

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

Complete Section I only



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

USCIS
Form I-9
 OMB No 1615-0047
 Expires 07/31/2024

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)		Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number (if any)		City or Town		State	
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employer's Email Address		Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.							
Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):							
<input type="checkbox"/> 1. A citizen of the United States <input type="checkbox"/> 2. A noncitizen national of the United States (See instructions.) <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) <input type="checkbox"/> 4. A noncitizen (other than items Numbers 2, and 3, above) authorized to work until (exp. date, if any)							
If you check item Number 4, enter one of these:							
USCIS A-Number		Form I-94 Admission Number		or		Foreign Passport Number and Country of Issuance	
Signature of Employee		Today's Date (mm/dd/yyyy)					

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee is hired, or the employee's representative, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information lines. See instructions.

Document Title	List A	List B	AND	List C
Document Title 1				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 2 (if any)	Additional Information			
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 3 (if any)				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee; (2) the above-listed documentation appears 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.				
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
 * Documents extended by the issuing authority are considered unexpired.

Employers 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).

Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND	Documents that Establish Employment Authorization
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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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.		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (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 For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.				
<ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List A 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. 	OR	<ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List B document. 		<ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on I-9 [Central](#) for more information.



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

Form W-4		Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		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.		2023
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 <input type="checkbox"/>		
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)



Optional

VA-4 Form – Commonwealth Withholding Certificate

FORM VA-4 COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET (See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse)
4. Subtotal Personal Exemptions (add lines 1 through 3)
5. Exemptions for age
(a) If you will be 65 or older on January 1, write "1"
- (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"
6. Exemptions for blindness
(a) If you are legally blind, write "1"
- (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6)
8. Total of Exemptions - add line 4 and line 7

----- Detach here and give the certificate to your employer. Keep the top portion for your records -----

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name		
Street Address			
City	State	Zip Code	

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
(a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions - line 8 of the Personal Exemption Worksheet
2. Enter the amount of additional withholding requested (see instructions)
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act (check here)

2011064 Rev. 08/11

Signature _____ Date _____
EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. **Note:** Employers may establish a system to electronically receive 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 Regulations (26 CFR).

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.

Employee Direct Deposit Form

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION Agency Name: _____

(Any change in the NET direct deposit accounts must be reported to ALL agencies that you are actively employed with. Please list them below.)

I am also employed by: _____; and _____

Name (First, Middle Initial, Last)	Employee Number
Street Address	City, State and Zip

Current Account Number (If changing direct deposit information, the account number where funds were deposited prior to the change you are requesting is required)

Financial Institution Name (Required even if institution is not changing)

Routing Number (Required even if institution is not changing) _____ **Account Type**
 Checking Savings

New OR Change **Amount (Check one):** NET OR Fixed Amount, \$ _____

Account Number (Attach voided check or other confirmation of account number)

Authorization and Signature (required for processing)

I authorize my employer to deposit my net pay and/or travel reimbursements and/or a fixed amount(s) each payday directly to my account(s) as indicated. I am responsible for ensuring the accuracy of the account information provided on this form and I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. **I understand that the net amount of each payment I receive from the Commonwealth must be deposited to the same account.** I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take; that I am responsible for any resulting bank fees incurred, and that my employer cannot issue the payroll funds to me until the funds are returned to my employer by my financial institution.

As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform my employing agency immediately.

Please note that, due to timing differences, new or changed direct deposits may result in one paper check after this form has been submitted. Please do not close your account(s) without giving your payroll office two weeks prior notice.

Employee Signature Date

For Agency Use:
Request confirmed with EE by (check at least one): _____ form personally delivered by EE; _____ Confirmed with EE by phone;
_____ EE state badge or driver's license verified; _____ Other (please describe _____)
Form received and verified by: _____ Title: _____ Date: ____/____/____

CIPPS Updated by: _____ Date: ____/____/____ Reviewed by: _____ Date: ____/____/____

Checking deduction numbers: fixed 159, 163, 167 Net checking 169 Savings deduction numbers: fixed 160, 164, 168 Net savings 170

Complete all areas in Blue. Please skip the current account number box. 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.

Personal Information/Emergency Contact Form



PERSONAL INFORMATION/EMERGENCY CONTACT FORM

Please complete this form in its entirety to ensure accuracy of personnel records

Effective Date: _____ Form Type: Original Change
Employment Status: Classified Wage

PERSONAL INFORMATION:

Employee ID #: _____

Name: _____
Last First M.I. Suffix

New Name*: _____
Last First M.I. Suffix

* Name changes require an updated social security card and a completed VRS-48 form.

Home Address: _____ Home #: _____
City State Zip Work #: _____
Cell #: _____

EMERGENCY CONTACTS:

In the event of an emergency, please contact the following person(s):

Primary Contact (complete FULLY):	Secondary Contact (optional):
Name: _____	Name: _____
Address1: _____	Home Phone: _____
Address2: _____	Work Phone: _____
City, State, Zip: _____	Relationship: _____
Home Phone: _____	
Work Phone: _____	
Relationship: _____	

Special medical instructions (optional):

Signature _____ Date _____

This form allows for electronic signature

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

Prior State Service Form

PRIOR STATE SERVICE CREDIT

Proper crediting of prior classified state service ensures employees are given appropriate credit towards their annual leave accrual rates. **All** 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.

	<u>Agency Name</u>	<u>Dates of Service (mm/yyyy)</u>	<u>Name (if different)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

I **do not** have any prior classified state service to report.

Printed Name Signature Date

Please sign and return to Human Resources within 31-days of initial date of employment even if there is no prior service to report.

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