

ARIS Solutions



Financial & Payroll Services for the Nonprofit Sector

ARIS SOLUTIONS

PO BOX 4409

W.R.JCT., VT 05001

Phone 866.970.3301

Fax 802.295.9812

veteranpayroll@arissolutions.org

Enrollment Forms for:

Vermont VDC Program Employees

ALL FORMS MUST BE SIGNED/DATED AND RETURNED TO ARIS SOLUTIONS

- Employee Confirmation of Receipt
- HIPAA Employee Confidentiality Privacy Information Agreement
- Employee Hiring Notice
- Relationship Disclosure Form
- Authorization to Perform Background Check(s)
 - o Department of Motor Vehicles
 - o Adult & Child Abuse Registry
 - o VT Criminal Records
- Form I-9 Employment Eligibility Verification
- Federal Tax Withholding (Form W-4)
- State Tax Withholding- Vermont (Form W-4 VT)
- Direct Deposit Authorization

If you have questions please contact *the Veterans Department at 866.970.3301*

Return Packet to:

**ARIS SOLUTIONS- VETERAN DEPT.
PO BOX4409
72 SOUTH MAIN STREET, WRJ, VT 05001
Phone: 866.970.3301 (toll free)
Fax: 802.295.9812
Email: veteranpayroll@arissolutions.org**



New Employee Information

Welcome to Veteran Directed Home and Community Based Services!

A participant and/or employer has selected you as a potential employee. As an employee you will provide home and community based personal care services to the participant and/or employer. The participant and/or employer will direct the work you do, including hiring, firing, scheduling, training, supervising and managing your employment.

ARIS Solutions (ARIS), will serve as the FMS Provider on behalf of the participant and/or employer.

Overview of Veteran Directed Home and Community Based Services

In this employment model, participants and/or employers select, hire, train, schedule, supervise and manage their own employees. The participant may elect to have a representative as their employer, this is a trusted friend or family member, who will help them manage their services. The employee is always an employee of either the participant or his/her representative employer.

ARIS is contracted to help with the administrative employer responsibilities.

ARIS Solutions(ARIS), is the FMS Provider.

ARIS assists the participant/employer by:

- Assisting with initial employer/employee paperwork
- Performing background checks on potential employees
- Receiving timesheets from the employer
- Paying only those hours that are authorized in the participant's budget
- Paying employees, including withholding taxes and processing any other deductions
- Issuing Forms W-2 at year-end

Getting Started

Before you can serve as an employee, you must be approved to provide services. To be approved, you must do the following:

- Correctly complete and return ALL of new employee application forms. See the Checklist on page one.
- Pass a criminal background check
- Be authorized to work in the United States
- Be issued a start date from ARIS, or the participant and/or employer.

You are an employee when ALL paperwork has been processed and a you have been notified of a **start date**

Contact Information

You can remove this page from the packet and post it somewhere prominent so you always have the information you need to contact the resources you need.

ARIS Solutions-Veteran Program staff is available for support Monday through Friday from 8:00 am to 4:00pm (EST) and can be reached at **866.970.3301** (toll free) or Website www.arissolutions.org.

ARIS Solutions is not open on state or federal holidays.

Veteran Program Team

Topic	Resource	Contact Info
Veteran Program Director	Theresa Danforth	theresad@arissolutions.org
Veteran Program Specialist *Employer questions/concerns	Emilie Donka	emilied@arissolutions.org
Veteran Program Payroll Specialist (s)	Megan Whiton Janet Allen Nina Newcity	meganw@arissolutions.org janeta@arissolutions.org ninan@arissolutions.org



ARIS Solutions

Financial & Payroll Services for the Nonprofit Sector



ARIS Solutions

PROGRAM INTEGRITY and FRAUD PREVENTION

Maintaining and improving program integrity is one of the most important aspects of the Veteran Directed Program. Program integrity including fraud prevention is critical to sustaining this program model. Participants, authorized representatives, and providers are vital to preventing fraud and maintaining program integrity.

Fraud and abuse with funds from the Veteran's Administration can cost billions of dollars each year, diverting funds that could otherwise be used for additional services or to assist more people that need care. As a participant, authorized representative, care provider or recipient of funds, you must comply with all State and Federal laws and prevent misuse or fraud of any funds within this programs. Honesty and integrity are expected of all who participate in the Veteran Directed Program. (Please refer to the New "Employer/Participant" Handbook for more detail on fraud within the Veteran Directed Program)

Definition

Fraud is to intentionally misrepresent, cheat or deceive in order to benefit or gain something of value. Medicaid fraud is knowingly falsifying or misrepresenting the truth to obtain unauthorized benefits. Abuse includes any practice inconsistent with acceptable practices that will unnecessarily increase costs.

Examples of Fraud and Abuse Include

- Submitting timesheets for services not actually provided
- Approving/authorizing hours that employees didn't actually work
- Recording more time or stating different times than you actually work
- Changing hours on a timesheet after it has been approved
- Not providing the services the participant needs
- Falsifying a worker's compensation claim
- Falsifying or misrepresentation on applications or documentation
- Billing for services while in the hospital or other care facility
- Submitting twice for the same service
- Requiring an employee to "share" their paycheck with the employer

Results

Fraud is a felony conviction that can lead to substantial penalties, including imprisonment up to then years, or a fine of up to \$1,000 or an amount equal to twice the amount of assistance or benefits wrongfully obtained, or both. If convicted of fraud you may be excluded for a minimum of five year from any employment with a program or facility that receives Medicaid funding.

