

**DIVISION OF ADMINISTRATIVE SERVICES**

**HUMAN RESOURCES  
PAYROLL TRAINING**

# AGENDA:

## Payroll New Hire Checklist - Required Forms:

- Employee Personnel Information
- Direct Deposits / Pay Cards
- Federal and State Tax forms

## KRONOS

- Multiple Shifts on a Day
- Leave of Absences
- Executive Order Leave (Annual Leave)
- Excessive Leave Report
- Pay Period Close

## Pay Period End Review

## Security Posts

## Revised Separation Cover Sheet

## Questions

# PAYROLL NEW HIRE CHECKLIST

- The DAS Payroll New Hire Checklist must be completed for all new employees. This includes transfer-ins from other Departments.
- If your new employee's work location will be in Charleston, Parkersburg or Wheeling, you must check the box so the appropriate user fee can be added.
- Please submit this Payroll New Hire coversheet along with all forms listed, to [DASHR@wv.gov](mailto:DASHR@wv.gov) within the first few days of employment to avoid delays.
- List your Facility's Initials, Employee's Name and Payroll New Hire packet in the subject line of the email.

Revised 4/5/22

WV Division of Administrative Services

1124 Smith Street, 2nd Floor, Suite 2100  
Charleston, WV 25301

phone: (304) 558-2350 fax: (304) 558-4878

<b>PAYROLL</b>	
<b>New Hire</b>	
Temp	Permanent
please check one	

Submit this Cover Sheet along with the forms listed below to DAS at [DASHR@wv.gov](mailto:DASHR@wv.gov)

Employee Name		Oasis ID#	
FACILITY		Hire Date	

<b>Direct Deposit / Pay Card</b>	Check One		
	Direct Deposit	<input type="checkbox"/>	
	Pay Card	<input type="checkbox"/>	Faxed to Auditor's Epayments (304)340-5084

Oasis Document # for Direct Deposit: (NPD)\*

<b>TAXES</b>	<b>STATE TAX</b>						<b>FEDERAL TAX FORM</b>	
	please circle which state below							
	WV	KY	MD	OH	PA	VA	W-4	
If not WV, Certificate of Non-Residence must be completed							Received: _____	

Oasis Document # for Taxes: (TAX)\*

<b>Charleston User Fee</b>	ONLY FOR EMPLOYEES WHO'S WORK LOCATION IS IN CHARLESTON, WV	
Code: UFCHS	Check Box if Employee works in Charleston	(MISC)*

<b>Parkersburg User Fee</b>	ONLY FOR EMPLOYEES WHO'S WORK LOCATION IS IN PARKERSBURG, WV	
Code: UFPKB	Check Box if Employee works in Parkersburg	(MISC)*

<b>Wheeling User Fee</b>	ONLY FOR EMPLOYEES WHO'S WORK LOCATION IS IN WHEELING, WV	
Code: UFWHL	Check Box if Employee works in Wheeling	(MISC)*

## Required Payroll Forms

\*Prior to sending to DAS for processing, please review the forms below for errors or missing information\*

Employee Personnel Information Form - check that name spelling, address(es) and social matches Oasis	
Oasis Direct Deposit or Paycard Form	
Federal Tax Form - W- 4	
WV State Tax Form - WV/IT-104 (if employee lives in West Virginia)	
If Employee <u>does not</u> live in WV, Tax form for Kentucky, Maryland, Ohio or Virginia (PA does not have one)	
must also include WV Certificate of Non-Residence if State Tax is not WV	

# EMPLOYEE PERSONNEL INFORMATION FORM

Have new employees or transfers complete the Employee Personnel Information Form.

Confirm their name spelling, Social Security Number and their physical and mailing addresses are correct in Oasis prior to sending to DAS.

