

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: Patty Participant		
Participant's CDC+ ID Number: 1234567	Date: 09/1/2009	

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

Last Name: Employee	First Name: Elizabeth		
Phone: (850) 567-1234			
Address: 100 East Main Street			
City: Any City	State: FL	Zip: 22222	SSN: 123-45-6789
Email Address: elizaemp@aof.com			DOB: 6/30/1980

WHO CAN WE CONTACT IF YOUR MAIL IS RETURNED?

Last Name: Mymother	First Name: Mary		
Phone: (850) 567-7896		Relationship: Mother	

The following information must be completed in order to determine whether or not the employee is exempt from paying certain taxes (FICA) and whether or not the employer is exempt from paying certain taxes (FICA and FUTA on behalf of the employee).

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 (anyone other than participant's child or step-child).
X	The <u>participant's</u> <input checked="" type="checkbox"/> brother/sister <input type="checkbox"/> grandparent <input type="checkbox"/> grandchild <input type="checkbox"/> child age 21 or over (including step relations).
	None of the above.

Check Yes or No in response to the following statement:

Employee's residence is the same as the participant's residence.	Yes _____	No X
--	-----------	-------------

I certify that the above information is true and correct.

Employee Signature: _____ **Elizabeth Employee**

Participant/Representative Signature: _____ **Patty Participant**