

Employer Information: Choose your option for submitting employee information. For detailed instructions for these options, refer to the [PEO New Employee Packet Employer Instructions](#).

- Option 1 - Spreadsheet Submission and Certification [\(Complete one spreadsheet attachment per client code\)](#)
(Requires Authorized Signature in Section A)
- Option 2 – NEP Submission: Complete B1 and B2
- Option 3 – Online payroll clients only: Print out online payroll summary information for applicable new employee in place of completing Section B1 (Click [here](#) for sample online payroll summary.)

A - EMPLOYEE INFORMATION SUBMISSION AND CERTIFICATION

As an authorized representative, I am electing to submit all required new employee information via the approved spreadsheet or through a printout of the online payroll summary information. I attest that I have accurately and completely provided all required information and understand that Paychex Business Solutions (PBS) is relying on the accuracy and completeness of the information provided. I further understand that this information will be the basis upon which PBS sets up each employee and I accept responsibility for any incorrect or inaccurate information provided to PBS.

Client Authorized Signature _____
Signature _____ Title _____ Date _____

B1 - CORPORATE INFORMATION COMPLETED BY MANAGER OR SUPERVISOR

Client Name DaVinci Home Services, Inc, dba It's Maid Day Department Name or Number _____
Employee Name _____ Last four digits of Social Security Number _____
Employee ID _____ Work Authorization Expiration (if applicable) ___/___/___

Employee Worksite Location (full address required)

Address _____ City _____ State _____ Zip _____

Status Full-time Part-time

Rate of Pay 1 \$ _____ per hour period (select one)

Rate of Pay 2 \$ _____ per hour period (select one)

Rate of Pay 3 \$ _____ per hour period (select one)

Gender Female Male Hire Date _____ Union Employee Yes No

Withholding State GA State Unemployment Insurance State GA Residence State GA

Job Title _____ Workers' Comp Class Code 0917 Benefit Insurance Class Code 1

Location Name _____ Insurance Standard Hours _____

Job Category (select one)

- Executive/Senior Level Officials and Managers [1.1] First/Mid-Level Officials and Managers [1.2] Professionals [2]
- Technicians [3] Sales Workers [4] Office and Clerical [5] Craft Workers (skilled) [6] Operatives (semi-skilled) [7]
- Laborers (unskilled) [8] Service Workers [9]

Description of Duties (provide a short description of daily regular activities) House Cleaning - Maid Service

Work from remote office or location (note how often) _____

Travel (note how often) _____

Supervisor, Manager, or
Authorized Signature _____
Signature _____ Title _____ Date _____

B2 - EQUAL EMPLOYMENT OPPORTUNITY INFORMATION*

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, you must complete the Job Category information. Although employees are invited to voluntarily self-identify their race and ethnicity, submission of this information is voluntary and refusal to provide it cannot and will not subject an employee to any adverse treatment. Because not all employees complete the requested information, you are being asked to do so by conducting a visual assessment of the employee's National Origin/Race.

*Verify Employer and Employee Sections' information and complete Section 3, if applicable.

Client Name _____

Employee •Read Sections 1 and 2 •Complete and sign Employee Signature section •Complete Section 3

SECTION 1. About Your Relationship With PaychexOne

The company for which you perform services (your Worksite Employer) has engaged Paychex Business Solutions or an affiliated company (PaychexOne) to provide professional employer organization services under which you will be paid by PaychexOne and PaychexOne may make certain benefits and other resources available and/or provide workers' compensation coverage (including complying with Section 52-1-4 NMSA 1978 in New Mexico). This is sometimes referred to as "co-employment" because PaychexOne performs certain employment-related functions, but PaychexOne and your Worksite Employer are not joint employers. Your Worksite Employer directs and controls your day-to-day work and the conduct of its business, receives the benefits of your services, and provides physical facilities, accommodations, and equipment. If you are represented by a union, the relationship between you, your union, and your Worksite Employer is not affected by the relationship with PaychexOne.

You have no contract of employment with PaychexOne. Your Worksite Employer may enter into agreements with you. PaychexOne is not a party to or responsible for such agreements and such agreements will not be affected by the relationship with PaychexOne or termination of that relationship. Your Worksite Employer may provide benefits, incentive or bonus compensation, deferred compensation, profit sharing, severance pay, commissions, sick or time off pay, and so on, but PaychexOne is not responsible for these things (although they may be provided through PaychexOne's services) or for anything promised to you by anyone other than PaychexOne.

If your Worksite employer fails to comply with its obligations to PaychexOne, at most PaychexOne will be responsible to pay you minimum wage and applicable overtime for work you performed while covered under your Worksite Employer's contract with PaychexOne except to the extent an applicable law governing PaychexOne's services expressly provides otherwise. However, if you are employed in **South Carolina** full wages due will be paid but not any other consideration/benefit provided by the Worksite Employer. In **Texas** pursuant to section 91.032(c) of the Code the Worksite Employer is solely obligated to pay any wages for which an obligation to pay is created by an agreement, contract, plan, or policy between it and you; PaychexOne has not contracted to pay it.

