SOLUTIONS MANUAL: CHAPTER 2 END OF CHAPTER ANSWERS ANSWERS TO STOP AND CHECK EXERCISES

What's in the File?

- 1. a,b,d,e
- 2. b
- 3. d
- 4. a
- 5. c
- 6. Monthly = \$4,333.33

Semi-monthly = \$2,166.67

Biweekly= \$2,000

Weekly - \$1,000

Who Are You?

- 1. Student answers will vary. One possible way to prove both identity and employment is a current U.S. passport. Alternatively, a current state-issued driver's license and a social security card will work for the purposes of the I-9.
- 2. Student answers will vary. Many students may underestimate their estimated exemptions.

Worker Facts

- 1. Nonexempt
- 2. Exempt workers receive a fixed amount of money and generally direct the actions of other employees; nonexempt workers are eligible for overtime, and generally have their work directed by a manager.

Copyright © 2015 McGraw-Hill Education. All rights reserved. No reproduction or distribution without the prior written consent of McGraw-Hill Education.

3. A beverage distribution driver, full-time life insurance agents for a single life-insurance company, home workers that use furnished materials, traveling salespersons who work on a single employer's behalf.

Who Does Which Job?

Student answers will vary. The answer should reflect a clear separation of duties, cross-training, rotation of tasks, and security protocols.

Internal Controls and Audits

- 1. b
- 2. c

Destroy and Terminate

- 1. Paper payroll records should be shredded or burned. Computer records should be purged from the server and all other storage devices.
- 2. Charlie should receive his final pay on October 12, and not later than October 13. His employer is not required to provide him with a severance package, although he may be eligible for his accrued vacation pay.

ANSWERS TO END-OF-CHAPTER MATERIALS

REVIEW QUESTIONS

- 1. What are some internal controls for a payroll department?
 - 1. Payroll system design, authorized signers, documentation, and review of the process
- 2. Why should more than one person prepare/verify payroll processing?
 - 1. Internal controls and verification to avoid fraud or theft

Copyright © 2015 McGraw-Hill Education. All rights reserved. No reproduction or distribution without the prior written consent of McGraw-Hill Education.

- 3. What documents are required in all new hire packets?
 - 1. I-9 and W-4
- 4. Why are new hires required to be reported to the state's employment department?
 - 1. The enforcement of child support and legal withholdings, ensuring immigrants are still eligible to work, verification of professional licensing/qualifications, administration of COBRA benefits
- 5. When must a terminated employee be paid his or her final paycheck?
 - 1. This is a state specific regulation time ranging from the point of discharge to no time requirements.
- 6. What are the five main payroll frequencies?
 - 1. Daily, weekly, biweekly, monthly, semi-monthly
- 7. What are some of the best practices in establishing a payroll system?
 - 1. Keep any requests for leave with the related paystubs, file retention schedule, have more than one person responsible for the duties/verification, and separation of duties
- 8. What are the important considerations in setting up a payroll system?
 - 1. Pay frequency, pay types, method of payment, benefits, manual/computerized/outsourced payroll processing, file security system
- 9. What are the different tasks involved in payroll accounting?
 - 1. Entering the employees, entering the hours, calculation of gross wages, preparation of paychecks, payment of taxes, reporting requirements
- 10. When does a payroll record retention period begin?
 - 1. Disbursement of pay
- 11. What agencies or organizations can audit a company's payroll records?
 - 1. The Internal Revenue Service (IRS)
 - 2. Federal and State Departments of Labor
 - 3. Department of Homeland Security
 - 4. Other state and local agencies

- 5. Labor unions
- 12. How long must employers keep terminated employee records?
 - 1. Seven years
- 13. Are independent contractors included in company payroll? Why or why not?
 - 1. It depends; some independent contractors are not included in the company's payroll, but are treated as vendors. Some independent contractors are considered statutory employees and would be included in the company's payroll.
- 14. What is the difference between termination and resignation?
 - 1. An employee is terminated by the employer; when the employee initiates the separation it is a resignation.
- 15. What is the difference between weekly, biweekly, semi-monthly, and monthly pay periods?
 - 1. A weekly pay period is for one week, biweekly pay period is two weeks long, semi-monthly pay period is twice a month, and monthly pay period is once a month.

EXERCISES SET A

2-1A. Amanda, a nonexempt employee at Old Tyme Soda Distributing, works a standard 8:00–5:00 schedule with an hour for lunch. Amanda works in a state requiring overtime for hours over 8 per day and for those over 40 in a week. During the week she worked the following schedule:

Monday 8:00–11:00, 12:00–4:30 7.5

Tuesday 8:00–11:00, 12:00–5:15 8.25

Wednesday 8:00-11:00, 12:00-5:00 8

Thursday 8:30–5:00 (no lunch) 8.5

Friday 8:00–6:00 (no lunch) 10

Based on a 40-hour work week, does she qualify for overtime under FLSA regulations? If so, how many hours of regular time and overtime did she work?

- 1. Yes, since overtime is calculated per day and per week, Amanda is eligible for 2¾ hours of overtime. She will be paid for 39½ hours of regular time.
- 2-2A. Jason is a salaried employee earning \$75,000 per year. Calculate the standard gross salary per pay period under each of the following payroll frequencies:

a. Biweekly 75,000/26 = \$2,884.62
b. Semi-monthly 75,000/24 = \$3,125.00
c. Weekly 75,000/52 = \$1,442.31
d. Monthly 75,000/12 = \$6,250.00

- 2-3A. Katherine quit her job after four years with Canvas Emporium on July 10. Canvas Emporium pays employees semi-monthly on the 15th and last day of each month. Upon quitting, the company had a paid holiday for July 4th, Katherine had 16 hours of vacation accrued she had not used, and she had worked 52 hours, but was not eligible for overtime. Katherine earned an hourly wage of \$16.50 at the time of her separation. Calculate Katherine's final gross (pre-tax and deductions) paycheck.
- 1. (8 hours holiday + 16 hours vacation + 52 regular hours) * 16.50/hour = \$1,254.00
- 2-4A. Angela, a resident of Texas, terminated her employment on December 11, 2014. By what date should she receive her final pay? Review your state's requirements for document retention (search the available resources for educational and governmental record retention). When will the company dispose of her payroll records?
- 1. Since Angela terminated her employment, her payroll will process as normally with the next payroll processing. If the company had terminated Angela, then payroll must pay within 6 days of termination. The company should keep her final pay information for seven years from the date of termination before destruction.
- 2-5A. A company operating in California is required to hold their payroll records for three years. They work on governmental contracts that require the payroll record retention for two years. Additionally the company has international contracts stipulating that payroll records must be maintained for six years. How should the company balance these requirements?

- 1. The longest period of retention should be enforced.
- 2-6A. Jacob needs additional filing space at the end of the year in the company's offsite, secured storage. He sees several boxes marked for the current year's destruction. What methods can Jacob use to dispose of the payroll records? What steps should he take to ensure the company is not under obligation to retain these records further?
- 1. Destruction methods of confidential payroll documents include incineration, confidential shredding services, or pulping of the paper records. Prior to destruction of the documentation, Jacob should make sure that all of the documents are eligible for destruction. Reviewing the documentation to see if any paperwork related to legal cases or audits are included is just one example. Jacob could check with a manager or records retention specialist for any questionable items prior to destruction.
- 2-7A. The controller has requested your assistance to price various accounting software programs available for document retention, payroll preparation, and financial reporting. What requirements should you ensure are present in the computer program?
- 1. Availability of handling various payroll types, processing timelines, updates of tax tables, maintaining confidentiality, and options for retention schedule implementation.
- 2-8A. Johan works for Noland Industries as an independent contractor. He has asked you to withhold Social Security and Medicare taxes from his fees. What advice should you offer Johan?
 - 1. Assuming that Johan is not classified as a statutory employee by the IRS, as an independent contractor his fees would be paid as a vendor.
- 2-9A. What are the forms of identification that establish identity for the I-9? How long does a company retain copies of an employee's I-9?
- 1. Passport or passport card—if foreign, a right to work (visa) is required, driver's license, social security card, state issued identification card, birth certificate, or special items for those under age 18, permanent residency card, foreign passport with I-551 stamp, employment authorization document with photograph (Form I-766), Form I-94 with either foreign passport or passports from Federated States of Micronesia or the Republic of the Marshall Islands, federal issued identification card with photograph, school identification card with photograph, voter's registration card, U.S. military card or draft letter, military dependent's ID card, U.S. Coast Guard Merchant Mariner Card, Native American Tribal ID Card, Canadian drivers' license.

