

Payroll Model- Employee Packet Checklist

REQUIRED FORMS* – ALL MUST BE RETURNED

<input type="checkbox"/>	Payroll Model Relationship Form*- Filled out by Employee
<input type="checkbox"/>	W-4 (Original or Copy)* -Filled out and Signed by Employee—See attached sample & instructions
<input type="checkbox"/>	W-4MN-Required for claiming exempt
<input type="checkbox"/>	I-9 – Filled out and Signed by Employee and Authorized Representative/ Employer-See attached sample and instructions. Payroll Model Employer will keep this document and copies of proof of employment eligibility on file.
<input type="checkbox"/>	Copies of Photo ID/Proof of Employment Eligibility <ul style="list-style-type: none"> • List A (example - Passport) <li style="text-align: center;">Or • List B (example - Driver’s License, School ID, etc.) <li style="text-align: center;">AND • List C (example – Social Security Card, Birth Certificate, etc.)
<input type="checkbox"/>	Direct Deposit-Filled out completely and a voided check attached- Highly suggested
<input type="checkbox"/>	Child Labor Standards-For review only
<input type="checkbox"/>	Pay Schedule For Current Year – For reference only

Mail application to:

**Lifeworks Services Inc.
 2965 Lone Oak Drive, Suite 160
 Eagan, MN 55121**

Fax application to:

651-454-3174.

This information can be made available in an alternate format upon request. Our TTY phone number is 651-365-3736. Equal Opportunity Employer.

PAYROLL MODEL

Employer/Employee Relationship

Payroll Model Employer: _____

Employee Name: _____

Employee Phone No: _____

EE Relationship to Employer (EIN Holder): _____

Employee Wage: \$ _____

Employee Birth date: (MM/DD/YYYY) _____

Date Hired: _____

Lifeworks Services Inc. is a payroll service provider and reporting agent for the Employer listed above. All employees that are hired under the Payroll Model Employer are NOT employees of Lifeworks.

For office use

Coordinator: _____

Company Code: _____ **Client:** _____

Employee ID: _____

Payroll Exemption (if applicable): _____

FICA _____

FUTA _____

SUTA _____

This information can be made available
in an alternate format upon request.
Our TTY phone number is 651-365-3736.
Equal Opportunity Employer.

Form W-4 (2011)

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 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

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

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-earners/multiple jobs 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 Notice 1392, *Supplemental Form W-4 Instructions for Nonresident Aliens*, before completing this form.

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 2011. 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	_____
B	Enter "1" if: <ul style="list-style-type: none"> • 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 \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, <i>Child and Dependent Care Expenses</i> , for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, <i>Child Tax Credit</i> , for more information. <ul style="list-style-type: none"> • 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.) For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • 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 (\$10,000 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. 	H	_____

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2011</h1>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		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"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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. ▶ 7 _____		
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 <small>(This form is not valid unless you sign it.) ▶</small>		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 - 120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 - 110,000 -	12						
110,001 - 120,000 -	13						
120,001 - 135,000 -	14						
135,001 and over	15						

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 who claims no withholding allowances; 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.

W-4 Sample

Form **W-4** Employee's Withholding Allowance Certificate OMB No. 1545-0074
Department of the Treasury Internal Revenue Service
2011

Fill in Name & Address:

1 **John W. Doe** Last name
2 **123-45-6789** Your social security number

3 **123 IV St. #201** Home address (number and street or rural route), city or town, state, and ZIP code

4 Single Married Married, but withheld at higher Single rate.
Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

5 Total number of allowances you are claiming from line H above or from the applicable worksheet (on page 2) **1**

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2011, 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.
* 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.

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 **John W. Doe** Date **3/10/11**

8 Employer's name and address (Employer's complete name if and to only if sending to the IRS) 9 Office code (optional) 10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220C Form W-4 (2011)

If you do not fill this document out completely, it will delay your ability to start working.

#3 Must be checked
#5 Must be designated

Instructions for Form W-4MN

If you are claiming the same number of Minnesota allowances as federal and the number claimed is 10 or less, there is no need for you to complete this form.

Employee instructions

When to complete

After you determine the number of federal withholding allowances to claim on federal Form W-4, you must decide the number of Minnesota withholding allowances to claim.

If you claim the same number of Minnesota withholding allowances as federal and the number of allowances are 10 or less, you do not need to complete Form W-4MN. Your employer will use the same number as on your federal Form W-4 to determine the amount of Minnesota income tax to withhold from your pay.

