

License Certificate: RN, LVN, C.N.A, Other

License must be verified visually prior to telephone verification to State Board of Nursing

Full Name: _____ Type of License: _____

Social Security Number: _____ License or Certification #: _____

State of License or Certificate: _____ Expiration Date: _____

Date of Verification: _____ Verified By: _____

Complete ALL three pages and return to EMS@HRnetConnection.com, Call (512) 454-9561 if you have any questions or need assistance in completing these forms.

- Step 1: Download
- Step 2: Use Adobe Reader to Fill and Sign
- Step 3: Save as FirstLastName
- Step 4: Attach via Email
- Step 5: Send to EMS@HRnetConnection.com

Employee's Withholding Certificate

▶ 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.

2020

| | | | |
|---|--|-----------|---|
| 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 online estimator, 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 2020 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 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) |
| | | | |

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

| | |
|---|--|
| COMPANY NAME EVINS PERSONNEL CONSULTANTS/EVINS TEMPORARIES | |
|---|--|

I (we) authorize above named company to credit my (our) account with the depository named below. If the company erroneously deposits funds into my (our) account, I authorize the company to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

PART I.

| | | | | | |
|---|--|---|----------------|-------|----------|
| DEPOSITORY NAME (FINANCIAL INSTITUTION) | <input type="checkbox"/> BANK <input type="checkbox"/> CREDIT UNION | <input type="checkbox"/> SAVINGS & LOAN <input type="checkbox"/> OTHER | City | State | Zip Code |
| TRANSIT/ABA NUMBER | <input type="checkbox"/> Checking Account | <input type="checkbox"/> Savings Account | Account Number | | |

This authorization will remain in effect until the company has received written notification from me (or either of us) that it is to be terminated in sufficient time and manner for the company to act on it.

PART II.

| | | | | |
|-----------|------|-------|----------|-----------|
| NAME(S) | | | | |
| ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE |
| SIGNATURE | | | | DATE |