

COUNTY OF FAIRFAX

CHILD SUPPORT DISCLOSURE FORM

Employee Name _____

Street Address _____

City _____ State _____ Zip Code _____

EIN (if known) _____

**VIRGINIA LAW REQUIRES INDIVIDUALS TO DISCLOSE INFORMATION ABOUT
SUPPORT OBLIGATIONS WHEN THEY ARE HIRED FOR EMPLOYMENT.**

VA CODE §60.2-114.1 (1993)

Please answer the following as required by law:

Do you owe child support that your employer is
required to withhold from your income?

YES

NO

If you answered "yes," you must attach a copy of each order to this form.

I declare the above is correct. I hereby authorize my employer to verify this information with the public agency responsible for child support enforcement. I understand that failure to disclose any child support orders to my employer is grounds for termination of employment from the County of Fairfax.

Employee Signature

Date



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

Dear Employees:

DIRECT DEPOSIT

As an employee of Fairfax County Government, your biweekly net pay will be deposited directly to your depository bank, credit union, or savings & loan account. It's easy, simple and convenient. Just follow the steps outlined below:

Step 1: Obtain the Fairfax County "Direct Deposit Authorization Agreement" application form from your department payroll contact.

*Step 2: **CONTACT A REPRESENTATIVE OF YOUR FINANCIAL INSTITUTION TO VERIFY YOUR ACCOUNT NUMBER AND THE ROUTING/TRANSIT NUMBER.** Be sure to tell the representative that you are verifying the information to enroll in direct deposit with your employer.*

Step 3: Hand carry, fax or mail the completed application to:

*Department of Human Resources
Attn: Payroll Division
12000 Government Center Parkway
Suite #270
Fairfax, Virginia 22035
Fax: (703) 324-3444*

It usually takes two pay periods from the time your application is received in the Payroll Division until your first direct deposit. During this time, you will receive a paper check which will be mailed directly to your home address as it appears in the payroll system. The County uses this time to process a test transaction with your financial institution prior to transmitting funds from the County to your account.

When your first direct deposit takes place, and each pay period thereafter, you will receive a "payroll advice" containing pay and leave information. This document can be viewed online through the Online Time system (Employee Time Menu) on the Tuesday before payday, or you may also elect to have your pay advices automatically sent to your County e-mail account each pay period. If you do not have access to a computer at your workplace, your department may request that your pay advices be mailed directly to your home address as it appears in the payroll system. You should receive your "payroll advice" by payday. In the rare case that you have not received it by the Tuesday after payday, call 324-3259 to request a duplicate.

If you have any questions or desire additional information, contact the Payroll Division at (703) 324-3412.

**Department of Human Resources
Payroll Division**

12000 Government Center Parkway, Suite 270
Fairfax, VA 22035-0036

Phone: (703) 324-3412 TTY: (703) 222-7314 Fax (703) 324-3444
E-mail: HRCentral@fairfaxcounty.gov



TO BE COMPLETED BY EMPLOYEE – PLEASE TYPE OR PRINT IN INK

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Use for NEW ENROLLMENT AND CHANGES

ENROLL me in Direct Deposit

CHANGE my Direct Deposit

1

Name (Last)	(First)	(M)	EIN	plus	Last Four Digits of SSN
Department		Work Phone #	Home Phone #	Cell Phone #	

PAYEE CERTIFICATION

I authorize the County of Fairfax, Virginia and the Depository listed below to deposit my net pay automatically into my account each payday. If County of Fairfax funds to which I am not entitled are deposited in my account, I authorize the County to direct the bank to return those funds.

IMPORTANT

- It may take up to 2 pay periods from the time your authorization is received by the Payroll Division until your first direct deposit (form may be faxed to 703-324-3444). Please do not close your account without notifying your payroll office first.
- The County will verify your account information with your financial institution through a test transaction prior to transmitting funds to your account. During this time, you will receive a paper check mailed to your home address as it appears in the payroll system.
- If you currently receive payments for non-payroll related expenses via direct deposit, you must also notify the Department of Finance to change your account information.
- NO ATTACHMENTS – ONLY THIS FORM WILL BE ACCEPTED

VERIFY THE INFORMATION YOU PROVIDE BELOW WITH YOUR FINANCIAL INSTITUTION

INCORRECT OR INCOMPLETE INFORMATION MAY PREVENT THE DIRECT DEPOSIT OF YOUR PAY INTO YOUR CHECKING OR SAVINGS ACCOUNT AND MAY DELAY THE RECEIPT OF YOUR PAY. IF YOUR PAYROLL TRANSMISSION FAILS, THE COUNTY CANNOT ISSUE YOUR PAY UNTIL THE FUNDS ARE RETURNED BY YOUR FINANCIAL INSTITUTION.