You must complete Form W-4MN and provide it to your employer, if you:

- choose to claim fewer Minnesota withholding allowances than for federal purposes (Minnesota allowances cannot exceed the number of federal allowances),
- request additional Minnesota withholding be deducted each pay period,
- claim more than 10 Minnesota withholding allowances, or
- claim to be exempt from Minnesota income tax withholding and you reasonably expect your wages to exceed \$200 per week. (For criteria, see the instructions for Section 2.)

Note: If you claim more than 10 Minnesota allowances, or claim exempt from Minnesota withholding and you expect your wages to exceed \$200 per week, your employer is required to provide copies of your completed Form W-4MN to the department.

Due dates

Consider completing a new Form W-4MN whenever your personal or financial situation changes. If you have not had sufficient income tax withheld from your pay, interest and/or penalty charges may be assessed when you file your individual income tax return.

If you claim exempt from Minnesota withholding tax (Section 2), you must provide your employer with a new Form W-4MN by February 15 of each year.

Section 1 — Minnesota allowances

Do not claim more than the correct number of allowances. If you claim every allowance to which you are entitled and you still expect to owe more income tax for the year than will be withheld, you may:

- increase your withholding by claiming fewer allowances, or

- enter into an agreement with your employer to have additional amounts withheld (see line 3 instructions).

Line 3. If you claim no Minnesota allowances on line 2, and you still expect to have a balance due on your tax return for the year, you may ask your employer to withhold an additional amount of tax each pay period. If your employer agrees, enter the additional amount you want withheld from each paycheck on line 3.

Section 2 — Minnesota exemption

If you are exempt from Minnesota withholding, your employer will not withhold Minnesota income tax from your pay. To claim exemption, you must meet one of the following requirements:

- You meet the federal requirements, you claim exempt from federal withholding on Form W-4, and you also want to claim exempt from Minnesota withholding.
- You had no Minnesota income tax liability in the prior year, you received a full refund of Minnesota tax withheld, and you expect to have no Minnesota income tax liability for the current year.
- You qualify as exempt from Minnesota withholding under the Soldiers and Sailors Civil Relief Act. To qualify, you must be the spouse of a military member assigned to duty in Minnesota, be domiciled in another state and be present in Minnesota solely to be with your active duty military member spouse.

If you claim exempt and your wages are expected to exceed \$200 per week, your employer is required to furnish a copy of Form W-4MN to the department. We may contact you if we need additional information.

Signature

You are required sign this form. Minnesota law imposes a penalty of \$500 for filing a false withholding allowance/exemption certificate.

Use of information

All information on Form W-4MN is private by state law. It cannot be given to others without your consent, except to the Internal Revenue Service and to other states that guarantee the same privacy. Your name, address and Social Security number are required for identification. Information about your withholding allowances is required to determine your correct tax. We ask for your phone number so we can call you if we have a question.

Employer instructions

All new employees must complete federal Form W-4 when they first begin work for you. If the employee claims the same number of Minnesota allowances as federal and does not request additional or claim exempt from Minnesota withholding, there is no need for the employee to complete Form W-4MN. Use the same number of allowances when determining Minnesota withholding.

If the employee does not give you a completed Form W-4 or Form W-4MN before the first wage payment, withhold Minnesota tax as if the employee is single with zero withholding allowances. You are not required to verify the number of withholding allowances claimed by each employee.

You should honor each Form W-4MN you receive unless we notify you otherwise or if the employee claims more Minnesota than federal withholding allowances. If the employee claims more Minnesota than federal withholding allowances, use the number of federal withholding allowances to determine the Minnesota withholding.

For more complete information, see *When to complete* and *Due dates* under *Employee instructions*. Keep all forms in your records.

When to send copies of Form W-4MN to the department

You must send copies of Form W-4MN to the department if the employee:

- claims more than 10 Minnesota withholding allowances; or
- claims to be exempt from Minnesota withholding and you reasonably expect the employee's wages to exceed \$200 per week (*Exception:* if the employee is a resident of a reciprocity state and has completed Form MWR); or
- you believe the employee is not entitled to the number of allowances claimed.

Mail to: Minnesota Revenue, Mail Station 6501, St. Paul, MN 55146-6501.

A \$50 penalty may be assessed for each required Form W-4MN not filed with the department.

Minnesota Employee Withholding Allowance/Exemption Certificate

Employees

If you are claiming the same number of Minnesota allowances as federal and the number claimed is 10 or less, do not complete this form.