- 2. FSLA requires that employee records should be retained for two years following termination of an employee, the I-9 is part of an employee's records.
- 2-10A. Sue is a citizen of the Northern Pomo Indian Nation. She provides her social security card along with an official Northern Pomo Nation birth certificate as proof of employment eligibility for her I-9. Is this sufficient documentation?
- 1. Yes, these are acceptable since this would fulfill the requirements of items from type B and type C of the acceptable documents.
- 2-11A. Complete the W-4 for employment at Bernie's Bar and Grill

Kierstan Amber Winter-Casey

542 Sole Point Road

Sitka, Alaska 99835

SSN: 988-65-3124

Single, head of household

2 dependents

Eligible for the Child tax credit

\$1,500 in child care expenses

Additional information needed to be able to accurately complete the W-4:

- 1. Total income for Kierstan? Depending on total income, the response to G, Child Tax Credit may be either 1 per child or 2 per child.
 - 2. Any additional amounts to be withheld?
 - 3. Is she claiming the withholding exemption?

Form **W-4** (2014)

Fo	rm W-4 (2014)	The exceptions do not app greater than \$1,000,000.	apply to supplemental wages Nonwage income. If you have a large am nonwage income, such as interest or divident and the supplemental wages.				
Purpo can w pay. C and w	see. Complete Form W-4 so that your employer ithhold the correct federal income tax from your consider completing a new Form W-4 each year hen your personal or financial situation changes.	Basic instructions. If you the Personal Allowances worksheets on page 2 furth withholding allowances bat deductions, certain credits or two-earners/multiple job	Worksheet below. The ner adjust your sed on itemized , adjustments to income,	consider making estimated tax payments using 1040-ES, Estimated Tax for Individuals. Other may owe additional tax. If you have pension or iincome, see Pub. 505 to find out if you should your withholding on Form W-4 or W-4P. Two earners or multiple jobs. If you have a			
to vali Februand E	ption from withholding. If you are exempt, elete only lines 1, 2, 3, 4, and 7 and sign the form date it. Your exemption for 2014 expires any 17, 2015. See Pub. 505, Tax Withholding stimated Tax. If another person can claim you as a dependent	Complete all worksheets the may claim fewer (or zero) a wages, withholding must be you claimed and may not be percentage of wages.	at apply. However, you llowances. For regular e based on allowances	working spouse or more t total number of allowance on all jobs using workshe	than one job, figure the sey you are entitled to claim ets from only one Form ually will be most accurate laimed on the Form W-4		
on his from v includ examp	or her tax return, you cannot claim exemption withholding if your income exceeds \$1,000 and se more than \$350 of unearned income (for ple, interest and dividends). eptions. An employee may be able to claim of from withholding even if the employee is a	Head of household. Gene of household filing status o you are unmarried and pay costs of keeping up a hom-dependent(s) or other quali Pub. 501, Exemptions, Sta	n your tax return only if more than 50% of the e for yourself and your fying individuals. See ndard Deduction, and	Nonresident alien. If you see Notice 1392, Suppler Instructions for Nonreside completing this form.	e Pub. 505 for details. are a nonresident alien, nental Form W-4 ent Aliens, before		
depenIs ag	ident, if the employee: ge 65 or older, ind, or	Filing Information, for inforr Tax credits. You can take projin figuring your allowable number Credits for child or dependent tax credit may be claimed using	nation. ected tax credits into account er of withholding allowances. care expenses and the child	effect, use Pub. 505 to se	. After your Form W-4 takes se how the amount you are s to your projected total tax specially if your earnings or \$180.000 (Married).		
Will itemiz	claim adjustments to income; tax credits; or ed deductions, on his or her tax return.	Worksheet below. See Pub. 50 converting your other credits in	55 for information on	Future developments. Inform developments affecting Form			
65	Persona	I Allowances Works	heet (Keep for your re	ecords.)	,,		
A	Enter "1" for yourself if no one else can c	laim you as a dependent			A 1		
	You are single and have	re only one job; or		1	54 No. Ca. C-5000 -		
В	Enter "1" if: You are married, have		pouse does not work; or wages (or the total of both)	}	B <u>1</u>		
С	Enter "1" for your spouse . But, you may of than one job. (Entering "-0-" may help you	choose to enter "-0-" if y	ou are married and have	either a working spous			
D	Enter number of dependents (other than	vour spouse or vourself)	vou will claim on your tax	return	D 2		
E	Enter "1" if you will file as head of housel	II	I		Total Control of the		
F	Enter "1" if you have at least \$2,000 of ch				F		
	(Note. Do not include child support paym						
G	Child Tax Credit (including additional chi						
1072	• If your total income will be less than \$65	[[[[[[[[[[[[[[[[[[[f vou		
	have three to six eligible children or less '		Annual contraction of the first of the second contraction of the second contract of the sec		20 · 600100		
	• If your total income will be between \$65,000	and \$84,000 (\$95,000 and	\$119,000 if married), enter "	1" for each eligible child	G 2		
н	Add lines A through G and enter total here. (N	lote. This may be different	from the number of exempti	ons you claim on your tax	return.) ► H		
	For accuracy, for accuracy, for accuracy, for accuracy, for accuracy, for accuracy, for accuracy		income and want to reduce	e your withholding, see t	he Deductions		
	complete all worksheets • If you are single and earnings from all jobs e	have more than one job exceed \$50,000 (\$20,000 i	or are married and you a f married), see the Two-Ea				
	mar apply.		nere and enter the number	from line H on line 5 of F	orm W-4 below		
	Separate here and g						
		50	g Allowance Cei		OMB No. 1545-0074		
Form	44-4 · ·		-C.		@@ 4 4		
			er of allowances or exemption oe required to send a copy of		ZU14		
1	Your first name and middle initial	Last name			al security number		
Kiers	stan A	Winter-Casey		9	88-65-3124		
111010	Home address (number and street or rural route)		3 ✓ Single ☐ Married	Married, but withhold			
542 5	Sole Point Rd City or town, state, and ZIP code		Note. If married, but legally sepa				
	City of town, state, and ZIP code		4 If your last name differs	152			
	Sitka, AK 99835 check here. You must call 1-800-772-1213 for a replacement card. ▶						
5	Total number of allowances you are clai	맛요!! [[두일] [[[[[[[[[[[[[[[[[[[할머니이나 경기에서 아이를 보고 하려면 하는데 아이에게 그게 아	- C. C. S. C.	5 7		
6	Additional amount, if any, you want with				6 \$		
7	I claim exemption from withholding for 2		i de commencial de la commencia en commencial de la comme		ion.		
	Last year I had a right to a refund of a						
	This year I expect a refund of all feder						
	If you meet both conditions, write "Exer						
	r penalties of perjury, I declare that I have ex-	amined this certificate and	, to the best of my knowled	ige and belief, it is true,	correct, and complete.		
	loyee's signature form is not valid unless you sign it.) ▶			Date ►			
	Employer's name and address (Employer: Comp	olete lines 8 and 10 only if sen	ding to the IRS.) 9 Office co	de (optional) 10 Employer	identification number (FIN)		

Cat. No. 10220Q

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

2-12A. Complete the I-9 for employment at Excelsior College. Be sure to complete the "preparer" section.