Revised 4/5/22

WV Division of Administrative Services

## Employee Personnel Information

please print clearly

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Employee **Physical** Address: \_\_\_\_\_  
(please print clearly)

Employee **Mailing** Address: \_\_\_\_\_  
(if different than Physical address)

County: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**\*\*prior to sending to DAS, please ensure that name spelling, address(es) and social security number match what's in Oasis**

# DIRECT DEPOSITS AND WV PAY CARDS

- All employees must have a Direct Deposit account or a WV Pay Card.
- The cutoff to have Direct Deposits entered and approved in the system is on Thursday, one week prior to payday. If Direct Deposit is not set up timely in wvOasis, the system will automatically issue the employee a Pay Card.
- When you have a new employee who has prior state service, reach out to your DAS Payroll contact to see if they still have Direct Deposit information listed in Oasis. If they do, and they want their pay to go into a different account, they must complete a wvOasis Payroll Direct Deposit Change Form instead of a Setup Form. The same applies if their Direct Deposit is not received, entered and approved in wvOasis prior to the cutoff. Once the system automatically generates a Pay Card, the employee must now do a Change Form instead of a setup.
- **All highlighted areas must be completed and handwriting must be legible. If you can not read it, it will more than likely get rejected.**

# DIRECT DEPOSIT SETUP FORM

- The wvOasis Employee ID is not their “A-E” number. Their Employee ID is located in Oasis as well as on their completed ESMT.
- Verify that the employee’s social security number is correct before sending to DAS.
- Bank Name, Routing Number and Account Number must be legible and match their backup. If backup is a counter check, you must sign that you received it directly from the employee.
- Checking or Savings must be marked.
- If employee has a Secondary Account(s), the same information must be completed and reviewed. The specific dollar amount the employee wants deposited into their secondary account(s) per pay period, must be listed.
- Ensure that the employee has signed and dated the form.
- In the bottom section, please enter your facility’s name and phone number. Please sign and date where it says Payroll Representative’s Signature. The date must be the same date the employee signed or after.

Print all Direct Deposit Forms from MyApps

**wvOASIS** Payroll Direct Deposit Setup Form

West Virginia State Auditor’s Office, ePayments Division  
www.wvsao.gov

**PLEASE FORWARD TO YOUR STATE AGENCY PAYROLL DEPARTMENT ONCE COMPLETED**

FIRST NAME:  MI:  LAST NAME:

wvOASIS EMPLOYEE ID:             - This # is located on the completed ESMT & in Oasis.

SSN:           - Verify the SSN before sending.

Payroll Primary Account:

BANK NAME:  Select Checking OR Saving

ROUTING #:   Checking - Attach a voided check

ACCOUNT #:   Saving

Payroll Secondary Account(s): If you have more than two secondary accounts, please complete an additional form

BANK NAME:   Checking - Attach a voided check

ROUTING #:   Saving

ACCOUNT #:  Dollar Amount

BANK NAME:   Checking - Attach a voided check

ROUTING #:   Saving

ACCOUNT #:  Dollar Amount

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to the account(s) as indicated above and to initiate debit entries as adjustments for credit entries made in error. The STATE will not be responsible for any loss that may arise solely by reason of error, mistake, omission or fraud regarding information provided on this form. This authority is to remain in full force and effect until I have filed a new payroll form in a timely manner so as to afford the STATE a reasonable opportunity to act. I further acknowledge that my employee pay stub will be made available to me through a secure internet web site.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by the State Agency Payroll Department

State Agency:  Your Facility Name Phone #:  Your Facility Phone Number

I hereby certify I am a payroll representative of the herein named State Agency and that being so authorized I do certify the information listed and attached with this authorization has been received from the employee indicated above.

Payroll Representative’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Your Facility’s HR/Payroll Signature Date shouldn’t be before the employee’s date.

Pursuant to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405(j). Failure to provide a Social Security Number will prevent us from processing your direct deposit request.

Revised 11/2018

# DIRECT DEPOSIT CHANGE FORM

- The wvOasis Employee ID is not their “A-E” number. Their Employee ID is located in Oasis as well as on their completed ESMT.
- Verify that the employee’s social security number is correct before sending to DAS.
- Primary Account Changes
- Secondary Account Changes
  - Changing Amount Only
  - Changing Bank account
  - If employee is setting up a new Secondary Account, they must use the Direct Deposit Setup form not the change form.

**wvOASIS Payroll Direct Deposit Change Form**  
West Virginia State Auditor's Office, ePayments Division  
www.wvsao.gov

Print all Direct Deposit Forms from MyApps

PLEASE FORWARD TO YOUR STATE AGENCY PAYROLL DEPARTMENT ONCE COMPLETED

First Name:  MI:  Last Name:

wvOASIS Employee ID:  - This # is located on the completed ESMT & in Oasis.

SSN:  - Verify the SSN before sending.