However, you must complete and provide your employer with Form W-4MN if you:

- claim fewer Minnesota withholding allowances than your federal allowances,
- claim more than 10 Minnesota withholding allowances,
- want additional Minnesota withholding deducted from your pay each pay period, or
- claim to be exempt from federal withholding or claim to be exempt from Minnesota withholding.

Employee information	Employee's first name and initial	Last name	Employee's Social Security number
	Permanent address		Marital status (check one box)
	City	State	Zip code

Single; Married, but legally separated; or Spouse is a nonresident alien
 Married
 Married, but withhold at higher Single rate

Employees: Read instructions on back, complete Section 1 or Section 2, sign and give the completed form to your employer.

Section 1 — Determining Minnesota allowances

Complete Section 1 if you claim fewer Minnesota allowances than your federal allowances, AND/OR if you want additional Minnesota withholding deducted each pay period.

- 1 Total number of federal allowances claimed on federal Form W-4 1 _____
- 2 Total number of Minnesota allowances (line 2 cannot be more than line 1) 2 _____
- 3 Additional Minnesota withholding you want deducted each pay period 3 \$ _____

Section 2 — Exemption from Minnesota withholding for calendar year: _____

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate the reason why you believe you are exempt:

- I meet the requirements and claim exempt from both federal and Minnesota income tax withholding.
- Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding because I had no Minnesota income tax liability last year, I received a refund of all Minnesota income tax withheld, AND I expect to have no Minnesota income tax liability this year.
- My spouse is a military service member assigned to a military location in Minnesota, my domicile (legal residence) is in another state, AND I am in Minnesota solely to be with my spouse. My state of domicile is _____

I certify that all information provided in Section 1 or Section 2 is correct. I understand there is a \$500 penalty for filing a false withholding allowance/exemption certificate.

Employee's signature	Date	Daytime phone
----------------------	------	---------------

Employees: Give the completed form to your employer.

Employers

If you are required to send a copy of this form to the Department of Revenue (see instructions), enter the employer information below and mail this form to: Minnesota Revenue, Mail Station 6501, St. Paul, MN 55146-6501. A \$50 penalty may be assessed for each required Form W-4MN not filed with the department.

Keep a copy for your records.

Employer information	Name of employer	Federal employer ID number (FEIN)	Minnesota tax ID number
	Address	City	State Zip code

Questions? Website: www.taxes.state.mn.us. Email: withholding.tax@state.mn.us.
Phone: 651-282-9999 or 1-800-657-3594. TTY users: Call 711 for Minnesota Relay

Sample

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-authorized 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 DOE, JANE M.	First	Middle Initial	Maiden Name SMITH
Address (Street Name and Number) 123 IVY STREET	Apt. # #201	Date of Birth (month/day/year) 01/01/1953	
City CHASKA MN	State 55121	Zip Code	Social Security # 123-45-6789

Employee

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 of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature Jane Doe Date (month/day/year) 11/10/2009

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).)

Support Manager

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
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 authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>John Smith</u>	Print Name JOHN SMITH	Title SUPPORT MANAGER
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) LIFEWORKS 2965 LONE OAK DRIVE #160 EAGAN, MN 55121		Date (month/day/year) 11/10/2009

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)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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		Date (month/day/year)

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

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-authorized 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	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ 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: _____	OR	_____	_____	_____
Issuing authority: _____		_____	_____	_____
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 authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

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)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
	7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	
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	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

PAYROLL DIRECT DEPOSIT AUTHORIZATION FOR CHECKING AND SAVINGS ACCOUNTS



PLEASE NOTE: DIRECT DEPOSIT WILL INITIALLY TAKE TWO PAY PERIODS TO GO INTO EFFECT - PRIOR TO THAT A CHECK WILL BE MAILED

Employee Name : _____ New authorization

Employee address : _____ Change of authorization

Employee City and State : _____

Financial Institution : _____

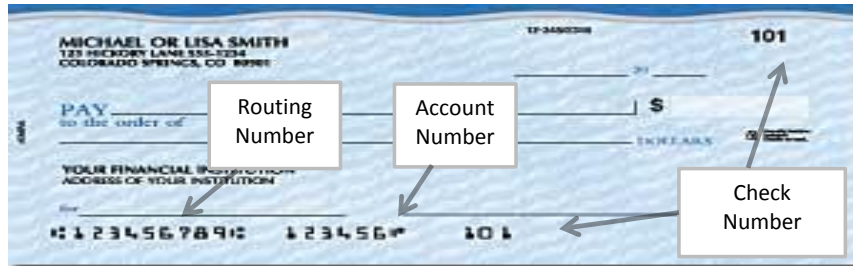
Routing Number : _____

Branch (if applicable) : _____

Indicate the type of account and account number on the first line. If requesting two or more accounts then you must list exact dollar amount for each additional account (percentage may NOT be used).