REPORTING

If you suspect or know of fraud or abuse occurring, it is your duty and responsibility to report this immediately to the Association of Area Agency and the Veteran's Administration. Or call ARIS Solutions at 802.280.1911 and the proper people will be contacted.

ARIS Solutions



PROGRAM BACKGROUND CHECK EXCLUSIONS

Funds administered by the Veteran Directed Care Program may not be used to employ, place or contract with a person who has:

- *A substantiated record of abuse, neglect, or exploitation of a child or a vulnerable adult;*
- *Been excluded from participation in Medicaid or Medicare services programs, or facilities by the Federal Department of Health and Human Services' Office of the Inspector General; and/or,*
- *A criminal conviction for an offense involving bodily injury, abuse of a vulnerable person, a felony drug offense, or a property/money crime involving violation of a position of trust, including, but not limited to:*
 - *Aggravated assault*
 - *Aggravated stalking*
 - *Aggravated sexual assault*
 - *Assault and robbery*
 - *Manslaughter*
 - *Assault upon law enforcement*
 - *Cruelty to children*
 - *Arson*
 - *Extortion*
 - *Abuse, neglect, or exploitation of a vulnerable adult or child*
 - *Cruelty to animals*
 - *Hate motivated crime*
 - *Kidnapping*
 - *Lewd and lascivious conduct*
 - *Simple assault*
 - *Sexual assault*
 - *Murder*
 - *Domestic assault*
 - *Stalking*
 - *Embezzlement*
 - *Recklessly endangering another person while driving*



ARIS

Solutions

Employee Confirmation of Receipt

I, _____, have read the "Program Integrity and Fraud Prevention" and "Background check exclusions" documents provided by ARIS Solutions.

I understand and accept my role as an employee in the Veteran Directed Program employment model.

I understand I am responsible for completing required employment paperwork, passing a background check, and submitting my timesheets to my employer, as well as, maintaining program integrity by preventing and reporting fraud.

I understand and acknowledge that as a FMS Provider, ARIS Solutions, **is not** my employer.

Signed,

Signature

Date

HIPAA EMPLOYEE CONFIDENTIALITY PRIVACY INFORMATION AND AGREEMENT

SUMMARY OF HIPAA PRIVACY RULES FOR EMPLOYEES

The Department of Health and Human Services has adopted privacy regulations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). These "Privacy Rules" require most doctors, hospitals and health insurers ("Covered Entities") to develop procedures to limit the use and disclosure of patients' protected health information ("PHI") as well as notify patients of their rights with respect to such information.

In order to comply with the Privacy Rules, each Covered Entity must develop and implement its own privacy policy and procedures for the protection of PHI by April 14, 2003. However, in many ways, these policies will simply reflect the "best practices" for patient privacy and confidentiality with which all health care workers should already be familiar.

Privacy of Patient Information

Although temporary personnel are likely to encounter some variations among privacy policies at different Covered Entities, all the policies should permit them (with a few exceptions) to:

- Disclose PHI to the patient himself (or to a child's parent or guardian).
- PHI may also be disclosed to a person involved in the patient's care, such as an elderly patient's adult child or friend who is acting as interpreter, as long as the patient doesn't object.
- There are few exceptions, such as psychotherapy notes in some states.
- Disclose PHI in accordance with a written patient authorization.
- Use or disclose PHI for purposes of treatment, payment or health care operations.
- **Treatment purposes: There are no restrictions on disclosures of PHI for purposes of treating a patient.** Medical staff may freely discuss a patient's treatment among themselves.
- **Other Purposes:** However, disclosures of PHI for purposes of obtaining payment or for administering health care operations should be limited to the "minimum necessary" to accomplish the purpose. For example, although a hospital's billing office may inform a collection agency that "Patient X owes \$Y to Doctor Z", it may not disclose the nature of treatment Patient X received.
- Disclose "general directory information" about the patient.
 - A hospital may provide general information about a patient's status (excluding specific medical information) to telephone callers.
- Disclose PHI as required by law, or regarding potential victims of abuse, neglect or domestic violence, or to avoid a serious threat to health or safety.
 - For example, a hospital may respond to a police inquiry by disclosing that is treated a patient for a gunshot wound, and a doctor or nurse may report an abused child to the proper authorities.

If you are asked to make any disclosures which violate these guidelines, or which do not seem to you like professional "best practices", you should contact ARIS Solutions/VDHCBS Program.

(However, you should be aware that reasonably unavoidable disclosures which are "incidental" to permitted uses of PHI do not violate the Privacy Rules. For example, a hospital does not violate the Privacy Rules if a visitor improperly removes a covered or inward-facing patient chart from its holder and reads it, and a pharmacist may discreetly discuss a prescription with a customer at the pharmacy counter, even though other customers might overhear).

