



TRY CLEAN MAID
DC'S TRUSTED CLEANING SERVICE



Dear Try Clean Maid Applicant:

Thank you for choosing Try Clean Maid as your employment choice. Try Clean Maid was founded in 2019 with the mission to serve busy professionals, parents, and businesses alike. Here at Try Clean Maid, we pride ourselves in going above and beyond and are sure to impress the most rigid of standards. We are bonded, insured, and licensed.

We take great pride in our company, employees, and clients and look forward to getting to know you throughout the interview process. We will outline the steps that are required below.

Included in this Applicant Packet:

- Application Process (To Do) Checklist
- Cleaning Technician Job Description
- Try Clean Maid Application
- Authorization & Consent for Release of Information
- Employee/Non-Compete Agreement
- Employee Information Form
- Employment Eligibility Verification (USCIS Form I-9)
- Request for Taxpayer Identification Number & Certification (W-9)
- Paychex – Direct Deposit Form

Please, if you have any questions regarding the application process, don't hesitate to contact our offices. We would be happy to address any questions prior to submission of application.

Try Clean Maid, LLC

Washington, DC

(844) 944-4454

sales@trycleanmaid.com

www.trycleanmaid.com

To Do:

- Fill Out & Return Application
- Chose a Date & Time Block for Prescreening
- Participate in a Prescreening Interview Call
- Show Up On-Time & Prepared for Your Interview
- Submit Onboarding Forms
- Undergo Background Checks
- You're Hired!

Thank you for choosing Try Clean Maid for your employment interest.

To Do Details

Fill Out & Return Application

The application included in this packet can be printed, filled out and returned via email to sales@trycleanmaid.com. Please be sure to complete the application in its entirety.

Chose a Date & Time Block for Prescreening

All applicants will undergo a brief prescreening interview call. If you are not available by phone during your selected time slot, we will move on to the next candidate. Please make sure to choose a time when you are available by phone. The call will be no more than 15 minutes.

Participate in a Prescreening Interview Call

It is important that we hire the right candidates and we would like to get to know a little about you before moving forward. This prescreening call is casual in nature and there are no wrong or right answers to the questions that will be asked of you.

Show Up On-Time & Prepared for Your Interview

At the end of the prescreening interview you will be offered one of at least two time slots to schedule your in-person interview. It is very important that you show up on time and prepared for this interview. If you have any questions regarding directions, please contact us. If you cannot make it to the interview please try to contact Try Clean Maid at least an hour in advance to reschedule.

Submit Onboarding Forms

After your interview you will be contacted to advise on whether or not we have chosen to move forward in the hiring process. If you have been offered a tentative position as a cleaning technician with Try Clean Maid, you must return the included onboarding forms to move forward with background checks and hiring process.

Undergo Background Checks

Once you have passed the background check, we will send you an official job offer (or call, whichever you would prefer).

You're Hired!

After you have accepted the job offer, we will begin your training. Please be prepared to begin training right away. Welcome to the Try Clean Maid family!



JOB DESCRIPTION

Cleaning Technician

TITLE: Cleaning Technician

RESPONSIBLE TO: Owner/Manager

SUPERVISES: None

Purpose of Position: To provide exceptional and professional cleaning services for our clients, maintaining a high degree of professionalism and attention to detail. We aim to make the lives of our clients easier!

Duties & Responsibilities:

- Perform professional residential and/or commercial cleaning services
- Ability to perform physical labor for extended periods up to 8 hours, including: able to lift twenty (20) pounds, stand, bend, kneel, push, pull and perform all cleaning duties
- Have excellent customer service and communication skills
- Punctual, must arrive on time and complete cleaning service within the provided time block
- Complete walk-through inspection of completed services
- Redo ratio on completed work not more than 2% in a month
- 95% complete satisfaction reported by all clients you provide service to
- Responsibly operate company vehicle and tools or equipment used to complete assigned work
- Maintain minimum automobile insurance and clean driving record
- Attend all company trainings and meetings
- Thoroughly complete all appropriate job reports and checklists
- Responsible for the cleanliness and care of all Soldiers' Mom property while in your possession, account for and return all cleaning tools, hoses, chemicals, etc. at the end of scheduled appointments
- Uphold all company policies and procedures
- Ability to pass a drug screening and background check
- Discuss and demonstrate add-on products or services

Results Expected: Cleaning technicians are expected to provide a quality experience for our clients. We hold a high level of integrity and pride in serving our clients and it should be evident in your professionalism and successful completion of assigned jobs.