Checking		Savings		Account #	Amt \$	_____
Checking		Savings		Account #	Amt \$	_____
Checking		Savings		Account #	Amt \$	_____
Checking		Savings		Account #	Amt \$	_____
Checking		Savings		Account #	Amt \$	_____
Checking		Savings		Account #	Amt \$	_____

**Attach voided check with your name
or official note on bank letterhead listing routing number
and account number for each checking/savings account**



I authorize Lifeworks Services, Inc. and the financial institution listed above to deposit my net pay automatically to my account(s) each pay day and to initiate adjustments, if necessary, for any entries made in error to my account(s). This authorization will remain in effect until I have cancelled it in writing or until I have been voluntarily or involuntarily terminated. Lifeworks reserves the right to charge a service fee to employee if a direct deposit has been rejected by its bank due to a closed account without notification. As required by U.S. law, I certify 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 immediately inform Lifeworks. I understand that it is my responsibility to verify that payment has been credited to my account and I am responsible for any resulting fees I incur from non-sufficient funds or personal finance charges. I certify that the information provided on this form is true and correct.

Signature: _____ Date: _____

Circle Legal Capacity as: **Employee** **Guardian** **Other Legal Representative**

Minimum wage rate

Small employers \$5.25
Annual gross volume or sales of less than \$625,000

Overtime must be paid after 48 hours at 1.5 times the regular rate (Minnesota law).

Large employers* \$6.15
Annual gross volume or sales of \$625,000 or more

Training wage

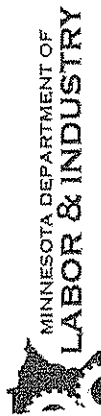
A training wage of \$4.90 may be paid to new employees under the age of 20 during their first 90 consecutive days of employment. Current employees may not be displaced by new employees covered by the training wage.

Penalties/fines

An employer that fails to comply with provisions of the Minnesota Child Labor Act may be subject to fines. An employer that repeatedly violates the Act's provisions or any other regulation issued pursuant thereto shall, upon conviction, be guilty of a gross misdemeanor.

The 2000 State Legislature increased the penalty structure for all child labor violations effective **Oct. 1, 2000**. For each employee, the new amounts for fines are as follows:

- **\$500 fine** for employment of minors under the age of 14;
- **\$500 fine** for employment of minors under the age of 16 during school hours while school is in session;
- **\$500 fine** for employment of minors under the age of 16 before 7 a.m.;
- **\$500 fine** for employment of minors under the age of 16 after 9 p.m.;
- **\$1,000 fine** for employment of a high school student under the age of 18 in violation of section 181A.04, subd. 6;
- **\$500 fine** for employment of minors under the age of 16 more than eight hours a day;
- **\$500 fine** for employment of minors under the age of 16 more than 40 hours a week;
- **\$1,000 fine** for employment of minors under the age of 18 in occupations hazardous or detrimental to their well-being as defined by rule;
- **\$1,000 fine** for employment of minors under the age of 16 in occupations hazardous or detrimental to their well-being as defined by rule;
- **\$5,000 fine** for minors under the age of 18 injured in hazardous employment; and
- **\$250 fine** for minors employed without proof of age.



Where do I go with questions?

Minnesota Department of Labor and Industry
Labor Standards
443 Lafayette Road N.
St. Paul, MN 55155-4307

Toll-free: 1-800-DIAL-DLI
(1-800-342-5354)
Phone: (651) 284-5005
Fax: (651) 284-5740

Please visit our Web site:
www.dli.mn.gov

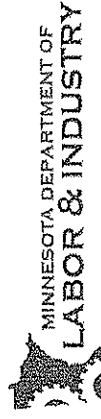
This document can be provided in different forms, such as large print, Braille or audio, by calling (651) 284-5005 or (651) 287-4198/TTY.