Assigned Employee Confidentiality and Privacy Agreement

Date: _____

As a condition of my assignment by **ARIS Solutions/ VDC Program** with any **Veteran/Client**, I hereby acknowledge and agree as follows:

I will not use, disclose, or in any way reveal or disseminate to unauthorized parties any information I gain through contact with materials or documents that are made available through my assignment with the **Veteran/Client** or that I learn about during such assignment.

I will not disclose or in any way reveal or disseminate any information pertaining to the **Veteran/Client** or its operating methods and procedures that comes to my attention as a result of this assignment.

Under no circumstances shall I remove copies or documents from the premises of the **Veteran/Client**.

I have read the attached "Summary of HIPAA Privacy Rules" and understand it. During my assignment with AN EMPLOYER, I will abide by the principles described in this attached summary as well as any privacy policy provided to me by the **Veteran/Client**. In particular, I will not use, disclose or in any way reveal or disseminate any protected health information that I learn in connection with any assignment, except in accordance with such principles and privacy policy.

I understand that I shall be responsible for any direct or consequential damages resulting from any violation of this Agreement. This obligation of this Agreement shall remain in effect even after my employment by the **Veteran/Client** has ended.

Assigned Employee

Witness

Printed Name

Printed Name

Signature & Date:

Signature & Date:

[Signature box for Assigned Employee]

[Signature box for Witness]

X

X



ARIS Solutions



ARIS Solutions

Employee Hiring Notice

Employee Information

Legal Name _____

First Middle Last Maiden/other

Address _____

Street Apt City State ZIP

Phone Number (____) _____ Alt. Number (____) _____

Employee Social Security Number _____

Email Address _____

Employee Rate of Pay _____

I, _____(employee), confirm that I am 18 years of age or older, and that I am not the legal guardian of the individual I am providing supports for.

Employer Name: _____ **Participant Name:** _____

Employer phone (____) _____ Email _____

Employer Address _____

Employee Signature _____ **Date** _____

Employer Signature _____ **Date** _____

*****PLEASE NOTIFY ARIS SOLUTIONS IN WRITING IMMEDIATELY IF AN EMPLOYEE HAS A CHANGE IN ADDRESS OR A NAME CHANGE. NAME CHANGES MUST BE ACCOMPANIED BY A COPY OF A SOCIAL SECURITY CARD, DRIVERS LICENSE, MARRIAGE OR DIVORCE CERTIFICATIONS OR COURT DOCUMENTS DOCUMENTING THE NEW NAME.*****



Relationship Disclosure Form

Employee Name

Employer Name

Are you related to the employer?

_____ **Yes** _____ **No** (if no- you can skip to sign and date)

If yes how are you related to the employer? **Please check only one-** for example if the employer is your grandmother, you are the grandchild)... check grandchild

- | | |
|-------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandchild (Date of Birth): |
| <input type="checkbox"/> Child (Date of Birth): | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Domestic Partner | <input type="checkbox"/> Other: |

Exempt- Due to your relationship with the employer and current legislation, you are exempt from payroll taxes for Social Security and Medicare (FICA), and Unemployment insurance (FUTA and SUTA) which means you are not earning Social Security work credits and you will not receive unemployment benefits if your employment is terminated. (for more info please see IRS Publication 15- Family Employees at www.irs.gov)

SUTA exempt- Due to your relationship with the employer and current legislation, you are exempt from unemployment insurance payroll taxes (SUTA). If your employment is terminated, you will not receive unemployment benefits.

The following relationships are exempt from: ***Social Security, Medicare, and FUTA.***

SPOUSE, PARENT, CHILD under 21

The following relationship is exempt from: ***FUTA***

GRANDCHILD under 21

The following relationships are exempt from: ***SUTA***

SPOUSE, PARENT, CHILD (under 18)

Note: *It is the employee's responsibility to notify ARIS Solutions if this relationship or living arrangement should change.*

I acknowledge and understand the tax implications of my relationship with my employer.

Signature of Employee

Date



ARIS Solutions

Employee Authorization to Perform Background Check(s)

I, _____, have reviewed the list of excluded convictions, substantiations, and findings. I understand that ARIS Solutions will conduct background checks for me on behalf of my employer. I further understand that should any excluding conviction, substantiation or finding be identified as a result of these background checks that ARIS Solutions will be unable to process any payment for me.

I authorize ARIS Solutions to perform the following background check(s) on behalf of my potential or current Employer.

- Vermont DMV Record Request
- Vermont Agency of Human Services Adult & Child Abuse Registry Check
- Vermont Criminal Records

Signed,

Signature of Employee

Date

Name of Employer:

Name of Participant:



Vermont DMV Record Request

DEPARTMENT OF MOTOR VEHICLES
 Agency of Transportation
 dmv.vermont.gov

120 State Street
 Montpelier, Vermont 05603-0001
 802.828.2000

Requests for Vermont Department of Motor Vehicles records must be submitted on this form. This form may be photocopied for your convenience. The form must be completed in ink. Please print all information, except signatures, which must be written.