2

In order to comply with electronic payment provisions of U.S. law and the Office of Foreign Assets Control (OFAC), please declare if the entire amount of your direct deposit payments will ultimately be routed to a foreign bank account. A dishonest or misleading response to this notification may be considered falsification of records under Standards of Conduct.

My U.S. financial institution transfers all of my payroll direct deposit funds to a financial institution outside the U.S.

No

Yes

3

Name of Financial Institution

4

ABA Routing Number (NOTE: ABA numbers are always 9 digits and numbers beginning with a "5" are invalid)

--	--	--	--	--	--	--	--	--

5

Account Number (check with depository for all preceding and trailing digits and other punctuation)

6

Account Type: Checking

Savings

7

Employee Signature

Date

**Form I-9, Employment
Eligibility Verification**Department of Homeland Security
U.S. Citizenship and Immigration Services**Instructions****Read all instructions carefully before completing this form.**

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9**Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document OR a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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	
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 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record	1. 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. 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. 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. 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. Native American tribal document
		6. U.S. Citizen ID Card (Form I-197)
		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Employment authorization document issued by the Department of Homeland Security
		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

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

Form W-4 (2012)

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 2012 expires February 18, 2013. 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 can 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. 505 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. 505 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. 505 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

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, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, 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 to seven eligible children or less "2" if you have eight 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 	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.) ▶	H	_____
	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 are single and 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. 		

Separate 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>Employee's Withholding Allowance Certificate</h2> <p>▶ 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="font-size: 2em;">2012</h1>
1 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. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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 2012, 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 (This form is not valid unless you sign it.) ▶ _____		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) _____

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION

PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

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

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

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

Your Social Security Number	Name		
Street Address			
City	State	Zip Code	

COMPLETE THE APPLICABLE LINES BELOW

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

Signature _____

Date _____

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037.

Notice of Privacy

Fairfax County is committed to protecting the privacy of its employees. The County does not sell employee information to anyone. Employee records maintained by the County are protected as provided by the federal and state law. The County will collect, maintain, use, and disseminate only that personal information permitted or required by law to be so collected, maintained, used, or disseminated, or necessary to accomplish a proper business need.

Personal information, such as employees' names and Social Security numbers (SSN), shall be collected by the County under the authority of 26 U.S.C. § 6011, and 26 C.F.R. § 31.6011(b)-2(b) and (iii). This information will be used to:

1. comply with federal, state, and local reporting requirements;
2. administer the County's benefits programs;
3. establish and maintain the employee records necessary to accomplish agency business.

You must provide your SSN so the County can fulfill its obligations under the Internal Revenue Code. 26 USC §§ 3402 (G)(2)(A) and 6109. Failure to provide the number may result in a civil penalty being imposed by federal authorities. 26 USC § 6723. Your SSN will be disclosed in the Form W-2 (Wage and Tax Statement) provided to you by the County, 26 USC § 6051; 26 CFR § 31.6051-1(a)(1)(i)(b); Va. Code § 58.1-478; 23 Va. Administrative Code § 10-140-190, in a new hire report filed by the County with the Virginia New Hire Reporting Center, 42 USC § 653a; Va. Code § 63.2-1946, to the Social Security Administration via the Social Security Number Verification Service for the purpose of verifying information in the County's database against Social Security records to ensure correct information for the completion of Form W-2, 42 USC § 405(c)(2); Information and Instructions to Verify Social Security Numbers Online, <http://www.ssa.gov/employer/ssnv.htm>, and in quarterly payroll and tax reports filed by the County with the Virginia Employment Commission, Va. Code § 60.2-101; 16 Va. Administrative Code § 5-32-20; VEC FC-20, 21.

Your SSN will be used as a personal identifier in the County's Personnel Resources Information System (PRISM) and contained in personnel records maintained by the Department of Human Resources, along with other personal information to include gender, birth date, mailing address, telephone number, emergency contact information, and your employment record. Va. Code § 2.2-3801(2).

Upon request and proper identification, you have the right to access your own personal information in County records as provided in Va. Code §§ 2.2-3705.1(1) and 2.2-3705.5(1). The Department of Human Resources shall make your personnel records available to you during normal business hours, in accordance with the procedures set forth in Va. Code § 2.2-3704 for responding to requests under the Virginia Freedom of Information Act, or within a time period as may be mutually agreed upon.

Personnel records maintained by the Department of Human Resources may be disclosed or reproduced for audit, legal, and investigative purposes to law enforcement and national security agencies, the Fairfax County Office of Internal Audit, contracted external audit companies, the Fairfax County Office of Human Rights and Equity Programs, the Fairfax County Office of the County Attorney, and the court system. Proper identification and justification is required. Your personnel record may also be disclosed for administrative purposes to authorized staff from your department to include your department head, supervisor, and department HR/payroll contact. The contents of your personnel records may only be disclosed to third parties as provided in the federal and state law or with signed written permission from you authorizing the Department of Human Resources to release the needed information.