Benefits: You will receive competitive pay, training, paid vacation, health insurance, supplies and uniforms are provided, weekends and holidays off, & promotions available.

Minimum Qualifications: 2 years professional cleaning technician experience; speak, read, and write English; and must be licensed and insured (auto).

Try Clean Maid, LLC

Application for Employment

Date: _____ What time did you arrive: _____ What time was your appointment: _____

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally protected basis, including, but not limited to, race, age, color, religion, sex, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected basis.

PERSONAL BACKGROUND

LAST NAME: _____ MI: _____ FIRST NAME: _____

PRESENT ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PREVIOUS ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

(If less than 5 years at present address):

HOME TELEPHONE NUMBER: _____ CELL: _____ EMAIL: _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE #: _____

DRIVERS LICENSE #: _____ STATE ISSUED: _____

HOW DID YOU HEAR ABOUT THIS JOB: _____

DO YOU KNOW OR ARE YOU RELATED TO ANYONE WHO WORKS FOR TRY CLEAN MAID: _____

Driving is a requirement of the job, is your license valid: Yes _____ No _____

Do you have full time access to a vehicle: Yes _____ No _____

Is your vehicle in good working condition: Yes _____ No _____

Is the vehicle covered by liability insurance: Yes _____ No _____

If yes, what company: _____ Policy Number: _____

Make of Vehicle: _____ Model: _____ Year: _____

Are you able, at the time of employment, to submit verification of your legal right to work in the US? Yes _____ No _____

WORK EXPERIENCE

List below your last three employers, starting with your present or last place of employment. You may include in such history any verified work performed on a volunteer basis.

Date Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From: To:				
Supervisor's Name:		Telephone Number:		
From: To:				
Supervisor's Name:		Telephone Number:		
From: To:				
Supervisor's Name:		Telephone Number:		

EDUCATIONAL BACKGROUND	Name & School Location	Circle Highest Grade Completed	Major Area of Study
High School		9 10 11 12 / GED	
College		1 2 3 4	
Trade, Business or Graduate School			

PERSONAL REFERENCES

List the names of three persons not related to you, whom you have known at least three years.

NAME:	OCCUPATION:	PHONE:
ADDRESS:	CITY, ST, ZIP:	YEARS KNOWN:
NAME:	OCCUPATION:	PHONE:
ADDRESS:	CITY, ST, ZIP:	YEARS KNOWN:
NAME:	OCCUPATION:	PHONE:
ADDRESS:	CITY, ST, ZIP:	YEARS KNOWN:

Have you ever been convicted of a criminal offense: Yes _____ No _____

If yes, explain: _____

Have you ever been bonded: Yes _____ No _____

Has your driver's license ever been suspended: Yes _____ No _____

If yes, explain: _____

Note: Due to the security-sensitive nature of the job, all employees are required to be bonded. As a matter of policy, the company conducts a police background & driving record check on applicants in consideration of hire.

*Verification and completion of the I-9 form must be submitted no later than 3 business days after hire.

Are you able to lift 25 pounds or more: Yes _____ No _____

Would you have difficulty standing, bending, or kneeling in connection with performing necessary cleaning duties: Yes _____ No _____

Are you allergic to Household Cleaners: Yes _____ No _____

Are you allergic to cats and/or dogs: Yes _____ No _____

Are you afraid of cats and/or dogs: Yes _____ No _____

What hours are you available to work on the following weekdays:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

If hired, when can you start work: _____

Are you presently employed: Yes _____ No _____

If "yes" may we contact your present employer: Yes _____ No _____

Which of the following categories of jobs have you had:

_____ House Cleaning	_____ Hotel/Motel	_____ Restaurant
_____ Fast Food	_____ Janitorial	_____ Sales
_____ Homemaker	_____ Manufacturing	_____ Service
_____ Other (explain) _____		

Check ONLY one: _____ I NEED this job _____ I WANT this job (hint: there is no "right or wrong" answer, we just want to know you better in order to fill your schedule)

Why are you interested in working for Soldiers' Mom Maid Service: _____

Why do you think you are a good fit for this company: _____

How long do you see yourself working here: _____

PLEASE READ CAREFULLY

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

I, the undersigned, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

I authorize Try Clean Maid, LLC, and any security agency service working for them, to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representative of this company.