*** ALL APPLICABLE SECTIONS OF THIS FORM (FRONT AND BACK) MUST BE COMPLETED TO OBTAIN THE REQUESTED INFORMATION. ***

Signature Required on Back of Form	
Requester Name:	DBA/Company:
Mailing Address:	Street/Box Number:
	City, State, Zip:
Mail to (If different than above address):	
Telephone Number:	
<input type="checkbox"/> Listings of 1 through 4 current or expired registrations – \$6.00 <input type="checkbox"/> Certified copy of suspension notice – \$6.00	
<input type="checkbox"/> Listing of 1 through 4 current or expired operator's license – \$6.00 <input type="checkbox"/> Certified copy of reinstatement notice – \$6.00	
<input type="checkbox"/> Certified copy of current or original registration application – \$6.00 <input type="checkbox"/> Certified copy of title – \$6.00	
<input type="checkbox"/> Certified copy of expired operator's license application – \$6.00 <input type="checkbox"/> Certified copy of vehicle title search, title info, lien info. – \$20.00	
<input type="checkbox"/> Certified copy individual accident report – \$10.00 <input type="checkbox"/> Certified copy of vessel, snowmobile or ATV title search – \$13.00	
<input type="checkbox"/> Certified copy police accident report – \$15.00 <input checked="" type="checkbox"/> Certified copy of 3 year operating record (Vermont only) – \$13.00	
<input type="checkbox"/> Insurance information of accident – \$6.00 <input type="checkbox"/> Certified copy of complete operating record (Vermont only) – \$16.00	
<input type="checkbox"/> Statistics and research – \$35.00 per hour <input type="checkbox"/> Certified copy of proof of mailing – \$6.00	
<input type="checkbox"/> Periodic inspection sticker record – \$6.00 <input type="checkbox"/> Certified copy of mail receipt – \$6.00	
<input type="checkbox"/> Lists of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers and distributors (including gallons sold or delivered) – \$6.00 per page	
<input type="checkbox"/> Other – Write explanation on reverse side of this form. All other items of information requested will be furnished at a minimum charge of \$6.00.	

• **DO NOT MAIL CASH!** • **Make check or money order payable (in U.S. funds only) to: VT DEPARTMENT OF MOTOR VEHICLES.**

FOR DEPARTMENT USE ONLY

Audit Line: →

I am requesting information concerning:

VIN Number	Vehicle Make	Vehicle Year	VT License Plate #	Expiration Date
Name		VT Driver License Number		Date of Birth
Street/Box Number		Social Security Number		
City		State	Zip Code	
Date(s) you want covered, if applicable (does not apply to driving records)				
Month	Day	Year	Through	Month

AUTHORIZATION OF RELEASE OF INFORMATION

▼ I hereby, with my signature, authorize (print name of person or business you are authorizing):

- To perform a one-time search of the VT Department of Motor Vehicles files (pertaining to me) and any resulting reports.
- To perform a one-time authorization to transact business (pertaining to me) with the VT Department of Motor Vehicles.

▼ Signature of individual authorizing release:

▼ Date authorization given:

Information requested (be specific, if necessary use separate sheet of paper):

The information requested may be disclosed if its use is authorized under the Driver Privacy Protection Act. The information being requested is:

↓ You <u>must</u> initial inside the appropriate box(es)/category(ies) below:	
1.	For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person acting on behalf of a government agency in carrying out its functions. Appropriate documents identifying requester are required* .
2.	For use in connection with matters of motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
3.	For use in the formal course of business by a legitimate business or its agents, employees, or contractors: a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and b. If the information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual. Appropriate documents identifying requester are required* .
4.	For use in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of any court. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
5.	For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
6.	For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating, or underwriting. Appropriate documents identifying requester are required* .
7.	For use in providing notice to the owner or lien-holder of a towed or impounded vehicle.
8.	For use by any licensed private investigative agency or licensed security service for any purpose permitted under this section. Appropriate documents identifying requester are required* .
9.	For use by an employer, of its agent or insurer, to obtain or verify information relating to a holder of a commercial driver's license which is required under the Commercial Motor Vehicle Safety Act of 1996 [Title XII of Public Law 99-570].
10.	For use in connection with the operation of private toll transportation facilities.
11.	For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
12.	Unrestricted or specified use with written consent of the person who is the subject of the information. ("Release portion" on other side of this form must be completed in full.)

In requesting and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 USC §2723). This is signed and the request made subject to the penalties of 18 USC §2723 and 23 VSA §202.

Signature of Requester: _____	Date: _____
Driver License/Corporate Number of Requester: _____	

Upon receipt of this request by the Vermont Department of Motor Vehicles, it will be reviewed by the appropriate department personnel to determine whether this request conforms to (DPPA) protocol and requirements. Failure to meet these qualifications will result in a denial of your request.

* Appropriate documents identifying requester are **required**. You must include copies of your identification and documents verifying you are authorized to obtain this information. Failure to meet these qualifications will result in a denial of your request. If you are unsure what documents are required, call 802.828.2000

FOR DEPARTMENT USE ONLY – DO NOT WRITE ANYTHING BEYOND THIS POINT

This request is hereby denied as the record(s) is/are exempt from inspection and copying for the following reason:

- They are records which, by law, are designated confidential or by a similar term.
- They are records which, by law, may only be disclosed to specifically designated persons.

