognize that it is ultimately my responsibility to verify if I have received either a regular "live" check or direct deposit.

Company Name _____

Social Security Number ____ - ____ - ____

Employee Name _____
Please Print Name

☐ I do not elect direct deposit or I wish to cancel all my direct deposits (*Check Here and Sign Below*)

☐ I authorize direct deposit into the following accounts ONLY (*any previous form(s) submitted will be void*)

Financial Institution/Account Number(s):

Account 1. _____ Checking ☐ Savings ☐ Amount or % Deposited: _____ Routing Number: _____

Account 2. _____ Checking ☐ Savings ☐ Amount or % Deposited: _____ Routing Number: _____

Account 3. _____ Checking ☐ Savings ☐ Amount or % Deposited: _____ Routing Number: _____

Account 4. _____ Checking ☐ Savings ☐ Amount or % Deposited: _____ Routing Number: _____

Employee Signature _____

Date ____/____/____
mm/dd/yy

ATTACH VOIDED CHECK(s) HERE:

VOIDED CHECK(s)



ON-THE-JOB INJURY INCIDENT PROCEDURES

- ❖ **Please keep this form for your personal records. This form defines your responsibilities in the event you are injured on-the-job.**
- ❖ If an injury occurs on-the-job during designated working hours, assess the injury and provide **first aid** whenever possible. The employee is responsible for notifying their **Supervisor immediately** before leaving work for the day.
- ❖ If the injury is **life threatening**, proceed to the nearest emergency room. Please provide the emergency room staff with the name of **your worksite** employer including the name of Sunwest (i.e. ACE Construction/Sunwest Employer Services). In addition, please provide the following Workers' Compensation Contact Information to the emergency room staff:

WORKERS' COMPENSATION CONTACT INFORMATION

SUNWEST CONTACT: CONNIE DIXON
PHONE NUMBER: 602-386-3544
TOLL FREE: 888-284-3734 EXT: 280
FAX NUMBER: 602-386-3575

- ❖ If medical attention is required beyond first aid but not life threatening, employees must seek initial treatment at the nearest Concentra Medical Clinic (Concentra). Please provide the Concentra Staff with the Workers' Compensation Contact Information listed above. Your worksite employer should have a list of Concentra locations available for you to review.
- ❖ If a Concentra location is not available in your city or state, please seek treatment at the closest urgent care facility.
- ❖ Employees are required to submit to a **post-injury drug and alcohol test within 24-hours of notification of injury on all injuries treated at a facility.**
- ❖ If an employee fails to pass, refuses to cooperate with, or refuses to take the post-injury drug test, disciplinary action may be taken up to and including termination of employment.
- ❖ The supervisor must immediately notify Sunwest at the time of injury or within 24-hours. If the supervisor is unavailable, the employee must report the injury immediately to Sunwest within 24-hours at the Workers' Compensation Contact Information listed above.
- ❖ **The supervisor and employee must complete the Client Report of Injury/Illness Form which is located on the Sunwest website, at www.sunwestes.com and fax the form to Connie Dixon at 602-386-3575. Please note that you must fax this information within 24 hours of the injury.**
- ❖ **For all questions regarding work related injuries, contact Connie Dixon at the contact numbers listed above.**



EMPLOYER REQUEST FOR DISCLOSURE OF WAGE ASSIGNMENT ORDER TO PROVIDE CHILD SUPPORT

Arizona Revised Statute 23-722.02, states that after an employee is hired, rehired or returns from an unpaid leave of absence, the employer shall request that the employee disclose whether the employee is subject to a wage assignment order to provide child support. If the employee is subject to a wage assignment order to provide child support, they shall provide a copy of the order of assignment to the employer.

In accordance with the foregoing statute, Sunwest Employer Services, Inc. (Sunwest) requests that every employee disclose whether they are subject to a wage assignment to provide child support. If an employee has multiple orders, the employee shall provide Sunwest with a copy of each order. On the disclosure of an obligation to pay child support along with a copy of the order, Sunwest shall begin withholding the support payments according to the terms of the order. An employee who is ordered to pay child support and who fails to comply with this request is guilty of a class 3 misdemeanor.