I have read and understand this release and consent, and authorize the background verification. I authorize persons, schools, current and former employers, personal references and other organizations and agencies to provide Soldiers' Mom with all information that may be requested, and to conduct a verification, as deemed necessary by this company to fulfill the job requirements, with regards to my motor vehicle records, credit history as allowed by EEOC and ECOA, and to receive any criminal history record information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency in Kentucky or any other states. I hereby release all the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original. All results will be proprietary and will be kept CONFIDENTIAL and disclosed orally and in writing only to the designated authorized representatives of this company and its clients.

I do hereby agree to forever release, discharge and indemnify Try Clean Maid and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

APPLICANT:

_____ Date: _____
Name, Typed or Printed

_____ SS#: _____
Signature

Address: _____ DOB: _____ State: _____

_____ Maiden Name: _____

Please provide name, location and date of the school(s) attended:

_____ High School Location Date of Graduation

_____ Further Education Location Date of Graduation

Criminal background check for _____ County / Counties

EMPLOYEE/CONTRACTOR NON-COMPETE AGREEMENT

AGREEMENT made this day _____ of _____, 2019, by and between Try Clean Maid, LLC (hereinafter referred to as "Employer"), a DC LLC and _____, (hereinafter referred to as "Employee/Contractor"), in Washington, DC.

RECITALS

Employer owns and operates a for-profit cleaning and maid service.

Employer wishes to employ Employee, and Employee accepts employment.

THEREFORE, in consideration of the mutual promises and warranties set forth below, Employer and Employee agree as follows:

AGREEMENT

1. By this agreement, Employer employs the Employee, and the Employee accepts employment with the Employer, beginning on the date first set forth above.
2. During the term of this agreement, Employee, shall devote Employee's entire productive time, ability, attention, and energies to the business of the Employer. During such time, the Employee shall not directly or indirectly render any services of a business, commercial, or professional nature to any other person or organization, whether or not for compensation, without prior written consent of Employer.
3. During the term of employment, the Employee will have access to and become familiar with various trade secrets, including but not limited to methods and manner of business, internal policies, customer contracts and agreements, customer lists and other lists and other information regarding Employer and Employee's customers, owned by the Employer and regularly used in the operation of the business of the Employer. The Employee shall not disclose any such trade secrets of information, directly or indirectly, nor use them in any way, either during the term of this agreement or at any time thereafter, except as required in the course and scope of Employee's employment.
4. Furthermore, on the termination of this agreement, Employee expressly agrees not to engage or participate directly or indirectly, in any business located in the Washington D.C. area, and surrounding metropolitan areas, that is in competition with the business of the Employer for a period of one (1) year.
5. On the termination of employment, or whenever requested by the Employer, the Employee shall immediately deliver to the Employer all property in the Employee's possession or under the Employee's control belonging to the Employer, including but not limited to equipment, materials, supplies, uniforms, radios, pagers, customer lists, and procedures and policy manuals in good condition, ordinary wear and tear accepted.
6. Employee understands and agrees that Employee is employed at the will of Employer. Accordingly, this agreement shall continue until terminated by mutual agreement of the parties, or at the option of Employee upon five (5) days written notice to Employer. This agreement may also be terminated at any time at the option of Employer without notice to the Employee. In the event of the termination of this agreement, the Employee shall be entitled to the compensation earned by Employee prior to the date of termination, computed on a pro-rata basis up to and including the date of termination. The employee shall be entitled to no further compensation after the date of termination.
7. During the term of this agreement, the Employee shall maintain minimum automobile liability insurance coverage of \$20,000/\$40,000 for bodily injury and \$15,000 for property damage on each vehicle used by Employee during the term of this agreement. Further, during the term of this agreement, Employee shall

provide Employer with proof of the above-referenced automobile liability insurance coverage every ninety (90) days as well as upon demand by Employer. Failure to maintain the above-referenced automobile liability insurance coverage during the term of this agreement shall, in addition to all other remedies available to Employer, be ground for termination of Employee's employment by Employer.