You have the right to appeal this denial to the Commissioner of Motor Vehicles (appeal must be in writing).

Vermont Department of Motor Vehicles: _____

Vermont Agency of Human Services

Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306

Child Protection Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

CONSENT FOR RELEASE OF INFORMATION

PLEASE PRINT OR TYPE. THIS FORM WILL BE RETURNED IF ALTERED OR STAPLED.

If requesting information from both registries, please fill out one form and submit copies to each division

- I hereby request the Commissioner of the Department of Disabilities, Aging and Independent Living to release to me any information in the **Adult Abuse Registry** pursuant to 33 V.S.A 6911(C)(3) involving the individual listed below in Section II.
- I hereby request information from the **Child Protection Registry** maintained by the Department for Children and Families.

Section I. Employer Requesting Registry Check

Employer name: _____

Employer address: _____

Employer telephone number: _____ Employer fax number: _____

Employer email address: _____

I certify that this individual is a current employee, contractor or volunteer of this facility/agency or has been given a conditional offer of employment. I understand this information is only for the purposes of determining whether to hire or retain the individual to provide care, custody, treatment, transportation, or supervision of children or vulnerable adults.

(Authorized) Facility/Agency Signature _____

Date _____

Note: if you are a regulated childcare provider in Vermont, this process does not apply to you.

Section II. Consent From Current or Prospective Employee, Contractor, or Volunteer

Full Name: _____ (Type or Print Clearly) Gender: _____

Address (including City, State, Zip Code): _____

Phone number: _____ Birth Date: _____ Place of Birth: _____

Last four digits of social security number: XXX-XX-_____

Other names I have used, if any (including maiden name): _____ (Type or Print Clearly)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the **Vermont Adult Abuse Registry** and/or the **Vermont Child Protection Registry** to the Owner/Operator of the above named facility/agency.

(Prospective) Staff, Contractor, or Volunteer Signature _____

Date _____

Section III. Response from the Agency of Human Services (Office Use Only)

Vermont Adult Abuse Registry

Vermont Child Protection Registry

Employee's name **not found** in registry ____ initials

Employee's name **not found** in registry ____ initials

Employee's name **found** in registry ____ initials

Employee's name **found** in registry ____ initials

Nature of any finding: _____

Date of such finding: _____

Signature of Commissioner's Designee _____

Date _____

**** **A self-addressed, stamped envelope must be included** ****



Department of Public Safety Vermont
Criminal Information Center
 45 State Drive
 Waterbury, VT 05671-1300

PUBLIC REQUEST FOR CRIMINAL CONVICTION INFORMATION

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY FEE: \$30 PER REQUEST - NO PERSONAL/BUSINESS CHECKS Reply will be mailed in 5 – 7 working days - A SELF ADDRESSED, STAMPED, RETURN ENVELOPE IS REQUIRED TO FACILITATE RETURN OF YOUR REQUEST

WE ARE A VULNERABLE POPULATIONS AGENCY. OUR AGENCY CODE IS:

NAME TO BE CHECKED: TYPE OR PRINT LEGIBLY

LAST NAME	FIRST NAME	MIDDLE INITIAL

DATE OF BIRTH (REQUIRED) Month / Day / Year	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NUMBER (OPTIONAL)
-------------------------------------------------------	------------------------------------------------------------------	------------------------------------------

ALIAS NAMES (IF APPLICABLE)

PURPOSE OF REQUEST: (CHECK ONE)	<input type="checkbox"/> PERSONAL REVIEW	<input type="checkbox"/> FOREIGN TRAVEL/ IMMIGRATION	<input type="checkbox"/> MILITARY
	<input type="checkbox"/> ADOPTION	<input type="checkbox"/> CIVIL COURT PROCEEDING	<input type="checkbox"/> PARDON
	<input type="checkbox"/> CHILD CUSTODY	<input type="checkbox"/> LICENSING	
	<input checked="" type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> HOUSING	
	<input type="checkbox"/> OTHER: INDICATE REASON FOR REQUEST IF OTHER THAN OPTIONS ABOVE		

ACCESS TO CRIMINAL CONVICTION INFORMATION TERMS AND CONDITIONS

The following information is **REQUIRED** in order to successfully process your request.

Requestor MUST initial each line. fill out requestor information and sign below.

In accordance with Title 20, Chapter 117, Section 2056(c), which governs the release of criminal conviction information to the public, I understand:

- Alteration or modification of any report received as a result of this request is strictly prohibited by law.
- Disclosure of the contents of this criminal conviction report to anyone other than the subject of the record or properly designated employees of any agency with a documented need to know the contents of the record is prohibited.
- No person entitled to receive a criminal conviction record shall require an applicant to obtain, submit personally or pay for a copy of his or her criminal conviction record.

REQUESTOR INFORMATION

Name	Street Address		
ARIS Solutions- Veteran Department	72 South Main Street		
City	State	Zip	Telephone Number
White River Junction	Vermont	05001	802-280-1911
Signature of Requestor		Date (Mo/Day/Year)	



ARIS SOLUTIONS

Financial & Payroll Services for the Nonprofit Sector

Form I-9 Instructions

Employee Steps:

- 1.) Complete Section 1
 - a. Name (Last, First, Middle Initial, and Other Name(s), if applicable)
 - b. Address (Street – no PO Boxes, City, State, and Zip Code)
 - c. Date of Birth
 - d. Social Security Card
 - e. E-mail Address
 - f. Telephone Number
- 2.) Answer citizen status question by checking the box that applies to you, the employee.
- 3.) Sign and date.