Version 0719

Minnesota Department of Labor and Industry
443 Lafayette Road N.
St. Paul, MN 55155-4307

A guide to Minnesota's

Child Labor Standards



Labor Standards
443 Lafayette Road N.
St. Paul, MN 55155-4307

Employers should be aware that there are both federal and state child labor laws. Federal laws may differ in certain respects from state law.

This brochure is not to be considered a substitute for the statutes and regulations. The same criteria used to determine coverage for the minimum wage and overtime laws are used to determine coverage of child labor laws.

Minimum age

- A minor under 14 years of age may not be employed, except:
- as a newspaper carrier, if at least 11 years of age;
 - in agriculture, if at least 12 years of age with parent or guardian consent;
 - as an actor/actress or model; or
 - as a youth athletic program referee, if at least 11 years of age with parent or guardian consent.

Proof of age

The proof of age must be maintained as part of the payroll records. Acceptable proof is one of the following: a copy of a birth certificate; a copy of a driver's license or permit; an age certificate issued by the school; or an I-9.

Hours of work

All employers in the state are covered by state law, but those employers that do \$500,000 or more a year in sales or gross revenue are also covered by federal law.

For employers covered by both state and federal requirements, the law that is more strict prevails. (For example, federal law concerning hours of work for 14- and 15-year-olds is more restrictive than Minnesota law, so employers covered by both laws must follow the federal guidelines.)

Minors under 16 may not work

- State law** (all employers)
- before 7 a.m. or after 9 p.m. with the exception of a newspaper carrier;
 - for more than 40 hours a week or more than eight hours per 24-hour period, except in agricultural operations;
 - during school hours on school days without an employment certificate issued by the appropriate school officials.

Federal law (employers with annual sales or revenue of \$500,000 or more)

- during the school year:
 - later than 7 p.m.;
 - more than three hours a day;
 - more than 18 hours a week.

16- and 17-year-olds may not work

- State law** (all employers)
- later than 11 p.m. on evenings before school days or before 5 a.m. on school days. With written permission from a parent or guardian, these hours may be expanded to 11:30 p.m. and 4:30 a.m.

Federal law (employers with annual sales or revenue of \$500,000 or more)

- no special restrictions on 16- and 17-year-olds concerning hours of work.

Overview of the Minnesota Child Labor Act

Prohibited occupations
The commissioner of Labor and Industry has established as hazardous or detrimental to the well-being of minors the following occupations:

In addition to the prohibitions listed, minors under the age of 16 may not be employed in these areas:

- **Machinery**
 - To operate or assist in the operation of machinery, such as:
 - farm-type tractors and other self-propelled vehicles, except for equipment permitted by a certificate of training under either the 4-H Federal Extension Service or the U.S. Office of Education Vocational Agricultural Training Program;
 - laundry, rug cleaning or dry cleaning equipment;
 - power-driven snowblowers, lawn mowers and garden equipment;
 - drill presses, milling machines, grinders, lathes and such portable power-driven machinery as drills, sanders and polishing and scrubbing equipment for floor maintenance;
 - meat slicers, textile-making machines or bakery machinery;
 - in oiling, cleaning or maintaining any power-driven machinery;
 - in work using pits, racks or lifting apparatus at service stations or in mounting tires on rims;
 - in a car wash to attach or detach car from mechanized conveyor lines or to operate or contact the car while it is connected to the conveyor.

- **Agriculture**
 - In any agricultural operation declared by the U.S. Secretary of Labor to be particularly hazardous for employment of children below the age of 16.

Transportation

- In or about an airport landing strip and taxi or maintenance aprons.
- As an outside helper on a motor vehicle.

Operations

- To do welding of any kind.
- As a loader or launcher for skeet or trap shooting.
- In any manufacturing or commercial warehouse.
- In processing plants.

Other

- To lift or carry, or otherwise personally care for, patients in hospitals or nursing homes.
- In walk-in meat freezers or meat coolers, except for occasional entrance.

Exceptions to the above

- A 17-year-old high school graduate.
- A minor employed by a business that is solely owned and daily supervised by one or both parents.

A minor may be employed at tasks away from or outside of the area of hazardous operation, equipment or materials.

- To serve, dispense or handle intoxicating liquors that are consumed on the premises;
- To work in rooms where liquor is served or consumed, with the following exceptions:
 - 16-year-olds may perform bussing, dishwashing or hosting services in a restaurant and minors who have reached the age of 16 may provide musical entertainment in a restaurant.

Note: Public safety/liquor control laws prohibit the serving or selling of intoxicating liquor by minors under 18 years of age in a retail intoxicating-liquor establishment.