Are you subject to a wage assignment order to provide child support? Yes _____ If yes, please attach a copy of the order of assignment
No _____

By signing this request, I certify that the information presented in this request is true and accurate.

Employee Signature

Date

Employee Name (Printed)

Name of Work-Site Employer

Equal Employment Advisory Council
Revised Alternative “Suggested Employee Questionnaire”
for Self-Identification of Race/Ethnicity

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual’s terms and conditions of employment, because of such individual’s race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

- ☐ **Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- ☐ **White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

- ☐ **Black or African American:** a person having origins in any of the black racial groups of Africa.

- ☐ **Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- ☐ **Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- ☐ **American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

- ☐ **Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.



BASIC TERM LIFE DESIGNATION OF PRIMARY AND CONTINGENT BENEFICIARY

Basic Term Life Insurance through Humana is a benefit provided by Sunwest (at no charge) to all full-time employees. Full-time is defined as 30 or more hours per week. This benefit becomes effective first of the month following 90 days of full-time employment with Sunwest. Sunwest considers full-time employment as working 30 hours per week.

Humana Group Policy: #547722 Insured employee's social security number: _____

Primary Beneficiary Designation

FULL NAME (Last, First, Middle Initial)	RELATIONSHIP	DATE OF BIRTH	ADDRESS (Street, City, State, Zip)	SHARE%

Payment will be made in equal shares or all to the survivor unless otherwise indicated. Total share designation must equal 100%

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies) below:

Contingent Beneficiary Designation

FULL NAME (Last, First, Middle Initial)	RELATIONSHIP	DATE OF BIRTH	ADDRESS (Street, City, State, Zip)	SHARE%

Payment will be made in equal shares or all to the survivor unless otherwise indicated. Total share designation must equal 100%

If no primary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Policy.

I, the insured, reserve the right to change this designation at any time. In the event I change the designation, the revised designation is binding and rescinds all other previous designation(s).

This designation becomes effective upon receipt by the Benefits Department at Sunwest Employer Services.

Name and address of Insured or Owner (if assigned). (Please print)

Signature of Insured or Owner (if assigned)

Date Signed

Please print your full name for clarification purposes

Please do not elect yourself as a beneficiary. Life benefits are paid out upon the death of the "covered employee". Without a beneficiary elected, the life benefit cannot be paid out. Please do not erase or attempt to make any corrections, please utilize a new form for changes and/or corrections. When the beneficiary is not related to you by blood or marriage, the "Relationship" designation should read "Nonrelative".

1430 E Missouri Ave, Suite B155-Phoenix, AZ 85014- Phone (602)778-9856- Fax (602)-778-9857
www.sunwestes.com



EMPLOYEE AUTHORIZATION AGREEMENT FOR EMAILING PAYCHECK STUB

I hereby authorize and request Sunwest Employer Services, Inc., herein "Sunwest", to email my paycheck stubs to the email address that I provide below.

It is understood that this agreement may be terminated by me at any time by written notification to Sunwest. Any notification to Sunwest shall be effective only with respect to entries initiated by Sunwest after receipt of such notification and a reasonable opportunity to act on it.

Your Workplace Employer Name _____

Social Security Number ____ - ____ - ____

Employee Name _____
Please Print Name

☐ I do not elect to have my paycheck stubs emailed to me *(Check Here and Sign Below)*

☐ I authorize my paycheck stubs to be emailed to me to the following address ONLY *(any previous form(s) submitted will be voided)*