Employer Steps:

****The below steps must be completed by the employer or a representative of the employer. They cannot be completed by the employee****

- 1.) Complete Section 2
 - a. Enter the employee's name under the Section 2 heading.
 - b. Examine employee documents. The employer must physically examine:
 - i. one document from List A OR
 - ii. one document from both List B and List C.
 - c. Record the document details under the appropriate list within Section 2.
****The below are examples and should only be used as a guide. As the employer you cannot specify which documents your employee must present****
 - i. **Example A:** The employee provides a passport. Record in List A:
 1. Document title: 'Passport'
 2. Issuing authority: 'USA'
 3. Document #: 'xxxxxx'
 4. Expiration Date: 'xx/xx/xxxx'
 - ii. **Example B:** The employee provides a driver's license and social security card. Record in:
 - List B
 1. Document title: 'Drivers License'
 2. Issuing authority: State of issuance 'WI'
 3. Document #: 'Xxxx-xxxx-xxxx-xx'
 4. Expiration Date: 'xx/xx/xxxx'
 - List C
 5. Document title: 'Social Security Card'
 6. Document #: Social Security Number 'xxx-xx-xxxx'
 - d. Sign your name, date, enter your title (Employer), and print your name and address.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
 Expires 10/31/2022

► **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

I 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 (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States		
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>		
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____		
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	QR Code - Section 1 Do Not Write In This Space	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>		
1. Alien Registration Number/USCIS Number: _____ OR		
2. Form I-94 Admission Number: _____ OR		
3. Foreign Passport Number: _____ Country of Issuance: _____		

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)	City or Town	State
		ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
----------------------------------------------------	---------------------------	-----------------------------------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that 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. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		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		
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				

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form **W-4**

Employee's Withholding Certificate

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ **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.**

2020

Step 1:
Enter Personal Information

(a) First name and middle initial	Last name	(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 www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly (or Qualifying widow(er))		
<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, when to use the online estimator, 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) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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.)

Step 3:

Claim Dependents

If your 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 and enter the total here **3** \$ _____

Step 4

(optional): Other Adjustments

(a) **Other income (not from jobs).** 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 **4(a)** \$ _____

(b) **Deductions.** 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 **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period **4(c)** \$ _____

Step 5:
Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) _____ ▶ **Date** _____

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
-----------------------------	--------------------------	--------------------------------------

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

Vermont Department of Taxes

Employee's Withholding Allowance Certificate - Form W-4VT

All Vermont employees should complete this form.
To be filed with your employer.

Last Name	First Name	Initial	Social Security Number
Filing Status - Check ONE			
<input type="checkbox"/> Single	<input type="checkbox"/> Married/Civil Union Filing Jointly	<input type="checkbox"/> Married/Civil Union Filing Separately	<input type="checkbox"/> Married, but withhold at higher single rate

Vermont Allowances Worksheet

1. Enter "1" for yourself if no one can claim you as a dependent. **1.** _____
2. Enter "1" if you are filing jointly and your spouse does not work **2.** _____
3. Enter the number of dependents you plan to claim on your tax return. If you file jointly, then only one of you should claim the dependents on your W-4VT **3.** _____
4. Enter "1" if you plan to file as "head of household". **4.** _____
5. Total number of Vermont allowances. (Add Lines 1 through 4 and enter total here.) **5.** _____
6. Enter an additional amount, if any, you want withheld from each check. **6.** _____

Exempt: If you had a right to a refund of all your Vermont income tax withheld last year because you had no tax liability and you also expect to have no liability this year, write "Exempt" here. _____

General Information

Form W-4VT is designed so that you can have as much "take-home pay" as possible without an income tax liability due to Vermont when you file your tax return. Each withholding allowance you claim on Line 5 above will reduce the amount of income you are taxed on and therefore the amount of Vermont income tax withheld each paycheck.

Here are some things to remember as you complete this form:

- Generally, dependents are children under 19 (or up to 24 if they are a full-time student) and any relatives who live with you and you support financially.
- If you and your spouse both claim your dependents on your respective W-4VTs, not enough income tax will be withheld, and you might end up with taxes due when you file. Only one spouse should claim the dependents.
- If you entered an additional amount to be withheld on the federal W-4, consider entering 30% of that amount on Line 6.
- If you have more than one employer, consider claiming zero allowances with the employer(s) where you earn less income.

Signature

I certify that I am entitled to the number of withholding allowances claimed on this certificate.	
Employee's Signature	Date

This form may be photocopied as needed.