In **Hawaii** PaychexOne is responsible for complying with laws relating to unemployment insurance, workers' compensation, temporary disability insurance, and prepaid health care coverage. In **Montana** PaychexOne reserves a right of direction and control over employees assigned to a Worksite Employer's location and retains authority to hire, terminate, discipline, and reassign employees, but your Worksite Employer retains sufficient direction and control over employees necessary to conduct business and without which it would be unable to conduct business, discharge fiduciary responsibilities, or comply with state licensing laws and has the right to accept or cancel the assignment of an employee. In **Rhode Island**, the obligations of PaychexOne and the worksite employer are defined in section 5-75-7(D)(4) of R.I. General Laws. In **South Carolina** we are operating under and subject to the Workers' Compensation Act of South Carolina. In case of accidental injury or death to an employee, the injured employee, or someone acting on his or her behalf, shall notify their supervisor or designated safety contact at the Worksite Employer immediately. Failure to give immediate notice may be the cause of serious delay in the payment of compensation to you or your beneficiaries and may result in failure to receive any compensation benefits.

If you are or become eligible to receive group health/welfare benefits through PaychexOne: You will receive a benefit package including materials explaining the benefits available and enrollment materials you must complete and submit; **If you do not receive your benefit package during your waiting period contact PaychexOne's Benefits Department immediately** (and before your coverage effective date); In order for benefits to become effective you must complete any applicable waiting period and submit enrollment materials to PaychexOne prior to the coverage effective date, failure to do so constitutes an election not to participate (if late enrollment is permitted pre-existing condition exclusions may apply to the extent a participant cannot demonstrate continuous coverage by submitting a HIPAA Certificate of Creditable Coverage); Your elections will remain in effect until the following annual enrollment period unless an eligible and submits required enrollment materials within 30 days of a qualifying event (see your enrollment packet for details); By enrolling in group benefits you authorize deductions from your pay for required participant contributions including deductions from your final pay if your employment terminates mid-month for coverages that extend through the full month which may include medical, dental, and vision (Flexible Savings Account Plan and Short- and Long-Term Disability terminate concurrently with termination).

SECTION 2. Dispute Resolution Agreement

In the event of a legal dispute between you and Paychex Business Solutions or an affiliated company (PaychexOne) or your Worksite Employer arising out of or in connection with your employment, application for employment, or separation from employment for which you are, were, or would be paid through PaychexOne other than a claim for workers' compensation benefits or unemployment benefits, you agree the following will apply:

Mandatory arbitration. Arbitration is an alternative to going to court. It is often faster, less expensive, and more convenient than going to court but allows the same remedies that a court could grant. The US Supreme Court has held that employees may be required to arbitrate disputes under the Federal Arbitration Act, the law which applies to this agreement to arbitrate. To the greatest extent allowed by law, **ANY DISPUTE SUBJECT TO THIS DISPUTE RESOLUTION AGREEMENT WILL BE RESOLVED EXCLUSIVELY THROUGH BINDING ARBITRATION** before a neutral arbitrator. You may initiate arbitration by filing with the American Arbitration Association, JAMS, or another mutually agreeable neutral arbitration service. To the extent not inconsistent with this agreement, the rules of the neutral arbitration service for individual (not collective) employment disputes will apply. If required by law, PaychexOne or your Worksite Employer will advance costs of arbitration. The arbitrator will: Have the authority to determine whether a dispute is subject to this agreement to arbitrate; Be able to grant the same remedies as a federal court (but no more); Apply the Federal Rules of Evidence and any applicable statutes of limitation; Render a reasoned, written decision based only on the evidence adduced and the law; and Grant reasonable attorney fees and costs to the prevailing party if permitted by applicable law. Arbitration will be held in the capital or largest city of the state where you were a Covered Employee under your relationship with PaychexOne or another mutually agreeable location, and PaychexOne and your Worksite Employer may participate in any arbitration proceedings by telephone or video conference.

Waiver of jury trial. If for any reason a matter is not arbitrated, to the greatest extent allowed by law, **THE MATTER WILL BE HEARD BY A JUDGE AND YOU WAIVE ANY RIGHT TO TRIAL BY JURY.** This provision will not apply in states where employers are by law not permitted to require employees to agree to it.

Waiver of class actions. To the greatest extent allowed by law, no matter how a matter subject to this Dispute Resolution Agreement is heard, you will participate only in your individual capacity and not as a member or representative of a class. This provision will not apply in states where employers are by law not permitted to require employees to agree to it.