Email Address: _____

Employee Signature _____

Date ____/____/____
mm/dd/yy

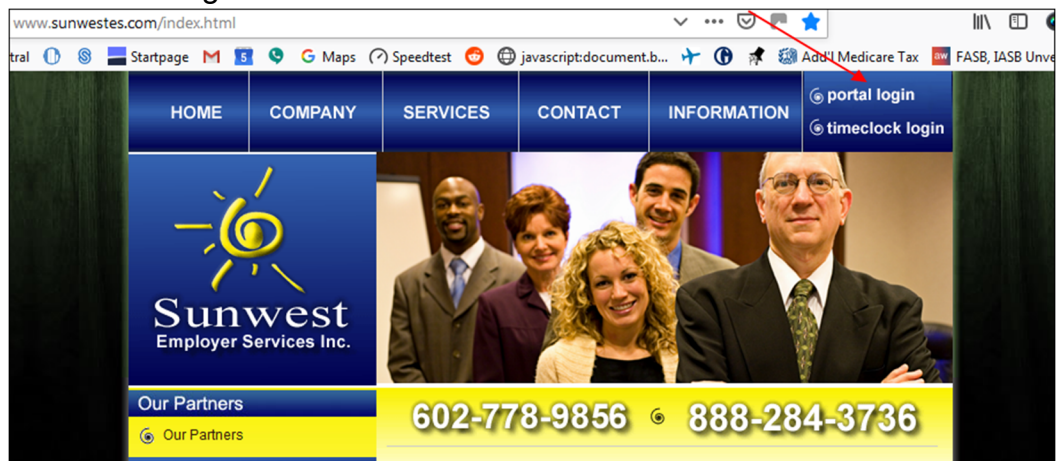
Please upload the forms back to the Payroll Department at <https://sunwestes.sharefile.com/share/getinfo/r51564e159974b9aa>



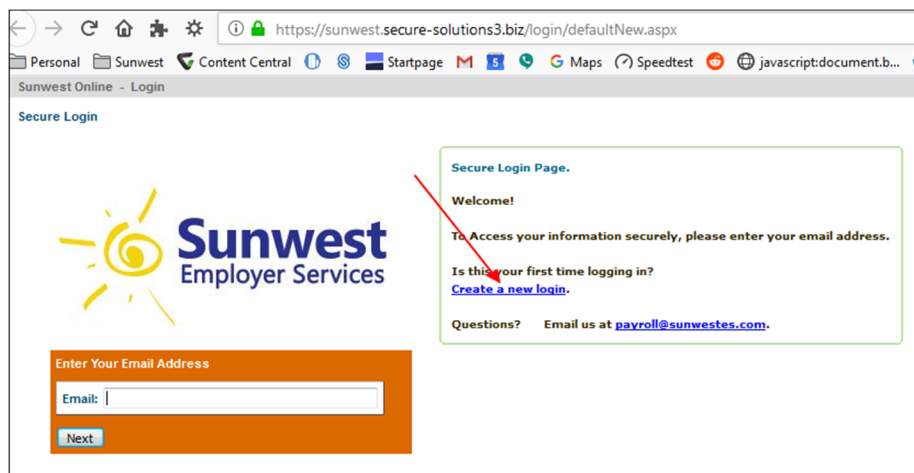
ezWEB New Employee Login

www.sunwestes.com

1. Click on "Portal Login"



2. Click on "Create a New Login"



3. Enter the requested information – email address, name, password.

Create New Login
Step 1 of 6 : Select Login Credentials

Enter Email Address and Password

Email Address:

Retype Email Address:

First Name:

Last Name:

Create Password:

Retype Password:

Enter the code you see:

Explanation

A valid email account is used to process your application for a ezWEB Advantage login

Purpose

- We will use this email account if you ever need to recover a lost password
- We will use this email account as a default if your company chooses to send company related messages or reports

Your Privacy

- We will not supply or sell your email to any third parties
- We will not send advertisements to your email account

Password Requirements

- May not contain spaces
- Must be a minimum of 6 characters
- Do not use special characters such as !@#\$%^& in your password

Password Suggestions

- Do not use your social security number
- Do not use a variation of your name
- Select values that contain both letters and numbers
- Do not use keys in sequence such as "abcdef" or "123456"

4. A validation email will be sent to the email address above. Click on the link in the email address to continue the login setup process.