Meaghan Ariel Lambert

Maiden name: Smith

Social Security number: 123-45-6789

Date of Birth: 7-1-1984

552 Coddington Road

Rio Nido, California 95555

U.S. Citizen

Passport number 5397816, issued by the United States State Department, expires 10/31/2018



Employment Eligibility Verification

USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016

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

▶START HERE. 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 documentation presented has a future expiration date may also constitute illegal discrimination.

expiration date may also constitute illegal discrimina	ation.					
Section 1. Employee Information and than the first day of employment, but not before			and sign S	ection 1 o	f Form I-9 no later	
Last Name (Family Name) First !	Name (Given Name) Middle Initial	Other Name	imes Used (if any)		
Lambert Mea	ghan	A	Smith			
Address (Street Number and Name)	Apt. Number	City or Town		State	Zip Code	
552 Coddington Road	552 Coddington Road Rio Nido CF					
Date of Birth (mm/dd/yyyy) U.S. Social Security Num	Date of Birth (mm/dd/yyyy) U.S. Social Security Number E-mail Address Telephone Number					
07/01/1984 123-45-678	07/01/1984 123-45-6789					
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 (che	eck one of the fo	llowing):				
X A citizen of the United States						
A noncitizen national of the United States (Se	e instructions)					
A lawful permanent resident (Alien Registration	on Number/USCIS	S Number):		2		
An alien authorized to work until (expiration date, if (See instructions)	f applicable, mm/dd	/yyyy)	. Some alier	ns may writ	e "N/A" in this field.	
For aliens authorized to work, provide your Al	lien Registration N	Number/USCIS Number O l	R Form I-94	4 Admissi	on Number:	
1. Alien Registration Number/USCIS Number:						
OR				Do No	3-D Barcode of Write in This Space	
2. Form I-94 Admission Number:				50.10	x viile iii viilo opace	
If you obtained your admission number from States, include the following:	m CBP in connect	ion with your arrival in the	United			
Foreign Passport Number:			-			
Country of Issuance:						
Some aliens may write "N/A" on the Foreig	n Passport Numb	er and Country of Issuanc	e fields. (Se	ee instruc	tions)	
Signature of Employee:			Date (mm	n/dd/yyyy):		
Preparer and/or Translator Certification (employee.)	To be completed a	and signed if Section 1 is p	orepared by	/ a persor	other than the	
I attest, under penalty of perjury, that I have as information is true and correct.	ssisted in the co	mpletion of this form and	d that to th	e best of	my knowledge the	
Signature of Preparer or Translator:				Date (r	mm/dd/yyyy):	
Last Name (Family Name)		First Name (Give	en Name)	1.00		
Address (Street Number and Name)		City or Town		State	Zip Code	
		<u>)</u>		E	1	

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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)									
Employee Last Name, First Name and Mide	Employee Last Name, First Name and Middle Initial from Section 1:								
List A Identity and Employment Authorization	OR	Lis Ider				AND	En	List C	Authorization
Document Title:	Docume	nt Title:				Do	cument Ti		
Issuing Authority:	Issuing	Authority:				Is	suing Auth	ority:	
Document Number:	Docume	nt Numb	er:			Do	ocument N	umber:	
Expiration Date (if any)(mm/dd/yyyy):	Expiration	on Date (i	f any)(mm	/dd/yyyy)	:	E	piration Da	ate (if any)(n	nm/dd/yyyy):
Document Title:	╢								
Issuing Authority:	1								
Document Number:	1								
Expiration Date (if any)(mm/dd/yyyy):	1								3-D Barcode
Document Title:	1							Do No	t Write in This Space
Issuing Authority:	1								
Document Number:	1								
Expiration Date (if any)(mm/dd/yyyy):	1								
Certification									
I attest, under penalty of perjury, that (above-listed document(s) appear to be employee is authorized to work in the	genuine au Jnited State	nd to rel es.			yee ı	named, ar	nd (3) to t	he best of	my knowledge the
The employee's first day of employme			D. 1. (_ (s			r exemptio	
Signature of Employer or Authorized Represer	ntati∨e		Date (mm.	(аагуууу)		litle of Em	ployer or A	Authorized R	epresentative
Last Name (Family Name)	First Nam	ie (Given	Name)		Emplo	oyer's Busin	ess or Org	anization Na	ame
Employer's Business or Organization Address	(Street Numi	per and N	ame) Cit	y or Towr	ו			State	Zip Code
Castian 2 Deverification and D	alaisea (T	,				,	,, .		1 (1)
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):									
C. If employee's previous grant of employment presented that establishes current employment						for the docu	ment from	List A or List	C the employee
Document Title: Document Number: Expiration Date (if any)(mm/dd/y)						ate (if any)(mm/dd/yyyy):			
I attest, under penalty of perjury, that to the employee presented document(s), the									
Signature of Employer or Authorized Represe	ntative:	Date (r	mm/dd/yy	/y):	Print	t Name of E	mployer o	r Authorized	Representati∨e:

Form I-9 03/08/13 N Page 8 of 9

EXERCISES SET B

2-1B. Connie, a nonexempt employee of Westside Motel, works a standard 6:00–3:00 p.m. schedule with an hour for lunch. Connie works in a state requiring overtime for hours over 8 per day and for those over 40 in a week. During the week, she worked the following schedule:

Monday 6:00–10:30, 11:15–3:00	8.25
Tuesday 6:15–10:45, 11:45–3:15	8
Wednesday 5:45–10:00, 11:00–3:30	8.75
Thursday 7:00–12:00, 1:00–3:00	7
Friday 6:00–3:00 (no lunch)	9

Based on a 40-hour work week, does she qualify for overtime under FLSA regulations? If so, how many hours of regular time and overtime did she work?

- 1. Yes, since she is nonexempt any hours over 8 per day and 40 per week would be eligible for overtime. 2 hours of overtime and 39 hours of regular hours
- 2-2B. Paolo is a salaried employee earning \$84,000 per year. Calculate the standard gross salary per pay period under each of the following payroll frequencies:

a.	Biweekly	\$84,000/26 = \$3,230.77
b.	Semi-monthly	\$84,000/24 = \$3,500.00
c.	Weekly	\$84,000/52 = \$1,615.38
d.	Monthly	\$84,000/12 = \$7,000

- 2-3B. Terri quit her job after four years with Aspen Tree Service in Colorado on Friday, October 31. Aspen Tree Service pays employees weekly on Fridays. Upon quitting, Terri had 38.5 hours of vacation accrued that she had not used, and she had worked 45 hours that was subject to overtime. Terri earned an hourly wage of \$11.50 at the time of her separation. Calculate Terri's final gross (pre-tax and deductions) paycheck. When must she receive her final paycheck?
- 1. (38.5 + 40) hours x \$11.50 + 5 x (\$11.50 x 1.5) = \$902.75 + 86.25 = \$989.00; since Terri quit, she will receive her paycheck with the standard processing of payroll.

