

**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 DaVinici Home Services, Inc 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 2971 Cherokee Street NW City Kennesaw State GA Zip 30144

\* 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 \_\_\_\_\_

Location Name Kennesaw 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) \_\_\_\_\_

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 Paychex®**

The company for which you perform services (your Worksite Employer) has engaged Paychex Business Solutions, LLC or an affiliated company ("Paychex") to provide professional employer organization services under which you will be paid by Paychex and Paychex 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 Paychex performs certain employment-related functions, but Paychex 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 Paychex relationship will not interfere with any collective bargaining agreement, and the relationship between you, your union, and your Worksite Employer is not affected by the relationship with Paychex.

You have no contract of employment with Paychex. Your Worksite Employer may enter into contracts with you. Paychex is not a party to or responsible for them and they will not be affected by the Paychex 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; Paychex is not responsible for them (although they may be provided through Paychex's services) or for anything promised to you by anyone other than Paychex.

If your Worksite Employer fails to comply with its obligations to Paychex, at most Paychex will be responsible to pay you minimum wage and applicable overtime for work you performed while covered under your Worksite Employer's contract with Paychex except to the extent an applicable law governing Paychex'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 and any other jurisdictions except to the extent required by law, the Worksite Employer is solely obligated to pay any wages for which an obligation to pay is created by an agreement, contact, plan, or policy between it and you; Paychex has not contracted to pay it.

In Hawaii Paychex is responsible for complying with laws relating to unemployment insurance, workers' compensation, temporary disability insurance, and prepaid health care coverage. In Montana Paychex 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 Paychex 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 Paychex:** 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 Paychex'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 Paychex 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 – Important, Please Read**

You may want to print this Agreement for your records, and if you would like to take time to review it or ask questions before agreeing you may do so.

You, Paychex, and the Worksite Employer agree:

What is this Agreement? This Agreement governs legal disputes between you and any Paychex- affiliated company which may include Oasis Outsourcing, LLC, Paychex Business Solutions LLC, their subsidiaries, and other affiliates that have Paychex, Inc. as their ultimate parent company (for convenience all these are referred to herein as "Paychex") or the business or organization you perform work for (your "Worksite Employer," which is an intended beneficiary of this Agreement) 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 Paychex.

### **MANDATORY ARBITRATION**

What is arbitration? Arbitration is an alternative to going to court. It can be faster, less expensive, and more convenient than going to court. 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.

Am I giving up my ability to get legal relief? No. You can get the same remedies in arbitration that you could get in court. The arbitrator will be neutral and you can retain a lawyer to represent you if you wish.

*What disputes will be decided by arbitration?* To the greatest extent allowed by law, except as otherwise provided below, **ANY DISPUTE BETWEEN YOU AND PAYCHEX OR YOUR WORKSITE EMPLOYER WILL BE RESOLVED EXCLUSIVELY THROUGH BINDING ARBITRATION.**

*How do I file for arbitration?* You may initiate arbitration by filing with the American Arbitration Association, JAMS, or another mutually agreeable neutral arbitration service. If required by law, Paychex or your Worksite Employer will advance costs of arbitration.

*How will arbitration work?* To the extent not inconsistent with this Agreement, the rules of the neutral arbitration service for individual (not class, representative, or collective) employment disputes will apply. The arbitrator will: Have the authority to determine whether a dispute is subject to this agreement to arbitrate (unless applicable law provides that a court make that determination); Be able to grant the same remedies as a federal court (but no more); Issue subpoenas to third parties; Apply the Federal Rules of Evidence and any applicable statutes of limitation; Provide the same opportunities for discovery as a federal court (but no more); Render a reasoned, written decision based only on the evidence adduced and the law; Grant summary judgment using the same standards as a federal court; 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 work, worked, or would have worked for your Worksite Employer, or another mutually agreeable location (Paychex may participate in arbitration proceedings by telephone or video conference).

*Are there any matters that are not subject to arbitration?* The following matters are not subject to the requirement to arbitrate in this Agreement: Unemployment claims; Workers' compensation claims; Claims that by law cannot be subject to pre-dispute arbitration agreements (such as certain sexual harassment and sexual assault claims); Administrative agency proceedings that by law are not subject to arbitration agreements (however, once the agency's proceedings are concluded if you pursue the matter further this Agreement will apply). Consolidation or joinder of claims of other claimants or claims not legally subject to pre-dispute arbitration agreements will not be permitted to circumvent this Agreement with respect to the claims to which it is legally permitted to apply, or to permit such claims to proceed as a class, representative, or collective action. If a dispute involves both claims that can and cannot be subject to arbitration agreements, the claims will be severed and the dispute will be stayed pending final determination of arbitration of claims that can be subject to arbitration agreements.