**PAYROLL PRIMARY ACCOUNT CHANGE**

**CHANGE ACCOUNT INFORMATION FROM**

BANK NAME:  *Current direct deposit information in Oasis*

ROUTING #:

ACCOUNT #:

Select Checking OR Saving

Checking - Attach a voided check

Saving

**CHANGE ACCOUNT INFORMATION TO**

BANK NAME:  *Direct deposit information the employee is changing to*

ROUTING #:

ACCOUNT #:

Select Checking OR Saving

Checking - Attach a voided check

Saving

**PAYROLL SECONDARY ACCOUNT(S)** If you have more than two secondary accounts, please complete an additional form.

*Current direct deposit info in Oasis*

**CURRENT ACCOUNT INFORMATION ON FILE**

BANK NAME:

ROUTING #:

ACCOUNT #:

Select Checking OR Saving

Checking - Attach a voided check

Saving

*Check this box if employee is changing entire account.*

Change acct info from

Change Amt only

*Current dollar amount in Oasis*

Dollar Amt:

*Check this box if employee is only changing the disbursement amount OR if the employee is wanting to close this account.*

**CHANGE ACCOUNT INFORMATION TO**

BANK NAME:

ROUTING #:

ACCOUNT #:

Select Checking OR Saving

Checking - Attach a voided check

Saving

Dollar Amt:

*If closing the account, enter a zero.*

*If changing the dollar amount, enter the new dollar amount.*

*If employee is closing account or changing the dollar amount, put the same info as above.*

PAGE 1 OF 2

# DIRECT DEPOSIT CHANGE FORM (CONTINUED)

- Ensure that employee has printed, signed and dated the form.
- In the bottom section, please enter your facility's name and phone number. Please sign and date where it says Payroll Representative's Signature. The date must be the same date the employee signed or after.

**PAYROLL SECONDARY ACCOUNT(S) CONTINUED**

**CURRENT ACCOUNT INFORMATION ON FILE**

BANK NAME:   Checking - Attach a voided check  Change acct info from  
 ROUTING #:   Saving  Change Amt only  
 ACCOUNT #:  Dollar Amt:

**CHANGE ACCOUNT INFORMATION TO**

BANK NAME:   Checking - Attach a voided check  
 ROUTING #:   Saving  
 ACCOUNT #:  Dollar Amt:

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to the account(s) as indicated above and to initiate debit entries as adjustments for credit entries made in error. The STATE will not be responsible for any loss that may arise solely by reason of error, mistake, omission or fraud regarding information provided on this form. This authority is to remain in full force and effect until I have filed a new payroll form in a timely manner so as to afford the STATE a reasonable opportunity to act. I further acknowledge that my employee pay stub will be made available to me through a secure internet web site.

Print Name:   
 Employee Signature:  Date:

To be completed by the State Agency Payroll Department

State Agency:  **Your Facility Name** Phone:  **Your Facility Phone Number**

I hereby certify I am a payroll representative of the herein named State Agency and that being so authorized I do certify the information listed and attached with this authorization has been received from the employee indicated above.

Payroll Representative's Signature:  **Your Facility's HR/Payroll Signature** Date:  *Date shouldn't be before the employee's date*

Pursuant to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405(c). Failure to provide a Social Security Number will prevent us from processing your direct deposit request.







# DIRECT DEPOSIT SCENARIO 3

Mrs. Simmons currently only has a Primary account and wants to add a Secondary account.

What 1 thing is wrong with her form?

(Assume that her voided check was provided and routing and account numbers are correct).

**mOASIS Payroll Direct Deposit Change Form**  
West Virginia State Auditor's Office, ePayments Division  
www.wvsao.gov

PLEASE FORWARD TO YOUR STATE AGENCY PAYROLL DEPARTMENT ONCE COMPLETED

First Name: Madrea MI: E Last Name: Simmons  
wvOASIS Employee ID: 113328  
SSN: 000-00-0000

**PAYROLL PRIMARY ACCOUNT CHANGE**

**CHANGE ACCOUNT INFORMATION FROM**

BANK NAME:   Checking - Attach a voided check  
ROUTING #:   Saving  
ACCOUNT #:

**CHANGE ACCOUNT INFORMATION TO**

BANK NAME:   Checking - Attach a voided check  
ROUTING #:   Saving  
ACCOUNT #:

**PAYROLL SECONDARY ACCOUNT(S)** If you have more than two secondary accounts, please complete an additional form.

**CURRENT ACCOUNT INFORMATION ON FILE**

BANK NAME: BBBT  Checking - Attach a voided check  Change acct info from  
ROUTING #: 041589732  Saving  Change Amt only  
ACCOUNT #: 08713245 Dollar Amt: \$ 200.00

**CHANGE ACCOUNT INFORMATION TO**

BANK NAME:   Checking - Attach a voided check  
ROUTING #:   Saving  
ACCOUNT #:  Dollar Amt:

PAGE 1 OF 2

**mOASIS Payroll Direct Deposit Change Form**  
West Virginia State Auditor's Office, ePayments Division  
www.wvsao.gov

**PAYROLL SECONDARY ACCOUNT(S) CONTINUED**

**CURRENT ACCOUNT INFORMATION ON FILE**

BANK NAME:   Checking - Attach a voided check  Change acct info from  
ROUTING #:   Saving  Change Amt only  
ACCOUNT #:  Dollar Amt:

**CHANGE ACCOUNT INFORMATION TO**

BANK NAME:   Checking - Attach a voided check  
ROUTING #:   Saving  
ACCOUNT #:  Dollar Amt:

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to the account(s) as indicated above and to initiate debit entries as adjustments for credit entries made in error. The STATE will not be responsible for any loss that may arise solely by reason of error, mistake, omission or fraud regarding information provided on this form. This authority is to remain in full force and effect until I have filed a new payroll form in a timely manner so as to afford the STATE a reasonable opportunity to act. I further acknowledge that my employee pay stub will be made available to me through a secure internet web site.

Print Name: Madrea E Simmons  
Employee Signature: Madrea E Simmons Date: 4-1-22

To be completed by the State Agency Payroll Department

State Agency: WV DAS Phone: 304-558-2350

I hereby certify I am a payroll representative of the herein named State Agency and that being so authorized I do certify the information listed and attached with this authorization has been received from the employee indicated above.

Payroll Representative's Signature: Zhane Symms Date: 4-1-22

Pursuant to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405(c). Failure to provide a Social Security Number will prevent us from processing your direct deposit request.

PAGE 2 OF 2

Revised 11/2016

# DIRECT DEPOSIT SCENARIO 4

Mr. Lowrey has 2 Secondary Bank accounts. He wants to change his State CU Checking account disbursement from \$700 to \$500. He also wants to change his Savings Account disbursement from \$400 to \$300.

What 5 things are wrong with his form?

State CU  
120 York Drive  
Nitro, WV 25888

March 31, 2022

To whom it may concern, Mike Lowrey has the following account with State CU.

Checking account number: 1234657  
Savings account number: 12346570  
Routing number: 123456789

If you have any questions, please contact me at the number listed below.

Thank you,

Barbara Spain  
State CU  
304-988-1285  
B.Spain@StateCU.gov

**mOASIS Payroll Direct Deposit Change Form**  
West Virginia State Auditor's Office, ePayments Division  
www.wvsao.gov

PLEASE FORWARD TO YOUR STATE AGENCY PAYROLL DEPARTMENT ONCE COMPLETED

First Name: Mike MI:  Last Name: Lowrey

WV OASIS Employee ID: 135337  
SSN: 123-45-6789

**PAYROLL PRIMARY ACCOUNT CHANGE**

**CHANGE ACCOUNT INFORMATION FROM**

BANK NAME:   Checking - Attach a voided check  
ROUTING #:   Saving  
ACCOUNT #:

**CHANGE ACCOUNT INFORMATION TO**

BANK NAME:   Checking - Attach a voided check  
ROUTING #:   Saving  
ACCOUNT #:

**PAYROLL SECONDARY ACCOUNT(S) If you have more than two secondary accounts, please complete an additional form.**

**CURRENT ACCOUNT INFORMATION ON FILE**

BANK NAME: State CU  Checking - Attach a voided check  Change acct info from  
ROUTING #: 123456789  Saving  Change Amt only  
ACCOUNT #: 1234657 Dollar Amt: \$500.00

**CHANGE ACCOUNT INFORMATION TO**

BANK NAME:   Checking - Attach a voided check  
ROUTING #:   Saving  
ACCOUNT #:  Dollar Amt:

PAGE 1 OF 2

**mOASIS Payroll Direct Deposit Change Form**  
West Virginia State Auditor's Office, ePayments Division  
www.wvsao.gov

**PAYROLL SECONDARY ACCOUNT(S) CONTINUED**

**CURRENT ACCOUNT INFORMATION ON FILE**

BANK NAME: State CU  Checking - Attach a voided check  Change acct info from  
ROUTING #: 123456789  Saving  Change Amt only  
ACCOUNT #: 12346570 Dollar Amt: \$300.00

**CHANGE ACCOUNT INFORMATION TO**

BANK NAME:   Checking - Attach a voided check  
ROUTING #:   Saving  
ACCOUNT #:  Dollar Amt:

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to the account(s) as indicated above and to initiate debit entries as adjustments for credit entries made in error. The STATE will not be responsible for any loss that may arise solely by reason of error, mistake, omission or fraud regarding information provided on this form. This authority is to remain in full force and effect until I have filed a new payroll form in a timely manner so as to afford the STATE a reasonable opportunity to act. I further acknowledge that my employee pay stub will be made available to me through a secure internet web site.

Print Name: Mike Lowrey  
Employee Signature: Mike Lowrey Date: 4.1.22

To be completed by the State Agency Payroll Department

State Agency: WV DAs Phone: 304.558.2350

I hereby certify I am a payroll representative of the herein named State Agency and that being so authorized I do certify the information listed and attached with this authorization has been received from the employee indicated above.

Payroll Representative's Signature: Zhane Symons Date: 3-31-22

Permitted to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405(c). Failure to provide a Social Security Number will prevent us from processing your direct deposit request.

PAGE 2 OF 2

Revised 11/2016

# WV PAY CARD FORM

- wvOasis Employee ID is not their “A-E” number. Their Employee ID is located in Oasis as well as on their completed ESMT.
- Verify that the employee’s Social Security Number and DOB are correct.
- Employee MUST list a Physical Address even if they don’t have mail delivered to their home, or they cannot be issued a Pay Card.
- If employee has a different Mailing Address than Physical Address, please be sure to list it on the Pay Card form. If they don’t have a separate mailing address, employee can just list “Same.”
- Address(es) on the Pay Card form MUST match Oasis. Pay Cards will be mailed in a plain white envelope to the Employee’s Mailing Address.
- Ensure that employee has signed and dated the form.
- In the bottom section, please enter your facility’s name and phone number. Please sign and date where it says Payroll Representative’s Signature. The date must be the same date the employee signed or after.

**Print Pay Card Form From MyApps** **WV Pay Card Form** Revised 11/05/2021  
West Virginia State Auditor's Office, ePayments Division - 1900 Kanawha Blvd., E., State Capitol, Bldg. 1, Room W-100, Charleston, Telephone: 1-800-500-4079 Fax: (304) 558-4225 www.wvsao.gov

Pursuant to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405(j). Failure to provide a Social Security Number will prevent us from processing your request. The information below will be used by U.S. Bank to verify identification in order to be in compliance with the USA Patriot Act and the OFAC verification.

### EMPLOYEE INFORMATION

First Name:  MI:  Last Name:

wvOASIS Employee ID:  ← This # is located on the completed ESMT.

SSN:    -   -     ← Verify the SSN before sending.

Home Phone #:

Physical Address:

City:  State:  Zip Code:

Mailing Address:  If this is different from the mailing address, confirm that both addresses are in Oasis.

City:  State:  Zip Code:

Date of Birth:          
M M D D Y Y Y Y

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to my WV Paycard as indicated, and to initiate debit entries as adjustments for credit entries made in error. The State will not be responsible for any loss that may arise solely by reason of error, mistake, omission or fraud regarding information provided on this form. This authority is to remain in full force and effect until I have filed a new payroll form in a timely manner so as to afford the STATE a reasonable opportunity to act. I further acknowledge that my employee pay stub will be made available to me through a secure internet web site.

Employee's Signature: \_\_\_\_\_ Date:

---

**To be completed by the State Agency Payroll Department.**

State Agency:  Your Facility Name Phone #:  Your Facility Phone Number Ext #:

I hereby certify that I am a payroll representative of the herein named agency and being so authorized I do certify the information listed and attached has been received from the named employee.

Payroll Representative's Signature:  Your Signature Date:

Date shouldn't be before the employee's date.