- 2-4B. Brad terminated his employment on December 11, 2014. Review your state's requirements for document retention (search the available resources for educational and governmental record retention). When should the company dispose of his payroll records?
- 1. Employee records should be retained for a period of 7 years under best practices.
- 2-5B. A general contractor operating in Nebraska is required to retain its payroll records for four years. They work on interstate contracts that require the payroll record retention for three years. Additionally, the company has national contracts stipulating that payroll records must be maintained for five years. How should the company balance these requirements?
- 1. The company should maintain the records for the longer period, five years.
- 2-6B. Martin needs additional filing space at the end of the year in the company's office, and chooses to use offsite, secured storage. Upon arriving at the storage facility, he discovers that the unit is nearly full and sees several boxes marked for destruction at the end of the next calendar year. What are Martin's obligations regarding these payroll records? What steps should he take to ensure the company retains, stores, and disposes of payroll records properly?
- 1. Martin should ensure that the storage area is large enough to accommodate the records. As a company grows, the need for larger storage will appear. Martin should keep the documents organized to ensure the retention schedule is kept.
- 2-7B. Upon starting a new job in a company that has 70 employees, you notice that the company has been using manual accounting records and has retained every record since the business started 15 years ago. Your boss has asked you to recommend an accounting software system for accounting, payroll, and document destruction. Write your recommendations and rationale.
- 1. Key points that need to be included: ease of update for changes in tax laws, tax tables, and payroll regulations; ease of reporting; confidentiality
- 2-8B. Sandy is an independent contractor who is new to your company. Should you assign her compensation to the payroll clerk or to the accounts payable department? Explain.
- 1. Independent contractors are most frequently treated as a vendor and would be sent to accounts payable. However, depending upon specific requirements, Sandy could be classified as a statutory employee.
- Copyright © 2015 McGraw-Hill Education. All rights reserved. No reproduction or distribution without the prior written consent of McGraw-Hill Education.

2-9B. Quinn, a member of the Menominee Indian nation, is a new employee at Raven Enterprises. During the process of completing his I-9, his only means of identity is a Menominee Nation identification document. Is this document sufficient to verify his employment eligibility? Explain.

1. The Menominee Nation identification card would only be one part of the qualifications (falling under type C). A secondary form (from type B) would be necessary.

2-10B. Frank was terminated for cause from Pineland Industries in Georgia. As of the date of his termination, he had accrued 24 hours of vacation and 15 hours of sick time. When must his final pay be issued? Will his accrued vacation and sick time be included in his final pay? Explain.

1. Georgia does not have specific termination requirements for the processing; the company will probably choose to issue the check with standard payroll. Depending upon the company policy and employee agreement, the vacation and sick time may be included.

2-11B. Complete the W-4 for employment at Dark Forest Ranch:

Madeline Emma Jenkins

203 County Road 4

Douglas, Wyoming 82036

SSN: 545-02-1987

Married filing jointly

3 dependents

She has a second job as a waitress at the Douglas Café, where she earns \$12,000/year

Additional information needed to be able to accurately complete the W-4:

- 1. Need to note that Madeline wants to enter 0 on line C even though she has a spouse. The w-4 states that she may "choose to enter 0".
 - 2. Any child care expenses?
 - 3. Able to claim child tax credit?

Copyright © 2015 McGraw-Hill Education. All rights reserved. No reproduction or distribution without the prior written consent of McGraw-Hill Education.

- 4. Married? Or Married, but withhold at higher single rate?
- 5. Any additional amounts to be withheld?
- 6. Is she claiming the withholding exemption?

Form **W-4** (2014)

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends.

Form W-4 (2014) The exceptions do not apply to supplemental wages greater than \$1,000,000. В

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

pay. Consider completing a new Form W-4 each year and when your personal of inancial 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 2014 expires February 17, 2015. See Pub. 505, 1ax 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 \$1,000 and includes more than \$\$50 of unearned income (for example, interest and dividends). Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee: Is age 65 or older, Is blind, or Will claim adjustments to income; tax credits, or			worksheets on page 2 furth withholding allowances bas deductions, certain credits or two-earners/multiple job Complete all worksheets the may claim tewer (or zero) a wages, withholding must be you claimed and may not be percentage of wages. Head of household, Gener of household filing status or you are unmarried and pay costs of keeping up a hom dependentles) or other qualt Pub. 501, Exemptions, Statifling Information, for inform Tax credits. You can take projin figuring your allowable number credits for hold or dependent tax credit may be daimed usin. Worksheet below. See Pub. 50	ersonal Allowances Worksheet below. The sheets on page 2 further adjust your olding allowances based on temized citions, certain credits, adjustments to income, oceamers/multiple plobs situations. Detail worksheets that apply. However, you claim fewer (or zero) allowances. For regular so, withholding must be based on allowances kaimed and may not be a flat amount or intage of wages. I of household, Generally, you can claim head usehold filing status on your tax return only if re unmarried and pay more than 50% of the of keeping up a home for yourself and your indent(s) or other qualitying individuals. See 501, Exemptions, Standard Deduction, and Information, for information. Information, for information or information or dependent care expenses and the child edit may be daimed using the Personal Allowances sheet below. See Pub. 505 for information or firing your other credits into withholding allowances.				
				heet (Keep for your re	ecords.)			
Α	Enter "1" for yo	urself if no one else can c	laim you as a dependent	i			. А	1
	ſ	 You are single and hav)			
В	Enter "1" if: {	 You are married, have 			} .		. В	
	,	-		wages (or the total of both)				
С	-	ur spouse. But, you may o	-		either a working spouse	or mo	ore	
	than one job. (E	intering "-0-" may help you	u avoid having too little ta	ax withheld.)			. с	
D	Enter number o	f dependents (other than <u>)</u>	your spouse or yourself)	you will claim on your tax	return		. D	3
E	Enter "1" if you	will file as head of housel	hold on your tax return (s	see conditions under Hea	d of household above)		. Е	
F	Enter "1" if you	have at least \$2,000 of ch	ild or dependent care e	expenses for which you p	lan to claim a credit		. F	
	(Note. Do not in	nclude child support paym	ents. See Pub. 503, Chil	d and Dependent Care E	xpenses, for details.)			
G	Child Tax Cred	lit (including additional chil	ld tax credit). See Pub. 9	72, Child Tax Credit, for r	more information.			
	• If your total in	come will be less than \$65	5,000 (\$95,000 if married)	, enter "2" for each eligib	le child; then less "1" if	you		
	have three to si	x eligible children or less "	'2" if you have seven or r	nore eligible children.				
	• If your total ince	ome will be between \$65,000	and \$84,000 (\$95,000 and	\$119,000 if married), enter "	1" for each eligible child		. G	
Н	Add lines A throu	gh G and enter total here. (N	lote. This may be different t	from the number of exempti	ons you claim on your tax	return.) ► H	4
	For accuracy, complete all worksheets that apply.	and Adjustments Wo If you are single and earnings from all jobs e avoid having too little tax	orksheet on page 2. have more than one job exceed \$50,000 (\$20,000 i x withheld.	income and want to reduce or are married and you a f married), see the Two-E nere and enter the number	and your spouse both warners/Multiple Jobs W	ork ar orkshe	nd the c	combined page 2 to
		Separate here and g	nive Form W.4 to your en	onlover Keen the top per	t for your records			
		Separate nere and g	give rollii ii - i to your en	iipioyei. Reep tile top pai	t for your records,			
	W_{-A}	Employe	e's Withholding	g Allowance Ce	rtificate	OM	B No. 15	45-0074
	ment of the Treasury	Whether you are entity subject to review by the	itled to claim a certain numb ne IRS. Your employer may b	er of allowances or exemption required to send a copy of	on from withholding is this form to the IRS.	6	201	14
1	Your first name	and middle initial	Last name		2 Your socia	l secur	ity numb	ær
Made	eline E		Jenkins		54	5-02-1	987	
		number and street or rural route)		3 ☐ Single ☑ Married				rate.
203 (203 County Road 4 Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box							
	City or town, sta	te, and ZIP code		4 If your last name differs				
Doug	glas, WY 82036			I -	call 1-800-772-1213 for a re		-	
-5		of allowances you are clai	or from the applicable we	orksheet on page 2)	5		4	
6		ount, if any, you want with	- 1	• •		6 9		-
7		tion from withholding for 2				-		
•		nad a right to a refund of al			•			
	•	expect a refund of all feder			•			
		oth conditions, write "Exen						
Unde		jury, I declare that I have exa				orrect.	and co	mplete.
Emp	loyee's signature	•			Date ►			
(TINIS		unless you sign it.) ▶ coand address (Employer: Comm	oloto lines 9 and 10 only if son	ding to the IDS \ 0 Office as	do (optional) 10 Employeri	dontific	ation num	hor (EINI)

Cat. No. 10220Q

2-12B. Complete the I-9 for employment with the Tennessee Department of Corrections. Be sure to complete the "preparer" section.