*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 jurisdictions or types of actions where employers are by law not permitted to require employees to agree to it.

*Waiver of class, collective, and representative actions.* To the greatest extent allowed by law, no matter whether a matter subject to this Agreement is heard in court, arbitration, or any other forum, **THE PARTIES WILL PARTICIPATE ONLY IN THEIR INDIVIDUAL CAPACITIES AND NOT AS MEMBERS OR REPRESENTATIVES OF A CLASS, COLLECTIVE GROUP, OR ANOTHER PERSON, GOVERNMENT/GOVERNMENTAL AGENCY, OR ORGANIZATION WITH RESPECT TO HARMS ALLEGEDLY SUFFERED BY ANYONE OTHER THAN THEMSELVES(INCLUDING, BUT NOT LIMITED TO CLAIMS UNDER CALIFORNIA'S LABOR CODE PRIVATE ATTORNEYS GENERAL ACT OF 2004).** This provision will not apply in jurisdictions or types of actions where employers are by law not permitted to require employees to agree to it.

*Complaining to and cooperating with government agencies etc.* Nothing in this Agreement prevents you from complaining to or filing a charge with a government agency, lawfully cooperating with a government agency investigation, or testifying in a legal proceeding, and this Agreement does not restrict your right to act collectively with other employees under Section 7 of the National Relations Act.

*Are there any other people covered by this Agreement?* If a legal dispute involves owners, directors, officers, managers, employees, benefit plan administrators, or insurers of Paychex or your Worksite Employer, or anyone alleged to be joint employers with Paychex or your Worksite Employer (all of which are intended beneficiaries of this Agreement), that dispute also will be governed by this Agreement including its arbitration, jury trial waiver, and class/representative/collective action waiver provisions.

*Other agreements (including collective bargaining agreements) and waivers.* This 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 Paychex is not a party to the matter and an insurance policy issued to Paychex is not providing coverage for the matter. If a dispute is subject to a collective bargaining agreement that is inconsistent with this Agreement, the collective bargaining agreement will control. This Agreement controls over any other conflicting agreement unless an attorney representing Paychex waives this Agreement in writing. No waiver of this Agreement in a particular matter will operate as a waiver as to any other matters.

*Survival of agreement.* This Agreement will survive termination of your employment and of any relationship between you, Paychex, 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 Agreement must be flexible. If any part of this Agreement is held invalid, impermissible, or unenforceable with respect to a dispute, the invalid, impermissible, or unenforceable part of this Agreement will be deemed automatically amended for purposes of the dispute to the extent necessary to render it valid, permissible, and enforceable as near as possible to its original intent (which expressly includes the intent to not resolve matters by class, collective, or representative actions to the greatest extent allowed by law), and to the extent it is not or cannot be so amended for any reason the provisions of this Agreement are severable and the remainder of this Agreement will continue to apply. Similarly, any provision required by law to be included in this Agreement to make it valid, permissible, and enforceable with respect to a dispute will be deemed included for purposes of that dispute to the extent necessary to make this Agreement 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.

<b>Step 1:</b> 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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	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](http://www.irs.gov/W4App), and privacy.

**Step 2:** 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.

**Multiple Jobs or Spouse Works**

Do only one of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://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.)

<b>Step 3:</b> 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	\$
<b>Step 4 (optional):</b> 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:** Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Sign Here**

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

<b>Employers Only</b>	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 DaVinci Home Services - (741-20020389)

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	<input type="checkbox"/> Update existing account	<input type="checkbox"/> Replace existing account	Last 4 digits of the existing account number <input type="text"/>
Type of Account	Checking Savings	Account holder's Name:	
Routing/Transit Number	<input type="text"/>		
Checking/Savings Account Number**	<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	<input type="checkbox"/> Update existing account	<input type="checkbox"/> Replace existing account	Last 4 digits of the existing account number <input type="text"/>
Type of Account	Checking Savings	Account holder's Name:	
Routing/Transit Number	<input type="text"/>		
Checking/Savings Account Number**	<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	<input type="checkbox"/> Update existing account	<input type="checkbox"/> Replace existing account	Last 4 digits of the existing account number <input type="text"/>
Type of Account	Checking Savings	Account holder's Name:	
Routing/Transit Number	<input type="text"/>		
Checking/Savings Account Number**	<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 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.