

## EMPLOYEE INFORMATION

**This form is to be completed and submitted to APD with each newly hired employee's completed IRS Form W-4 and DHS Form I-9.**

Employer (Participant)'s Name:	
Participant's CDC+ ID Number:	Date:

**Employee Information** (name must be written as it appears on SS card or other legal document):

Last Name:		First Name:	
Phone: (        )			
Address:			
City:	State:	Zip:	SSN:
Email Address:			DOB:

**WHO CAN WE CONTACT IF YOUR MAIL IS RETURNED?**

Last Name:		First Name:	
Phone: (        )		Relationship:	

The following information determines whether the employee is exempt from employment taxes.

**NOTE:** This does mean federal income tax; IRS Form W-4 determines payment of federal income tax.

**Employee's relationship to the employer (participant) is as follows. This Employee is (check one):**

	The participant's parent or step-parent.
	The participant's child or step-child, <u>and</u> the employee is under age 21.
	The participant's spouse.
	Under age 18 and still in high school (and is NOT the participant's child or step-child).
	None of the above.

**Provide the following information, which is required for program reporting (check one).**

<b>Employee's Relationship to CDC+ Participant:</b> <input type="checkbox"/> None <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild (above includes step-relationships)
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**To determine if the employee can claim LIVE-IN status, respond to the following statement:**

Employee's legal residence is the same as the participant's residence.	Yes _____	No _____
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*I certify that the above information is true and correct.*

Participant/Representative Signature: \_\_\_\_\_

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