Martin Allan Davis

Social Security number: 987-65-4312

Date of Birth: 5-29-1975

5923 Bunker Hill Road

Clarksville, Tennessee 38205

U.S. Citizen



Employment Eligibility Verification

USCIS Form I-9 OMB No. 1615-0047

Expires 03/31/2016

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

▶START HERE. 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 documentation presented has a future expiration date may also constitute illegal discrimination.

	ut not before a	ccepting a job	offer.)			
_ast Name (<i>Family Name</i>)		ne (Given Name		Other Names	s Used (if any)
Davis	Marti	.n	A			T
Address (Street Number and Name)		Apt. Number	City or Town	St	tate	Zip Code
5923 Bunker Hill Rd			Clarksville	Т	'N	38205
	Security Number		ss		Telep	hone Number
am aware that federal law provide onnection with the completion of		ment and/or	fines for false statements	or use of f	alse do	ocuments in
attest, under penalty of perjury, th	nat I am (check	one of the fo	ollowing):			
A citizen of the United States						
A noncitizen national of the Unite	d States (See i	nstructions)				
A lawful permanent resident (Alie	n Registration I	Number/USCI	S Number):			
An alien authorized to work until (exp (See instructions)	piration date, if ap	plicable, mm/do	d/yyyy)	. Some aliens	may wr	ite "N/A" in this field.
For aliens authorized to work, pro	ovide your Alien	Registration	Number/USCIS Number O l	R Form I-94	Admiss	sion Number:
1. Alien Registration Number/US	CIS Number:				-,	70/7002/1007 D7
OR					Do N	3-D Barcode lot Write in This Space
2. Form I-94 Admission Number:					50 1	ot Wite in This opac
If you obtained your admission States, include the following: Foreign Passport Number:			,	United	S.	
Country of Issuance:						
Some aliens may write "N/A" o			per and Country of Issuance	e fields. (See	e instru	ctions)
signature of Employee:				Date (mm/c	dd/yyyy)	
Preparer and/or Translator Cer amployee.) attest, under penalty of perjury, th		•			*	
					Date	(mm/dd/yyyy):
formation is true and correct.					1	
information is true and correct. Signature of Preparer or Translator: ast Name (Family Name)			First Name <i>(Giv</i>	en Name)		
Information is true and correct.			First Name (Given City or Town	en Name)	State	Zip Code

Form I-9 03/08/13 N Page 7 of 9

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 examine a combination of one document from List B and one document from List C as listed on							
the "Lists of Acceptable Documents" on the nissuing authority, document number, and expi	ext page of th	is form. For ea					
Employee Last Name, First Name and Middle Initial from Section 1:							
List A Identity and Employment Authorization	OR	List B Identity			AND	Lis Employme	t C nt Authorization
Document Title:	Docume	nt Title:			Docum	nent Title:	
Issuing Authority:	Issuing /	\uthority:			Issuing	g Authority:	
Document Number:	Docume	nt Number:			Docum	nent Number:	
Expiration Date (if any)(mm/dd/yyyy):	Expiration	n Date (if any)	(mm/dd/yyyy)	:	Expira	tion Date (<i>if an</i> y	/)(mm/dd/yyyy):
Document Title:	1						
Issuing Authority:	1						
Document Number:	1						
Expiration Date (if any)(mm/dd/yyyy):							3-D Barcode
Document Title:						Dol	Not Write in This Space
Issuing Authority:	1						
Document Number:							
Expiration Date (if any)(mm/dd/yyyy):	1						
Certification							
I attest, under penalty of perjury, that (above-listed document(s) appear to be employee is authorized to work in the	genuine ar	nd to relate t					
The employee's first day of employme	nt (mm/dd/)	/ууу):		_ (Se	e instructio	ns for exemp	tions.)
Signature of Employer or Authorized Represer	ntati∨e	Date	(mm/dd/yyyy)	Т	itle of Employ	er or Authorized	d Representative
Last Name (Family Name)	First Nam	e (Given Nam	e)	Employ	er's Business	or Organization	Name
Employer's Business or Organization Address	(Street Numb	er and Name)	City or Towr	1		State	Zip Code
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):							
C. If employee's previous grant of employment					r the documer	nt from List A or I	List C the employee
presented that establishes current employment authorization in the space provided below. Document Title: Document Number: Expiration Date (if any)(mm/cld/y)						Date (if any)(mm/dd/yyyy):	
I attest, under penalty of perjury, that to the employee presented document(s), the							
Signature of Employer or Authorized Represe	ntative:	Date (mm/d	d/yyyy):	Print N	lame of Empl	oyer or Authoriz	ed Representative:

Form I-9 03/08/13 N Page 8 of 9

CRITICAL THINKING

- 2-1. When BirMax was looking to implement a payroll accounting system, the manufacturing firm had several options. With only 40 employees, the manual preparation of payroll through spreadsheets and handwritten time cards was a comfortable option for the firm. Another option is to sell the senior management of BirMax on implementing a software program for payroll processing. What are the key points to consider? If the company has more than one department, how can this transition be accomplished?
- 1. Key points that need to be included: ease of update for changes in tax laws, tax tables, and payroll regulations; ease of reporting; whether the employee self-service option would be eligible; confidentiality
- 2-2. You have been hired as a consultant for a company facing an IRS audit of their accounting records. During your review, you notice anomalies in the payroll system involving overpayments of labor and payments to terminated employees. What would you do?
- 1. When the abnormalities are discovered, the management of the company should be made aware of the situation. Since the IRS audit is imminent, documenting the date of the find and attempts to rectify the error would be advisable. Depending upon the nature of the anomalies, the company or payroll employees may have made some serious errors.

IN THE REAL WORLD: CASE FOR DISCUSSION

Student response will vary.

