



# Participant Payroll Packet

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Last 4 SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Number Street Apt # City State ZIP

Residence Address \_\_\_\_\_  
Number Street Apt # City State ZIP

E-mail Address \_\_\_\_\_

Host Agency Name \_\_\_\_\_

Host Agency Supervisor \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Emergency Contact Relationship \_\_\_\_\_

I have highspeed internet that I could connect an internet capable device.  Yes  No

I have a computer, tablet or other device capable of connecting to high speed internet.  Yes  No

I am working with another agency to help me get a job.

- None
- Vocational Rehabilitation
- Veterans Administration
- Job and Family Services
- WorkOne
- Other \_\_\_\_\_

Assistance with the following items will help me find or maintain employment. (check all that apply)

- Finding stable Housing
- Obtaining adequate/affordable/nutritious food
- Expungement of Record
- Establishing reliable/affordable transportation
- Working through personal matters such as depression, loss, or other concerns
- Finding or affording Dependent Care
- Learning how employment will affect my benefits
- Finding affordable health care/vision/dental
- Obtaining appropriate work/interview clothing
- Other \_\_\_\_\_
- None of the above

**I acknowledge that any personal identifying information collected will be used solely for grant purposes for the Senior Community Service Employment Program and I release the use of this information for such purposes. I am aware of my responsibility to seek unsubsidized employment while enrolled in SCSEP**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_



# DIRECT DEPOSIT

Vantage Aging offers direct deposit to all employees.

In the majority of financial institutions, direct deposit allows access to funds by 8:00 a.m. of the pay date.

**Enrolling in direct deposit is easy! Just follow the instructions below:**

- Complete the authorization agreement below;
- If using a checking account, attach a void check. If using a savings account or loadable card, submit a form from the financial institution verifying routing number and account number. "Checking" or "Savings" account **must** be designated;
- Indicate whether you would like your total check or a partial amount of your check deposited;
- In order to have part of your check deposited at one financial institution and the balance at another institution two authorization agreements must be completed;
- Please return **the completed form and backup documentation** by mail to: Vantage Aging, Payroll Coordinator, 388 S. Main St., Ste. 325, Akron, Ohio 44311 **OR** by fax to: 1-330-535-2253 **OR** by email to payroll@vantageaging.org

**After requesting direct deposit, you will be notified of the pay date your direct deposit will begin.**

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY NAME: VANTAGE AGING

COMPANY ID NUMBER: 51-0148544

I hereby authorize VANTAGE AGING, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my \_\_\_\_\_ Checking or \_\_\_\_\_ Savings account (**select one**) indicated below and the Financial Institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same such account.

Financial Institution (Depository) Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total Check: \_\_\_\_\_ Partial Check Amount: \$ \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Names(s) on Account: \_\_\_\_\_

(Please Print)

Social Security #(s): Last 4 digits only \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SIGNED: \_\_\_\_\_

# 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.

<b>Step 1:</b> <b>Enter Personal Information</b>	<b>(a)</b> First name and middle initial	Last name	<b>(b)</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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	<b>(c)</b> <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

**(a)** Reserved for future use.

**(b)** Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

**(c)** If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**TIP:** If you have self-employment income, see page 2.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	<b>(b) Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ <b>Employee's signature</b> (This form is not valid unless you sign it.)	_____ <b>Date</b>	

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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**Form WH-4**  
State Form 48845  
(R8 / 9-22)

**State of Indiana**

**Employee's Withholding Exemption and County Status Certificate**

This form is for the employer's records. Do not send this form to the Department of Revenue.

The completed form should be returned to your employer.

Full Name \_\_\_\_\_ Social Security Number or ITIN \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Indiana County of Residence as of January 1: \_\_\_\_\_ (See instructions)

Indiana County of Principal Employment as of January 1: \_\_\_\_\_ (See instructions)

**How to Claim Your Withholding Exemptions**

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1" \_\_\_\_\_

**Nonresident aliens** must skip lines 2 through 7. See instructions

2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" \_\_\_\_\_

3. You are allowed one (1) exemption for each dependent. Enter number claimed \_\_\_\_\_

4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or

(b) if you and/or your spouse are legally blind.

Check box(es) for additional exemptions: You are 65 or older  or blind  Spouse is 65 or older  or blind

Enter the total number of boxes checked \_\_\_\_\_

5. Add lines 1, 2, 3, and 4. Enter the total here \_\_\_\_\_ ▶

6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions)..... ▶

7. You are entitled to claim an additional exemption for each adopted qualifying dependent (see instructions)..... ▶

8. Enter the amount of additional state withholding (if any) you want withheld each pay period ..... \$ \_\_\_\_\_

9. Enter the amount of additional county withholding (if any) you want withheld each pay period..... \$ \_\_\_\_\_

I hereby declare that to the best of my knowledge the above statements are true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Home Wellness Solutions  
Workforce Solutions  
Meals on Wheels  
RSVP

## Text Message Opt-In & Consent Form

Vantage Workforce Solutions is now offering the option for you to receive text messages from our organization. These text messages may include but are not limited to: informing you of events in your area such as job fairs, job search tips, agency updates, and meeting reminders.

You can opt-out any time by responding "STOP" to the number 474747.

Vantage will not cover the cost your telephone company may charge you to receive text messages. Standard text messaging rates may apply. You will receive approximately 1 message per week. These messages may from time to time contain links to blog posts or articles and any data costs incurred are the responsibility of the participant.

It is important to inform us if your cell phone number changes.

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By including my cell phone number below and my signature, I agree to get text messages from Vantage Aging.

First and Last Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

County: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_