Thank you for registering at **ezWEB Advantage**. You must confirm your e-mail address within 24 hours in order to activate your ezWEB Advantage account.

To confirm your account registration, simply click on the following link:

<https://payplus.secure-solutions.biz/login/secureEmailValidator.aspx?RegKey=TJFWCZFSPNDBNM5ATTXIH785I273G>

Thanks,
The Team at ezWEB Advantage

Please Note: It is important that you confirm your ezWEB Advantage registration. If you do not do so, your registration with ezWEB Advantage will not be activated.

If you experience problems with the provided link, simply copy the listed link and past it into the address field within your browser.

Do not reply to this message, as no recipient has been designated. Replying to this message will not confirm your registration.

5. Enter the password you set above.

Create New Login
Step 3 of 6 : Email Account Validation Processing

Email Account Registration Successful

Your registration of email account *info@slstriad.com* has been successful.

Please click "Next" to continue with login process.

6. Select a security picture and enter a label.

Create New Login

Step 4 of 6 : Security Settings

Choose a Security Picture and Label

Security Picture:



Picture: 101 of 218

Security Label: green apples

Next

Additional Level of Security

Please select a picture from the images provided and create a label. Your label may be 1 to 15 characters in length.

When you are asked to supply your password, your selected picture and label will be displayed on the login page.

If you do not see this picture and label while supplying your password, the page you are logging into may be another site trying to gather your password from you.

Unless you see your chosen picture and label, do not supply your password.

7. Select a security question and enter the answer.

SLS Triad - Create New Login

Step 5 of 6 : Security Question

Choose a Security Question and Answer

Question: Name of First Pet?

Answer: Blackie

Next

Purpose of Security Question

The following are instances of when you will be asked to supply this answer:
-During a first time login from a new computer to register your secure picture
-During the recovery of a lost password

Recommendations

- Choose a question that has an answer you will not forget
- Choose a question that cannot be easily determined with research
- Your answer must be between 1 and 50 characters in length
- Your answer is not case sensitive
- Blank spaces will not be used as part of the answer verification

During Answer Verification

- Your answer is not case sensitive
- Blank spaces will not be considered as part of your answer

8. Enter the validation credentials

Key – first 4 letters of employee last name plus last 4 of SSN

PW – Date of birth

** Make sure to enter the full date of birth.

- If the month is a single digit enter the leading zero.
- Enter the 4-digit year.
- Enter the “/”.

Example: Mary Callie; 426-55-8844; 05/08/1965

Key – Call8844

PW – 05/08/1965

Enter Validation Credentials

Validation Key:

Call8844

Validation PW:

05/08/1965

Accept

Skip

What is a Validation Key?

The Validation Key and Password credentials are used for security purposes and are the actual link to your information.

Where do I get the Validation Key?

You should have two validation credentials for each company you work for. These credentials are contained within the Quick Setup packet you received from ezWEB Advantage.

If you have not yet recieved your validation credentials, your login to ezWEB Advantage will still exist. However, you will not have access to any company information until you receive and input your validation credentials.