CONTINUING PAYROLL PROJECT: PREVOSTI FARMS AND SUGARHOUSE

Prevosti Farms and Sugarhouse pays its employees according to their job classification. The following employees make up Sugarhouse's staff:

Employee Number	Name and Address	Payroll information

A-Mille	Thomas Millen	Hire Date: 2-1-2014
	1022 Forest School Rd	DOB: 12-16-1982
	Woodstock, VT 05001	Position: Production Manager
	802-478-5055	PT/FT: FT, exempt
	SSN:031-11-3456	No. of Exemptions: 4
	401(k) deduction: 3%	M/S: M
		Pay Rate: \$35,000/year
A-Towle	Avery Towle	Hire Date: 2-4-2014
	4011 Route 100	DOB: 7-14-1991
	Plymouth, VT 05102	Position: Production Worker
	802-967-5873	PT/FT: FT, nonexempt
	SSN:089-74-0974	No. of Exemptions: 1
		M/S: S
		Pay Rate: \$12.00/hour
A-Long	Charlie Long	Hire Date: 2-7-14
	242 Benedict Road	DOB: 3-16-1987
	S. Woodstock, VT 05002	Position: Production Worker
	802-429-3846	PT/FT: FT, nonexempt
	SSN: 056-23-4593	No. of Exemptions: 2
		M/S: M
		Pay Rate: \$12.50/hour
B-Shang	Mary Shangraw	Hire Date: 2-5-14
	1901 Main Street #2	DOB: 8-20-1994
	Bridgewater, VT 05520	Position: Administrative Assistant
L		

	802-575-5423	PT/FT: PT, nonexempt
	SSN: 075-28-8945	No. of Exemptions: 1
		M/S: S
		Pay Rate: \$10.50/hour
B-Lewis	Kristen Lewis	Hire Date: 2-2-14
	840 Daily Hollow Road	DOB: 4-6-1950
	Bridgewater, VT 05523	Position: Office Manager
	802-390-5572	PT/FT: FT, exempt
	SSN: 076-39-5673	No. of Exemptions: 3
		M/S: M
		Pay Rate: \$32,000/year
B-Schwa	Joel Schwartz	Hire Date: 2-1-14
	55 Maple Farm Way	DOB: 5-23-1985
	Woodstock, VT 05534	Position: Sales
	802-463-9985	PT/FT: FT, exempt
	SSN: 021-34-9876	No. of Exemptions: 2
		M/S: M
		Pay Rate: \$24,000/year base plus 3% commission per case sold
B-Prevo	Toni Prevosti	Hire Date: 2-1-14
	10520 Cox Hill Road	DOB: 9-18-1967
	Bridgewater, VT 05521	Position: Owner/President
	802-673-2636	PT/FT: FT, exempt
	SSN: 055-22-0443	No. of Exemptions: 5
		M/S: M

Copyright © 2015 McGraw-Hill Education. All rights reserved. No reproduction or distribution without the prior written consent of McGraw-Hill Education.

	Pay Rate: \$45,000/year

The Departments are as follows:

Department A: Agricultural Workers

Department B: Office Workers

1. You have been hired as of February 10, 2014, as the new accounting clerk. Your employee number is B-XXXX, where "B" denotes that you are an office worker and "XXXXX" is the first five letters of your last name. If your last name is fewer than five letters, use the first few letters of your first name to complete the employee number. Your social security number is 555-55-5555, and you are full-time, nonexempt, and paid at a rate of \$34,000 per year. You are single with only one job (claiming 2 exemptions). You live at 1644 Smittin Road, Woodstock, VT 05001. Your date of birth is 1/1/1991 and your Social Security number is 555-55-555 for the project. You are a citizen of the United States and provide a Vermont driver's license #88110009 expiring 1/1/2016 in addition to your Social Security card for verification of your identity. Complete the W-4 and the I-9 to start your own employee file.

=	W 4 (004 4)	The exceptions do not app	ly to supplemental wages	Nonwage income. If you h	ave a large amount of				
FO	orm W-4 (2014)	greater than \$1,000,000.		nonwage income, such as i consider making estimated	nterest or dividends.				
can w	ose. Complete Form W-4 so that your employer vithhold the correct federal income tax from your consider completing a new Form W-4 each year when your personal or financial situation changes.	Basic instructions. If you a the Personal Allowances worksheets on page 2 furth withholding allowances bas deductions, certain credits,	ner adjust your sed on itemized , adjustments to income,	1040-ES, Estimated Tax for may owe additional tax. If y iincome, see Pub. 505 to fir your withholding on Form V	Individuals. Otherwise, you ou have pension or annuity nd out if you should adjust V-4 or W-4P.				
to val Febru	uption from withholding, If you are exempt, lete only lines 1, 2, 3, 4, and 7 and sign the form idate it. Your exemption for 2014 expires lary 17, 2015. See Pub. 505, Tax Withholding stimated Tax.	or two-earners/multiple job Complete all worksheets th may claim fewer (or zero) a wages, withholding must b you claimed and may not b	nat apply. However, you llowances. For regular e based on allowances	Two earners or multiple is working spouse or more that total number of allowance on all jobs using workshee W-4. Your withholding usu	nan one job, figure the s you are entitled to claim ets from only one Form ally will be most accurate				
on his from include exam	If another person can claim you as a dependent or her tax return, you cannot claim exemption withholding if your income exceeds \$1,000 and les more than \$350 of uneamed income (for ple, interest and dividends), peptions. An employee may be able to claim	percentage of wages. Head of household. Generof household filing status or you are unmarried and pay costs of keeping up a homedependent(s) or other qualifub. 501, Exemptions, Star	n your tax return only if more than 50% of the e for yourself and your	when all allowances are cl for the highest paying job claimed on the others. See Nonresident alien. If you see Notice 1392, Supplem Instructions for Nonresidel completing this form.	and zero allowances are Pub. 505 for details. are a nonresident alien, lental Form W-4				
	ption from withholding even if the employee is a ndent, if the employee:	Filing Information, for inform	nation.	Check your withholding. effect, use Pub. 505 to see	After your Form W-4 takes				
	ge 65 or older,	Tax credits. You can take projet in figuring your allowable number	er of withholding allowances.	having withheld compares for 2014. See Pub. 505, es	to your projected total tax				
	lind, or	Credits for child or dependent of tax credit may be claimed using	the Personal Allowances	exceed \$130,000 (Single)	or \$180,000 (Married).				
	claim adjustments to income; tax credits; or red deductions, on his or her tax return.	Worksheet below. See Pub. 50 converting your other credits in	55 for information on	Future developments. Inform developments affecting Form lenacted after we release it) will	ation about any future N-4 (such as legislation I be posted at www.irs.gov/w4.				
	and the second s	al Allowances Works							
Α	Enter "1" for yourself if no one else can	amen i ina malifigia e esta esta esta all'interiorità i l'interiorità i esta i interiorità i e	t		A <u>1</u>				
В	You are single and have the enter "1" if: You are married, have	ave only one job; or e only one job, and your sp	naviaa daaa nat wark: ar	1	В 4				
ь		cond job or your spouse's			B <u>I</u>				
С	Enter "1" for your spouse. But, you may				or more				
•	than one job. (Entering "-0-" may help y	and the second state of th		Control of the Contro					
D	Enter number of dependents (other than				-				
E	Enter "1" if you will file as head of hous	- 5: XX - 15 - XX	5						
F	Enter "1" if you have at least \$2,000 of c				F				
	(Note. Do not include child support pay		religione es de Saldera es regularismos actualizados es es el fri						
G	Child Tax Credit (including additional c								
	• If your total income will be less than \$6				you				
	have three to six eligible children or less	"2" if you have seven or r	more eligible children.						
	• If your total income will be between \$65,00	00 and \$84,000 (\$95,000 and	\$119,000 if married), enter	"1" for each eligible child	. , , G				
Н	Add lines A through G and enter total here.	(Note. This may be different to	from the number of exempt	tions you claim on your tax	return.) ► H				
	For accuracy, and Adjustments V	e or claim adjustments to i Vorksheet on page 2.							
		d have more than one job exceed \$50,000 (\$20,000 i tax withheld.							
	If neither of the abo	ve situations applies, stop h	nere and enter the number	from line H on line 5 of Fo	orm W-4 below.				
	Separate here and	l give Form W-4 to your en	nployer. Keep the top pa	rt for your records					
Form		ee's Withholding			OMB No. 1545-0074				
Interna	al Revenue Service subject to review by	the IRS. Your employer may be		f this form to the IRS.					
1	Your first name and middle initial	Last name		2 Your socia	I security number				
Stud	lent F Home address (number and street or rural rou	Success			55-55-5555				
	Home address (number and street or rural rou	(e)	- E	ed Married, but withhold					
1644	Smittin Road City or town, state, and ZIP code			parated, or spouse is a nonresident					
				s from that shown on your s					
	dstock, VT 05001	alastas (formallias II alastas		call 1-800-772-1213 for a re	100 to 10				
5	Total number of allowances you are cl		[[[[[[[] [[] [] [] [] [] [] [] [] [] []		5 2				
6 7	Additional amount, if any, you want wi								
,	and the property of the contract of the property of the proper		y that I meet both of the following conditions for exemption. tax withheld because I had no tax liability, and						
	This year I expect a refund of all fed.								
	If you meet both conditions, write "Ex		and the contract of the contra		-				
Unde	er penalties of perjury, I declare that I have e				orrect, and complete.				
	lovee's signature		o per preside de la						
	form is not valid unless you sign it.)			Date ►					

