

# **TEMPORARY EMPLOYEE TRANSMITTAL FORM**

(Top to be completed by Employee at time of hire. PLEASE PRINT LEGIBLY.  
If you are unsure about any bold fields, please ask your supervisor.)

## **Employee Information**

Organization: ACORN Checkbook: SAN Diego

SSN: [REDACTED] Start Date: 4/8/09 Office: SAN Diego ACORN  
First Name: Lilibeth Last Name: [REDACTED] Phone Number: (619) [REDACTED]  
Address: [REDACTED] St. City: San Diego State: CA Zip: 92102

## **CERTIFICATION**

I understand that my regular work week will consist of 30 hours.

I understand that my hourly rate will be: \$ 10 per hour.

I have read and understand the employment policies given to me by my supervisor. [REDACTED] (Initial)

I understand that this is a temporary position, and that the work will terminate on or around \_\_\_\_\_ (Date)

Should I be employed by your organization, I agree to conform to your organizations rules and regulations as outlined to me by the project manager. The very nature of this position as a temporary employee dictates that the position does not accrue benefits such as vacation, sick pay, etc. I have read and understand this. [REDACTED] (Initial)

## **Employment Information**

(To be completed by supervisor. PLEASE PRINT LEGIBLY)

I authorize this employee to be hired at the following rate: \$ 10 per hour.

I have given the employee a copy of the temporary staff policies: DL (Initial)

In order for the employee to be put in the system, the following documents must be attached. Please check each line to acknowledge that you have attached the forms, correctly filed out.

- ☐ Temporary Employee Transmittal Form. To be filled out and signed by new hire and supervisor.
- ☐ IRS FORM W-4. To be completed and signed by new hire.
- ☐ IRS Form I-9. To be filled out and signed by the supervisor.

### **Important Information**

1. Employee packets not received by 12pm CST the Friday before the payroll date will not be entered until payroll is processed.
2. Employee packets from CA must be received on Wed. the week before payroll is to be processed, by 12pm, CST.
3. If an employee has not worked six days in a payroll period, their paycheck will held until the next payroll period.

## **Acknowledgement**

(To be completed by both employee and employer)

I acknowledge that everything all statements on this form are true and correct.

Employee: Lilibeth [REDACTED] (Print) Lilibeth [REDACTED] (Signature) Date: 4/16/09  
Employer: David Cagstein (Print) [REDACTED] (Signature) Date: 4/8/09

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last [REDACTED]	First Lilbeth	Middle Initial	Maiden Name
Address (Street Name and Number) San Diego		Apt # 92102	Date of Birth (month/day/year) [REDACTED]
City	State Ca.	Zip Code	Social Security # [REDACTED]

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):

- ☒ A citizen or national of the United States  
☐ A lawful permanent resident (Alien #) A \_\_\_\_\_  
☐ An alien authorized to work until \_\_\_\_\_  
(Alien # or Admission #)

Employee's Signature  
Lilbeth [REDACTED]

Date (month/day/year)

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		SOCIAL SECURITY		DRIVER LICENSE
Issuing authority: _____		[REDACTED]		[REDACTED]
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative David [REDACTED]	Print Name D. LAGSTEIN	Title Director
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Acorn 22435th National City, CA 92105		Date (month/day/year) 4/8/09

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 Lilbeth [REDACTED]		Date (month/day/year) 04/16/09

# Form W-4 (2009)

**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 2009 expires February 18, 2010. See Pub. 506, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not 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-earner/multiple job 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 may 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. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**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. 919 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 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. . . . . A 2

B Enter "1" if:   
 • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . . B     

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . C     

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . D     

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . . E     

F Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit . . . . . F       
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.   
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. . . . . G     

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► H 2  
 For accuracy, complete all worksheets that apply.   
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.   
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.   
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 <b>2009</b>	
1 Type or print your first name and middle initial. <u>Lilibeth</u>		Last name <u>[REDACTED]</u>		2 Your social security number <u>[REDACTED]</u>	
Home address (number and street or rural route) <u>[REDACTED] St</u>		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>	
City or town, state, and ZIP code <u>San Diego CA 92102</u>		5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>2</u>	
6 Additional amount, if any, you want withheld from each paycheck		6 \$		7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . . <input type="checkbox"/>	
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (Form is not valid unless you sign it.) ► <u>Lilibeth</u>		Date <u>04/16/09</u>		8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) <u>ACORN 22 W 35th St NAT CITY, CA 91950</u>	
9 Office code (optional)		10 Employer identification number (EIN)			