ARIS Solutions- Veteran Program

Direct Deposit Agreement Form

- Enrollment in Direct Deposit
 Change in Direct Deposit

Employee Name: _____

* Employer Name: _____

Authorization Agreement

I hereby authorize ARIS Solutions- Veteran Program to initiate automatic deposits to my account at the financial institution named below. I also authorize ARIS Solutions- Veteran Program to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold ARIS Solutions- Veteran Program responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until ARIS Solutions- Veteran Program receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Veteran Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Signature

Authorized Signature (Employee): _____ Date: _____

Electronic Timesheets Agreement

I. About The Electronic Timesheets Module

- a. The Electronic Timesheets Module is a web-based interface through which Consumers, Employers, Employees, and Fiscal Intermediary staff can respectively view relevant timesheet information.
- b. Consumers, Employers and Employees will be able to use the system to both submit and approve timesheets electronically for payment by the Fiscal Intermediary.
- c. A Consumer is not required to have an Employer in order to use the system. But in cases where a Consumer does have an Employer and the Consumer approves the Employer to have access to the Electronic Timesheets Submission Interface, both the Consumer and his/her Employer will have identical abilities to enter and approve timesheets for payment. If the Consumer does not feel comfortable with the electronic interface, the Employer has the ability to handle all of the Consumer’s timesheet submission and approval responsibilities.

II. Terms and Conditions

By signing below, you are agreeing to the following Terms and Conditions:

- a. The Consumer and/or his/her Employer and the Employee must have valid e-mail addresses that they access frequently.
- b. The Consumer, his/her Employer (if applicable) and the Employee agree to use the Electronic Timesheets Submission Interface as a method of submitting timesheets.
 - i. Signing this Agreement does not require you to only use the Electronic Timesheets Submission Interface. Other methods of submitting time, such as faxing or mailing, are still acceptable.
- c. A timesheet may not be submitted electronically if the Consumer and the Employee have not both signed and agreed to use the Electronic Timesheets Submission Interface via this Agreement.
 - i. If the Consumer approves their Employer to use the system, then the Employer must also sign this Agreement.
- d. An individual Electronic Timesheets Agreement is required for each Consumer/Employee relationship that chooses to use the Electronic Timesheets Submission Interface.
 - i. This is true even if the Consumer or Employee is already using the Electronic Timesheets Submission Interface in another Consumer/Employee relationship.

Program (Circle one):_VIP/VDC VT

Consumer Name: _____ **Consumer E-mail:** _____

Employer Name: _____ **Employer E-mail:** _____

Employee Name: _____ **Employee E-mail:** _____

Consumer Signature: _____ **Date:** _____

Employer Signature: _____ **Date:** _____

Employee Signature: _____ **Date:** _____

** Note all fields in RED are required. Forms not completed in full will be returned.

Please print very clearly and legibly, or processing could be delayed.

About the Electronic Timesheets Module

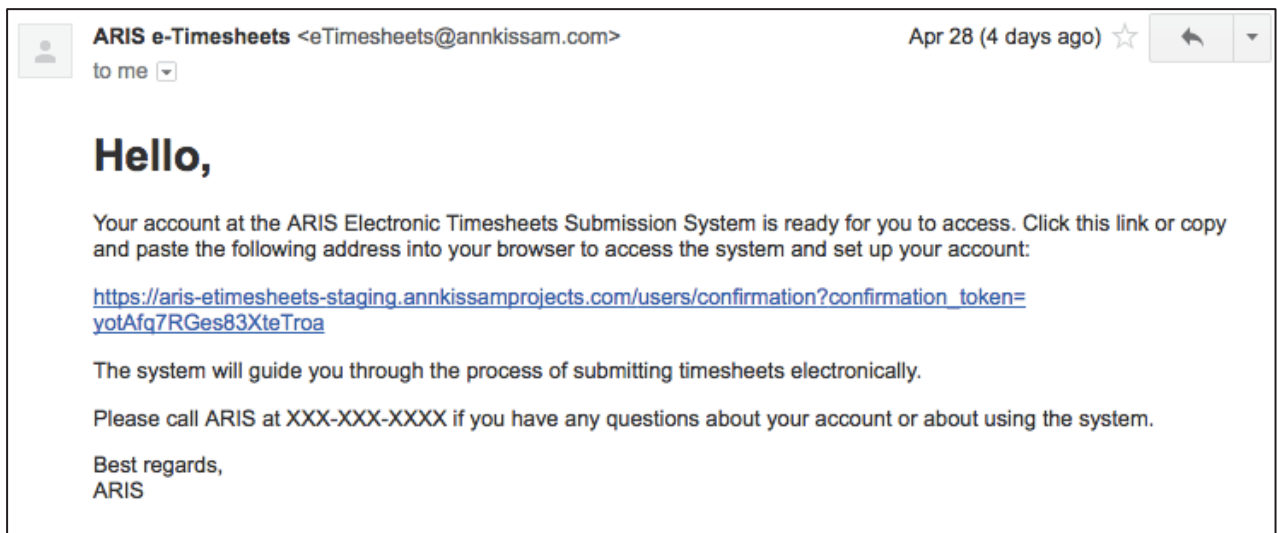
The Electronic Timesheets Module is a web-based interface through which Consumers, Employers, Representatives and Employees can respectively enter and view relevant timesheet information.

Electronic Timesheets Agreement

In order to use the Electronic Timesheets Submission interface, a Consumer, their Representative or Employer (if applicable) and their Employee must sign an Electronic Timesheets Agreement which states that they both have valid e-mail addresses, and agree to use the electronic timesheets submission interface as a method of submitting time.