9 Office code (optional) 10 Employer identification number (EIN)

Cat. No. 10220Q

Form **W-4** (2014)

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.



Form I-9 03/08/13 N

Employment Eligibility Verification

USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016

Page 7 of 9

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

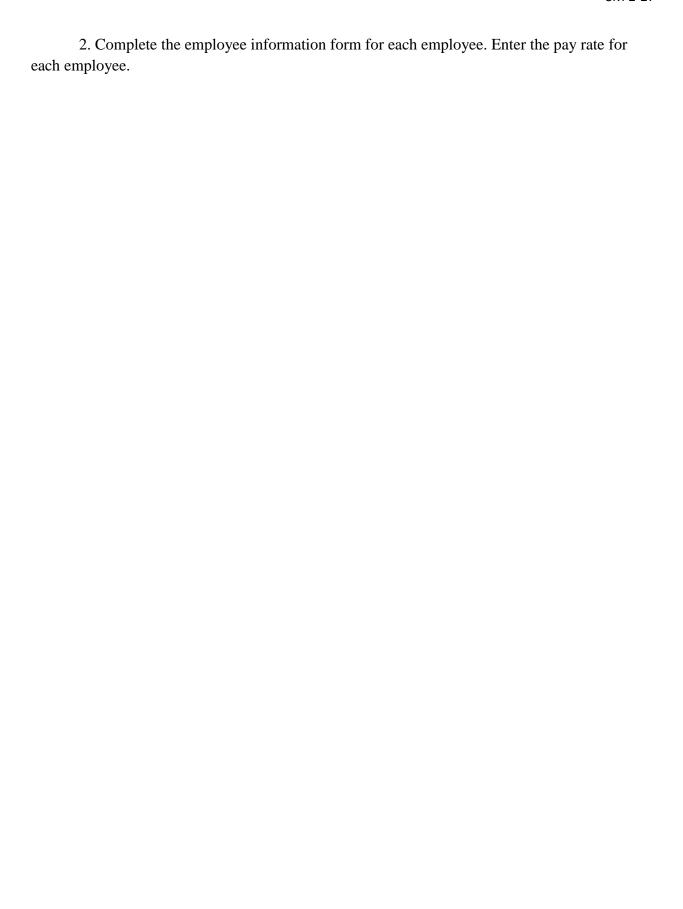
▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

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 documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information an than the first day of employment, but not before	**		and sign Se	ction 1	of Form I-9 no later
Last Name (Family Name) Firs	st Name (Given Name) Middle Initial	Other Name	s Used ((if any)
Success St	tudent	F			
Address (Street Number and Name)	Apt. Number	City or Town	s	tate	Zip Code
1644 Smittin Rd	82	Woodstock	7	/T	05001
Date of Birth (mm/dd/yyyy) 01/01/1991 U.S. Social Security Nu		s		Telep	phone Number
I am aware that federal law provides for imposition with the completion of this form.		ines for false statements	or use of	alse do	ocuments in
I attest, under penalty of perjury, that I am (o ⚠ A citizen of the United States ☐ A noncitizen national of the United States (llowing):			
A lawful permanent resident (Alien Registra	ation Number/USCI	S Number):			
An alien authorized to work until (expiration date (See instructions)	e, if applicable, mm/do	/уууу)	. Some aliens	s may w	rite "N/A" in this field.
For aliens authorized to work, provide your	Alien Registration I	Number/USCIS Number O l	R Form I-94	Admis	sion Number:
Alien Registration Number/USCIS Numb OR	er:				3-D Barcode
2. Form I-94 Admission Number:				Do	Not Write in This Space
If you obtained your admission number for States, include the following: Foreign Passport Number:		,	United	į.	
Country of Issuance:					
Some aliens may write "N/A" on the Fore	eign Passport Numb	er and Country of Issuance	e fields. (Se	e instru	actions)
Signature of Employee:			Date (mm/	dd/yyyy));
Preparer and/or Translator Certification employee.)	(To be completed	and signed if Section 1 is p	prepared by	a perso	on other than the
I attest, under penalty of perjury, that I have information is true and correct.	assisted in the co	mpletion of this form and	I that to the	best o	of my knowledge the
Signature of Preparer or Translator:				Date	(mm/dd/yyyy):
Last Name (Family Name)		First Name (Give	en Name)		
Address (Street Number and Name)		City or Town		State	Zip Code
STOP	Employer Con	mpletes Next Page	STOP		

Section 2. Employer or Authoria (Employers or their authorized representative must physically examine one document from the the "Lists of Acceptable Documents" on the ne issuing authority, document number, and expi	must complet ist A OR exa ext page of the	e and sig mine a co is form. F	ın Sectic ombinati	n 2 within on of one o	3 busi docum	iness days o ent from Li	of the emplo st B and one	e documen	t from List C as listed on
Employee Last Name, First Name and Midd	lle Initial fror	n Section	n 1:						
List A Identity and Employment Authorization	OR	Lis ^a Iden				AND	Em	List	C Authorization
Document Title:	Docume	nt Title:				D	ocument Tit	le:	
Issuing Authority:	Issuing A	Authority:				Is	suing Autho	ority:	
Document Number:	Docume	nt Numbe	er:			D	ocument Nu	ımber:	
Expiration Date (if any)(mm/dd/yyyy):	Expiration	n Date (ii	f any)(m	m/dd/yyyy)):	E:	xpiration Da	te (if any)(mm/dd/yyyy):
Document Title:									
Issuing Authority:	1								
Document Number:	1								
Expiration Date (if any)(mm/dd/yyyy):	1								3-D Barcode
Document Title:	1							Do No	ot Write in This Space
Issuing Authority:	1								
Document Number:	1								
Expiration Date (if any)(mm/dd/yyyy):	1								
Certification I attest, under penalty of perjury, that ('above-listed document(s) appear to be employee is authorized to work in the U The employee's first day of employment	genuine ar Inited State	nd to rel es.			yee i	named, a		he best o	f my knowledge the
Signature of Employer or Authorized Represer	tative	1	Date (mr	n/dd/yyyy)		Title of En	nployer or A	uthorized I	Representative
Last Name (Family Name)	First Nam	e (Given	Name)		Emplo	oyer's Busir	ness or Orga	anization N	lame
Employer's Business or Organization Address	(Street Numb	er and N	ame) C	ity or Towi	n			State	Zip Code
Section 3. Reverification and Re	ehires (To	be com	pleted a	and signe	d by e	employer o	or authorize	ed repres	entative.)
A. New Name (if applicable) Last Name (Famil	<i>ly Name</i>) Firs	t Name (Given N	ame)	Mi	ddle Initial	B . Date of	Rehire (if a	applicable) (mm/dd/yyyy):
C. If employee's previous grant of employment a presented that establishes current employment						for the doc	ument from I	List A or Lis	st C the employee
Document Title:		Docum	ent Num	iber:			E	xpiration D	ate (if any)(mm/dd/yyyy):
I attest, under penalty of perjury, that to t the employee presented document(s), the									
Signature of Employer or Authorized Represen	ntative:	Date (r	mm/dd/y	vyy):	Prin	t Name of I	Employer or	Authorize	d Representative:

Form I-9 03/08/13 N Page 8 of 9



			1101,1	0111.1								
NAME	Thoma	s Millen	Hire Da	ate 2/1/2	2014							
ADDRI	ESS 1022	2 Forest	Date of	Birth		=						
School 1	Rd		12/16/1	982								
CITY/S	TATE/Z	IP	Positio	n Prod	luction	=						
Woodst	ock/VT/()5001	Manage	er								
TELEP	HONE 80)2-478-				=						
5055			No. of	exempt	ions 4							
SOCIA	L SECUE	RITY				=						
NUMB	ER 031-1	1-3456	Pay Ra	te \$35,0	000/year							
D ' 1	тт		ОТ		G : 1		E 11	g, ,		TD 4 1	1	
Period	Hrs.		ОТ		Social		Fed Inc.			Total		
Ended	Worked	Reg Pay	Pay	Pay	Sec. Tax	Medicare	Tax	Inc. Tax	401(k)	Deduc	Net pay	YTD
				0						0	0	

EMPLOYEE INFORMATION FORM

EMPLC	YEE IN	FORMA'	TION F	ORM								
NAME	Avery	Towle	Hire D	ate 2/4/	2014							
ADDRI	ESS 401	1 Route				_						
100			Date of	f Birth 7	7/14/1991	_						
CITY/S	TATE/Z	IP	Positio	n Proc	luction							
Plymou	th/VT/05	102	Worke	r		_						
	HONE 80	02-967-										
5873			No. of	exempt	ions 1	_						
	L SECUI											
NUMB	ER 089-7	4-0974	Pay Ra	te \$12.0	00/hour	_						
Period	Hrs.		ОТ	Gross	Social		Fed Inc.	Stata		Total		
Ended		Reg Pay		Pay		Medicare		Inc. Tax	401(k)		Net pay	VTD
Lilucu	VVOIRCU	Reg I ay	ay	0	Scc. Tax	Wicuicaic	Ιαλ	IIIC. Tax	401(K)	O Deduc	0	1110
				U						U	U	

EMPLC	YEE IN	FORMA'	ΓΙΟΝ F	ORM								
NAME	Charli	e Long	Hire D	ate 2/7/2	2014							
ADDRE	ESS 242	Benedict				_						
Rd			Date of	Birth 3	3/16/1987	_						
	TATE/Z		Positio Worker		duction							
	HONE 80					_						
3846			No. of	exempt	ions 2							
SOCIAI	SECUE	RITY				=						
NUMBI	ER 056-2	23-4593	Pay Ra	te \$12.5	50/hour							
Period	Hrs.		OT	Gross	Social		Fed Inc.	State		Total		
Ended	Worked	Reg Pay	Pay	Pay	Sec. Tax	Medicare	Tax	Inc. Tax	401(k)	Deduc	Net pay	YTD
				0						0	0	

EMPLOYEE INFORMATION FORM

NAME Mary

Shangraw Hire Date 2/5/2014

ADDRESS 1901 Main

St #2 Date of Birth 8/20/1994

CITY/STATE/ZIP Position

Bridgewater/VT/05520 Administrative Assistant

TELEPHONE 802-575-

No. of exemptions 1

SOCIAL SECURITY

NUMBER 075-28-8945 Pay Rate \$10.50/hour

Period Ended	Reg Pay		Gross Pay	Social Sec. Tax	Fed Inc. Tax	State Inc. Tax	Total Deduc	Net pay	YTD
		-	0				0	0	

EMPLOYEE INFORMA	TION FORM								
NAME Kristen Lewis	Hire Date 2/2/	2014							
ADDRESS 840 Daily			-						
Hollow Rd	Date of Birth	4/6/1950	_						
CITY/STATE/ZIP	Position Off	ice							
Bridgewater/VT/05523	Manager		_						
TELEPHONE 802-390-									
5572	No. of exempt	ions 3	<u>-</u>						
SOCIAL SECURITY									
NUMBER 076-39-5673	Pay Rate \$32,0	000/year	_						
		1	1		1	ı	1		
Period Hrs.	OT Gross	Social		Fed Inc.	State		Total		
Ended Worked Reg Pay	Pay Pay	Sec. Tax	Medicare	Tax	Inc. Tax	401(k)	Deduc	Net pay	YTD
	0						0	0	

EWII LO	TEE INTORMA	TION FORWI
NAME	Joel Schwartz	Hire Date 2/1/2014
ADDRE	SS 55 Maple	
Farm Wa	ıy	Date of Birth 5/23/1985
CITY/S7	CATE/ZIP	
Woodsto	ck/VT/05534	Position Sales

TELEPHONE 802-463-

9985 No. of exemptions 2 SOCIAL SECURITY Pay Rate \$24,000/year +

NUMBER 021-34-9876 commission

EMPLOYEE INFORMATION FORM

Period Ended	Hrs. Worked	Reg Pay	Gross Pav	Social Sec. Tax	Fed Inc. Tax	State Inc. Tax		Total Deduc	Net pay	YTD
		<u> </u>	0				· · · · ·	0	0	

EMPLC	YEE IN	FORMA'	ΓΙΟΝ F	ORM								
NAME	Toni F	Prevosti	Hire D	ate 2/1/	2014	_						
ADDRE	ESS 1052	20 Cox										
Hill Rd			Date of	Birth 9	9/18/1967	_						
CITY/S	TATE/Z	IP	Positio	n								
Bridgev	ater/VT/	05521	Owner	/Preside	ent	_						
TELEPI	HONE 80	02-673-										
2636			No. of	exempt	ions 5	_						
	L SECUI											
NUMBI	ER 055-2	22-0443	Pay Ra	te \$45,0	000/year	_						
Period	Hrs.		ОТ	Gross	Social		Fed Inc.	State		Total		
Ended	Worked	Reg Pay	Pay	Pay	Sec. Tax	Medicare	Tax	Inc. Tax	401(k)	Deduc	Net pay	YTD
				0						0	0	

SM 2-35

EMPLC	YEE IN	FORMA'	TION F	ORM								
NAME	Stude	nt F										
Success			Hire Da	ate 2/10	0/2014							
ADDRE	ESS 164	4 Smittin				_						
Rd			Date of	Birth	1/1/1991							
CITY/S	TATE/Z	IP	Positio	n Acc	counting	_						
Woodst	ock/VT/0	05001	Clerk			_						
TELEPI	HONE (5	555)555-										
5555			No. of	exempt	ions 2	_						
	L SECUI											
NUMBI	ER 555-5	55-5555	Pay Ra	te \$34,0	000/year	_						
	<u> </u>	1	1		T	1	Γ	ı	1	ı	ı	Γ
Period	Hrs.				Social		Fed Inc.			Total		
Ended	Worked	Reg Pay	Pay	Pay	Sec. Tax	Medicare	Tax	Inc. Tax	401(k)	Deduc	Net pay	YTD
				-						-	_	

Copyright © 2015 McGraw-Hill Education. All rights reserved. No reproduction or distribution without the prior written consent of McGraw-Hill Education.