Hazardous materials

- Where chemicals or other substances are present at excessive temperatures or in igneous, explosive, toxic or flammable quantities.
- Where explosives or fireworks are manufactured, stored, handled or fired.

Hazardous operations

- In or about logging or lumbering operations, paper mills, saw mills, lathe mills or shingle mills; mines, quarries and sand or gravel pits; construction or building projects; ice harvesting operations.
- In building maintenance or repair higher than 12 feet above ground or floor level.
- In oxy-acetylene or oxy-hydrogen welding.

Transportation

- On boats or vessels used for commercial purposes, except if performing guide or other non-operational services.
- As a driver for hire: driving buses, cabs or other passenger-carrying vehicles.
- In certain railway occupations.

Machinery

- Operating or assisting in the operation of power-driven machinery such as:
 - industrial trucks (forklifts);
 - meat saws or grinders, milling machines;
 - punch presses, press brakes and shears;
 - woodworking machinery (circular or radial saws, jointers and shaping machines).
- Operating any non-automatic elevator, lift or hoisting machine.
- Operating, erecting or dismantling rides or machinery in an amusement park, street carnivals or traveling shows, or in the loading or unloading of passengers on rides.

Other

- In aerial or other acrobatic acts.
- As a lifeguard, except for a minor with a Red Cross life-saving certificate (or equivalent) who works under uninterrupted adult supervision.
- In any occupation or activity, or on any site, which is hazardous or dangerous to life, limb or health.

Pay Schedule Year 2011

PAY PERIODS Sunday to Saturday	TIMECARD DUE	TIME	PAY DAYS
12/19/2011 to 01/01/2011	1/3/2011	8:00 PM	1/7/2011
01/02/2011 to 01/15/2011	1/17/2011	8:00 PM	1/21/2011
01/16/2011 to 01/29/2011	1/31/2011	8:00 PM	2/4/2011
01/30/2011 to 02/12/2011	2/14/2011	8:00 PM	2/18/2011
02/13/2011 to 02/26/2011	2/28/2011	8:00 PM	3/4/2011
02/27/2011 to 03/12/2011	3/14/2011	8:00 PM	3/18/2011
03/13/2010 to 03/26/2011	3/28/2011	8:00 PM	4/1/2011
03/27/2011 to 04/09/2011	4/11/2011	8:00 PM	4/15/2011
04/10/2011 to 04/23/2011	4/25/2011	8:00 PM	4/29/2011
04/24/2011 to 05/07/2011	5/9/2011	8:00 PM	5/13/2011
05/08/2011 to 05/21/2011	5/23/2011	8:00 PM	5/27/2011
05/22/2011 to 06/04/2011	6/6/2011	8:00 PM	6/10/2011
06/05/2011 to 06/18/2011	6/20/2011	8:00 PM	6/24/2011
06/19/2011 to 07/02/2011	7/ 04/ 2011 Holiday	8:00 PM	7/8/2011
07/03/2011 to 07/16/2011	7/18/2011	8:00 PM	7/22/2011
07/17/2011 to 07/30/2011	8/1/2011	8:00 PM	8/5/2011
07/31/2011 to 08/13/2011	8/15/2011	8:00 PM	8/19/2011
08/14/2011 to 08/27/2011	8/29/2011	8:00 PM	9/2/2011
08/28/2011 to 09/10/2011	9/12/2011	8:00 PM	9/16/2011
09/11/2011 to 09/24/2011	9/26/2011	8:00 PM	9/30/2011
09/25/2011 to 10/08/2011	10/10/2011	8:00 PM	10/14/2011
10/09/2011 to 10/22/2011	10/24/2011	8:00 PM	10/28/2011
10/23/2011 to 11/05/2011	11/7/2011	8:00 PM	11/11/2011
11/06/2011 to 11/19/2011	11/ 20/ 2011 SUNDAY	8:00 PM	11/25/2011
11/20/2011 to 12/03/2011	12/5/2011	8:00 PM	12/9/2011
12/04/2011 to 12/17/2011	12/ 18/ 2010 SUNDAY	8:00 PM	12/23/2011
12/18/2011 to 12/31/2011	1/2/2012	8:00 PM	1/6/2012

Lifeworks Office Closed

Jan 17 • Feb 21 • May 30 • Jul 4 • Sep 5 • Nov 24-25 • Dec 23-26 • Dec 30

Timesheets received after 8:00 p.m. Monday will be considered late and may result in late pay.