Complaining to and cooperating with government agencies. Nothing in this Dispute Resolution Agreements prevents you from complaining to a government agency or lawfully cooperating with a government agency investigation or restricts your right to act collectively with other employees under Section 7 of the National Labor Relations Act.

Other agreements (including collective bargaining agreements). This Dispute Resolution Agreement will not apply to a matter based on an agreement with your Worksite Employer (for example, a nondisclosure or other restrictive covenant agreement, an employment contract, or an assignment of intellectual property) if the agreement provides for another way to resolve disputes, as long as PaychexOne is not a party to the matter and an insurance policy issued to PaychexOne is not providing coverage for the matter. If a dispute is subject to a collective bargaining agreement that is inconsistent with this Dispute Resolution Agreement, the collective bargaining agreement will control. This Dispute Resolution Agreement controls over any other conflicting agreement unless an attorney representing PaychexOne waives this Dispute Resolution Agreement in writing.

Survival of agreement. This Dispute Resolution Agreement will survive termination of your employment and of any relationship between you, PaychexOne, and/or your Worksite Employer.

Changes in law etc. Laws governing resolution of employment-related disputes change frequently and may vary in different jurisdictions so this Dispute Resolution Agreement must be flexible. With respect to any matter subject to this Dispute Resolution Agreement, if any part of this Dispute Resolution Agreement is held invalid, impermissible, or unenforceable the remainder will continue in full force and effect, and the invalid, impermissible, or unenforceable portion of this Dispute Resolution Agreement may be deemed automatically amended for purposes of that matter to the smallest extent necessary to render it valid, permissible, and enforceable as near as possible to its original intent.

EMPLOYEE SIGNATURE

Name _____ Social Security Number _____ - _____ - _____
Address _____ City _____ State _____ Zip _____
Telephone Number (_____) _____ Birth Date _____
Employee's Personal Email Address _____ Employee's Work Email Address _____

I acknowledge and agree to the terms of this New Employee Packet including Section 2. Dispute Resolution Agreement. I agree that my signature transmitted by fax or electronically or my electronic signature will be valid and binding as if it was an original signature.

Signature _____ Date _____

SECTION 3. EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite you to voluntarily self-identify your race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify specific individuals.

A visual assessment of the employee's National Origin/Race has been made as the employee has not voluntarily provided this information.

Gender Female Male

National Origin (if you meet the definition of Hispanic or Latino, check the box below.)

Hispanic or Latino (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)

Race (check the appropriate box)

White (Not of Hispanic or Latino origin. All persons having origins in any of the original peoples of Europe, North African or the Middle East.)

Black or African American (Not of Hispanic or Latino origin. All persons having origins in any of the Black racial groups of Africa)

Asian (Not of Hispanic or Latino origin. All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent.)

Native Hawaiian or Other Pacific Islander (Not of Hispanic or Latino origin. All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

American Indian or Alaskan Native (Not of Hispanic or Latino origin. persons having origins in any of the original peoples of North and South America, and who maintains tribal affiliation or community attachment.)

Two or More Races (Not of Hispanic or Latino origin. All persons who identify with more than one of the five races listed)

Mail or fax to:

970 Lake Carillon Drive, Suite 400 Fax: 1-800-668-7296 St. Petersburg, FL 33716

Internal Use Only

Underwriting Audit Updates

Workers' Comp Class Code _____

Benefit Insurance Class Code _____

Audit completed by _____

Payroll Audit _____

Client Name _____

Employee's Withholding Certificate

2022

▶ **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.**

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 estimator at www.irs.gov/W4App, 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 2022 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 total 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)
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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: 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

Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type of Account	Checking Savings	Account holder's Name:	
Routing/Transit Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Checking/Savings Account Number**	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Financial Institution ("Bank") Name			
I wish to deposit (check one): _____ % of Net Specific Dollar Amount \$ _____ .00 Remainder of Net Pay			

Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type of Account	Checking Savings	Account holder's Name:	
Routing/Transit Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Checking/Savings Account Number**	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Financial Institution ("Bank") Name			
I wish to deposit (check one): _____ % of Net Specific Dollar Amount \$ _____ .00 Remainder of Net Pay			

Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type of Account	Checking Savings	Account holder's Name:	
Routing/Transit Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Checking/Savings Account Number**	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Financial Institution ("Bank") Name			
I wish to deposit (check one): _____ % of Net Specific Dollar Amount \$ _____ .00 Remainder of Net Pay			

CONFIRMATION STATEMENT - PLEASE PRINT CLEARLY 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. I understand that this authorization will remain in full force and effect until I notify Company in writing that I wish to revoke my authorization. I understand that the Company requires at least 5 business days prior notice to cancel this authorization.

Employee/Worker Signature : _____ **Date**: _____
MM/DD/YY

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**: _____
MM/DD/YY

* 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.

Note:Digital or Electronic Signatures are not acceptable.