Getting Started

1. An admin will create a user for the Consumer, Employer, Employee and Representative (if applicable).
2. The Consumer, Employer, Employee and Representative (if applicable) will each receive an e-mail alerting them that their account has been set up, and instructions for activating this account. Each user will click a one-time login link that expires after access to set up a password.



- Each user will be prompted to accept the Terms of Service, and set up a password for their account.

Electronic timesheets user

Terms of Service

USE OF USER ID AND PASSWORD:

1. If you register and/or set up an account on the Electronic Timesheets System Interface, you will be solely responsible for maintaining the confidentiality of your Registration Information. You may not authorize others to use your Registration Information. You may not sub-license, transfer, sell or assign your Registration Information and/or this Agreement to any third party. Any attempt to do so will be null and void and shall be considered a material breach of this Agreement.

2. You are solely responsible for all usage or activity on your account including, but not limited to, use of the account by any person who uses your Registration Information, with or without authorization, or who has access to any computer on which your account resides or is accessible.

3. If you have reason to believe that your account is no longer secure (for example, in the event of a loss, theft or unauthorized disclosure or use of your Personal Identifiable Information stored on the Electronic Timesheets System Interface), you must promptly change the affected Registration Information by using the appropriate update mechanism on the Electronic Timesheets System Interface, if available, or notify ARIS.

Please set your password for your account here.

New Password

Confirm Password

I have read and accept the above terms of service.

Submit

- Once each user accepts the Terms of Service and creates a password, he or she may start using the system.

Entering a Timesheet

This is the process to use if you are entering a new timesheet. See below for how to add a new timesheet as a Consumer, an Employer, an Employee or a Representative. For information on how to

VDC- Vermont Time Sheet and Reimbursement Schedule 2020

Pay Period	Pay Period Start Date	Pay Period End Date	Timesheet Submission Due Date	Direct Deposit Date
1	12/1/2019	12/14/2019	12/16/2019	12/20/2019
2	12/15/2019	12/28/2019	12/30/2019	1/3/2020
3	12/29/2019	1/11/2020	1/13/2020	1/17/2020
4	1/12/2020	1/25/2020	1/27/2020	1/31/2020
5	1/26/2020	2/8/2020	2/10/2020	2/14/2020
6	2/9/2020	2/22/2020	2/24/2020	2/28/2020
7	2/23/2020	3/7/2020	3/9/2020	3/13/2020
8	3/8/2020	3/21/2020	3/23/2020	3/27/2020
9	3/22/2020	4/4/2020	4/6/2020	4/10/2020
10	4/5/2020	4/18/2020	4/20/2020	4/24/2020
11	4/19/2020	5/2/2020	5/4/2020	5/8/2020
12	5/3/2020	5/16/2020	5/18/2020	5/22/2020
13	5/17/2020	5/30/2020	6/1/2020	6/5/2020
14	5/31/2020	6/13/2020	6/15/2020	6/19/2020
15	6/14/2020	6/27/2020	6/29/2020	7/3/2020
16	6/28/2020	7/11/2020	7/13/2020	7/17/2020
17	7/12/2020	7/25/2020	7/27/2020	7/31/2020
18	7/26/2020	8/8/2020	8/10/2020	8/14/2020
19	8/9/2020	8/22/2020	8/24/2020	8/28/2020
20	8/23/2020	9/5/2020	9/7/2020	9/11/2020
21	9/6/2020	9/19/2020	9/21/2020	9/25/2020
22	9/20/2020	10/3/2020	10/5/2020	10/9/2020
23	10/4/2020	10/17/2020	10/19/2020	10/23/2020
24	10/18/2020	10/31/2020	11/2/2020	11/6/2020
25	11/1/2020	11/14/2020	11/16/2020	11/20/2020
26	11/15/2020	11/28/2020	11/30/2020	12/4/2020

Please assure that time sheets and other payment requests are submitted in a timely manner. Timesheets and invoices may be sent in as soon as the service has been provided. It is not necessary to wait until the due date.

Time sheets, reimbursements, employee paperwork and check requests received by the ARIS Solutions office after the due dates posted above will be processed with the next pay period.

Send to:
ARIS Solutions
PO Box 4409
White River Junction, VT 05001

Questions?
Veterans Department
1.866.970.3301
veteranpayroll@arissolutions.org

Veteran Directed Care Program (VDC) Time Sheet

EMPLOYEE NAME: _____ **LAST FOUR DIGITS OF SS #** _____

VETERANS NAME: _____

Was the Veteran admitted to a hospital or nursing home during any of these dates? Yes ___ No ___

If **YES**, please indicate the dates the Veteran was admitted to and discharged from the hospital or nursing home _____

** PERSONAL CARE SERVICES CANNOT BE PAID IF THE PARTICIPANT IS IN A HOSPITAL OR NURSING HOME.*

Please Enter Pay Period Date Range:

Service Hour Type (Personal Care-PC, or Other- O)	Date	Time In				Time Out				Hourly Pay Rate	Total Hours
		Hours	Minutes	AM	PM	Hours	Minutes	AM	PM		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>						