8. Employee understands that Employer runs a residential and commercial cleaning and maid service company. Employee agrees that while in the course and scope of employment, Employee will comply with all Federal and State Laws, rules and regulations, including but not limited to OSHA, NIDA, NEPA, CERCLA, RCRA, and the Rules and Regulations promulgated by the EPA and all applicable state and local laws.
9. If any provision of this agreement is held by a Court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions shall nonetheless continue to full force and effect without being impaired or invalidated in any way.
10. If the client is home at the time the service is complete, it is asked that they will do a walkthrough to confirm a satisfactory service has been rendered. If the client is not home at the end of the appointment, the customer will have six (6) hours from the end of the service to contact Soldiers Mom LLC with a complaint of an unfinished or unsatisfactory job done by our team. If the customer submits their complaints or concerns under these two (2) time frames. Soldiers Mom will return and finish the job at no extra charge at the earliest convenience for the customer. Contractors will not be paid again for a job if they are at fault for the unfinished or unsatisfactory performance and need to return to complete it.
11. It is the intent of the parties that this agreement be governed and construed in accordance with the laws of the District of Columbia, with venue proper solely in the State Courts of the District of Columbia.
12. This agreement and any addendum attached hereto supersedes all other agreements, either oral or written, between parties to this agreement, with respect to the duties, representations and warranties of Employee.
13. I understand and agree that if I breach this non-compete contract and clean house or work for any Soldier's Mom LLC Service client on my own for direct payment cleaning house during my employment or up to one year after my termination or up to one year of the client's termination of our service, I will pay a referral fee of \$2,500 per client to Soldiers' Mom Cleaning Service.

EXECUTED at Washington, DC, on this the _____ day of _____, 2019.

Try Clean Maid, LLC

By: _____ Title: _____

EMPLOYEE

_____ Signature
_____ Printed Name
_____ Address
_____ Telephone Number

EMPLOYEE INFORMATION FORM

FULL Name: _____ Birthdate: _____

Current Address: _____ City: _____ Zip: _____

Home Phone #: _____ Cell #: _____ Email: _____

In case of emergency, who should we contact?

Emergency contact, name and #: _____

Optional

Would you share some information about yourself so that we can get to know you better? We also like to send birthday cards to your family members – leave that info blank if you do not want us to send them a card. Please feel free to skip any question you do not wish to answer.

Married: _____ Years: _____ Anniversary Date: _____ Spouse's Hobby: _____

(provide birthdates only if you would like these family members to receive a card from us)

Spouse's Name: _____ Birth Date: _____ Work Phone: _____

Child's Name: _____ Birth Date: _____ Age: ____ Do they live with you: _____

Child's Name: _____ Birth Date: _____ Age: ____ Do they live with you: _____

Child's Name: _____ Birth Date: _____ Age: ____ Do they live with you: _____

Child's Name: _____ Birth Date: _____ Age: ____ Do they live with you: _____

Child's Name: _____ Birth Date: _____ Age: ____ Do they live with you: _____

How long have you lived in the DC area: _____

What are your hobbies: _____

Tell us something interesting or unique about yourself: _____



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **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>	
<p><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></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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
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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)
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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
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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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	OR	<ol style="list-style-type: none"> 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 <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

PAYCHEX

Direct Deposit Enrollment/Change Form*

Company Name and/or Client Number _____

Employee/Worker Name _____ Employee/Worker Number _____

EMPLOYEE/WORKER: Retain a copy of this form for your records. Return the original to your employer/company.

EMPLOYER/COMPANY: Return this form to your local Paychex office. For clients using on-line services, please retain a copy of this document for your records.

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

Type of Account: Checking Savings | Accountholder's Name: _____

Routing/Transit Number

Checking/Savings Account Number**

Financial Institution ("Bank") Name _____

I wish to deposit (check one): ____ % of Net Specific Dollar Amount \$ _____ .00 Remainder of Net Pay

Type of Account: Checking Savings | Accountholder's Name: _____

Routing/Transit Number

Checking/Savings Account Number**

Financial Institution ("Bank") Name _____

I wish to deposit (check one): ____ % of Net Specific Dollar Amount \$ _____ .00 Remainder of Net Pay

COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

Type of Account: Checking Savings | Accountholder's Name: _____

Routing/Transit Number

Checking/Savings Account Number**

Financial Institution ("Bank") Name _____

I wish to change my deposit amount to (check one): From ____ % to ____ % of Net From \$ _____ .00 To \$ _____ .00

Remainder of Net Pay

EMPLOYEE/WORKER CONFIRMATION STATEMENT

PLEASE SIGN IN BLACK/BLUE INK ONLY

I authorize my employer/company to deposit my earnings into the bank account(s) specified above and, if necessary, to electronically debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer/company to make direct deposits into the named account.

Employee/Worker Signature _____ **Date** _____

Note: Digital or Electronic Signatures are **not** acceptable.

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc. I have reviewed the information provided and it is accurate to the best of my knowledge. My signature below indicates that I have the authority to execute this document on behalf of the Client.

Employer/Company Representative Printed Name: _____

Employer/Company Representative Signature: _____ **Date:** _____

* All fields are required except Employee/Worker Number.

** Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.