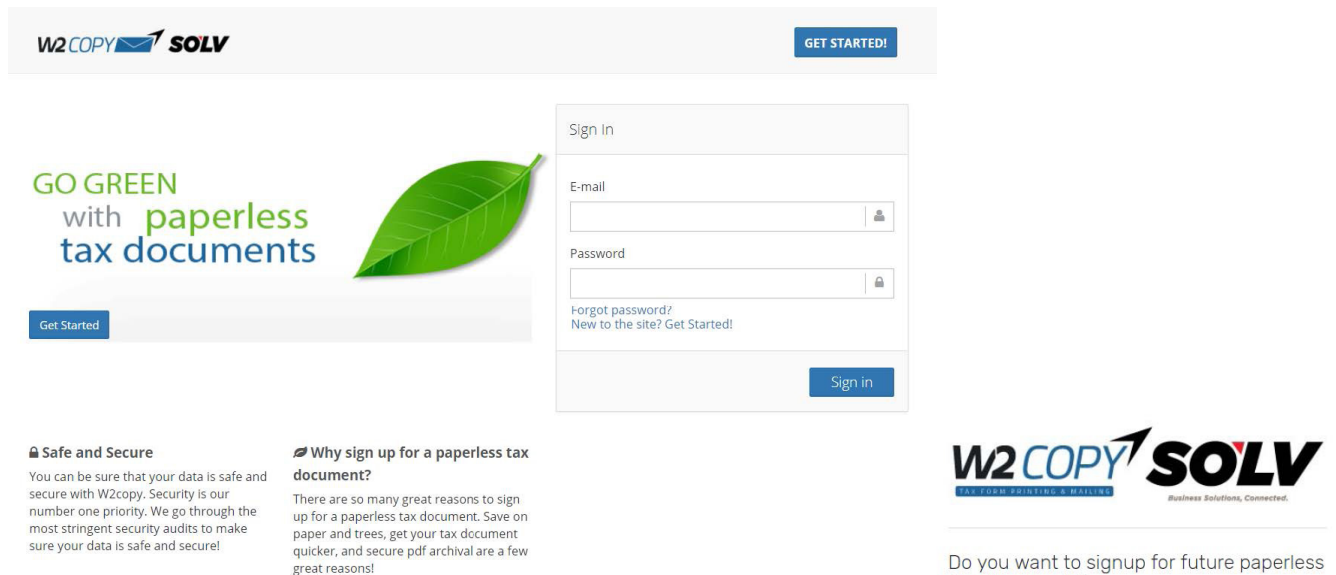
To continue please do one of the following...

- Input your Validation Credentials and click the button labeled "Accept"
- Click the button labeled "Skip" to enter these credentials at a later time

9. Login created!

How to register for a paperless W2 / 1095:

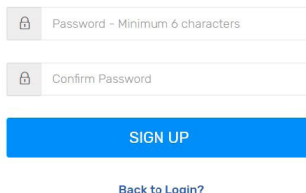
1. Go to <https://ew2online.w2copy.net>
If this is your first time at the new site click “Get Started”. Once registered, existing users can log in with email and password. If you had an account on the old site, your prior history will be available once you have re-registered on the new site.



2. Click “Register for Paperless Tax Documents”



3. Enter your information and click “Sign Up”



4. Check your email for the 6 digit confirmation code we will send you. Enter your code on the website and click "Confirm Email"

Please Confirm Your Email

A confirmation email was just sent from support@w2copy.com to:

6 Digit Confirmation Number

CONFIRM EMAIL

5. Once your email is confirmed, the system will ask several questions to verify your identity.

6. Enter your SSN and Company Code. Please contact your employer if you don't know your company code.

Enter Social Security Number

Numbers Only SSN Number

Enter your 6 or 7 digit Company Code

Company Code **IW2034**

Don't know your Company Code? Contact your employer.

NEXT →

7. The system will then ask several more questions to verify identity.

8. Once you have verified your identity, you will be asked if you want to sign up for Paperless Tax Documents. Click "**Confirm Paperless**"

Yes I want to enroll for Paperless Tax Documents!

Upon clicking the CONFIRM PAPERLESS button I consent to receive my W2 or other tax document(s) electronically each year. I understand that I will not receive a paper copy unless I change my preference inside this website portal.

CONFIRM PAPERLESS

DECLINE PAPERLESS

Logout?

9. You will then be taken to the portal where you can download tax documents if they are available. The PDF is encrypted with a password. The password to open the PDF is your 9 digit Social Security Number with no dashes.

10. You also have the ability to enable/disable paperless tax documents, and add additional Company Codes for any employer that uses W2Copy.