# WV PAY CARD SCENARIO 5

Mr. Johnson has elected to receive the WV Pay Card instead of Direct Deposit.

What 2 things are wrong with his form?

Pursuant to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405(c). Failure to provide a Social Security Number will prevent us from processing your request. The information below will be used by U.S. Bank to verify identification in order to be in compliance with the USA Patriot Act and the OFAC verification.

### EMPLOYEE INFORMATION

First Name:  MI:  Last Name:

WV OASIS Employee ID:

SSN:    -   -

Home Phone #:

Physical Address:

City:  State:  Zip Code:

Mailing Address:

City:  State:  Zip Code:

Date of Birth:          
M M D D Y Y Y Y

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to my WV Paycard as indicated, and to initiate debit entries as adjustments for credit entries made in error. The State will not be responsible for any loss that may arise solely by reason of error, mistake, omission or fraud regarding information provided on this form. This authority is to remain in full force and effect until I have filed a new payroll form in a timely manner so as to afford the STATE a reasonable opportunity to act. I further acknowledge that my employee pay stub will be made available to me through a secure internet web site.

Employee's Signature:  Date:

### To be completed by the State Agency Payroll Department.

State Agency:  Phone #:  Ext #:

I hereby certify that I am a payroll representative of the herein named agency and being so authorized I do certify the information listed and attached has been received from the named employee.

Payroll Representative's Signature:  Date:

# FEDERAL TAX FORM W-4

- Ensure that you are using the correct year's tax form.
- Verify that the employee's full Social Security Number is correct.
- Employee's address must match what is listed in Oasis.
- Employee must mark 1 box in Step 1-C: Single, Married or Head of Household.
- In Step 3, if you wish to claim dependents, multiply the number of qualifying children under age 17 by \$2000 and the number of other dependents by \$500. Add amounts together and list on line 3. If employee wants to claim 0, enter 0. Line 3 can't be blank.
- If employee wants additional tax withheld per pay period, enter the dollar amount in box 4C.
- Ensure that employee has signed and dated the form.
- In the bottom section, please enter your facility's name, address and first date of the employee's employment.
- Ensure that the Employer Identification Number (EIN) box is blank.

**Form W-4 Employee's Withholding Certificate** OMB No. 1545-0074  
**2022**

Department of the Treasury Internal Revenue Service

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
▶ Give Form W-4 to your employer.  
▶ Your withholding is subject to review by the IRS.

**Step 1: Enter Personal Information**

(a) First name and middle initial Last name (b) Social security number  
Verify the SSN before sending.

Address  
Verify this address with the one in Oasis.

City or town, state, and ZIP code

Select One

Line 1 - Single (c)  Single or Married filing separately  
Line 2 - Married  Married filing jointly or Qualifying widow(er)  
Line 3 - H. O. H.  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.)

▶ 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.

**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: 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](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.)

**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)  
**DO NOT WRITE IN THIS BOX**

# WV STATE TAX FORM

- If employee does not reside in WV, they do not need to complete this form. They will need to complete a Certificate of Non-Residence Form and the State Tax Form for the state in which they reside - with the exception of Pennsylvania who does not have a State Tax Form.
- Ensure that you are using the correct year's tax form. Current State form says Rev. 12/20.
- Verify that the employee's full Social Security Number is correct.
- Employee's address must match what is listed in Oasis.
- Employee must write in EITHER Line 1 or Line 2 – not both. Line 1 for Single, Line 2 for Married.
- Enter the total number of exemptions in the Box on Line 4.
- On Line 5, either leave blank or put an X - do not put 0.
- If employee wants additional withholdings per pay period, enter the dollar amount on Line 6.
- Employee must sign and date the form.



**FORM WV IT-104**  
**WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE**

Complete this form and present it to your employer to avoid any delay in adjusting the amount of state income tax to be withheld from your wages.

If you do not complete this form, the amount of tax that is now being withheld from your pay may not be sufficient to cover the total amount of tax due the state when filing your personal income tax return after the close of the year. You may be subject to a penalty on tax owed the state.

Individuals are permitted a maximum of one exemption for themselves, plus an additional exemption for their spouse and any dependent other than their spouse that they expect to claim on their tax return.

**If you are married and both you and your spouse work and you file a joint income tax return, or if you are working two or more jobs, the revised withholding tables should result in a more accurate amount of tax being withheld.**

If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, you must check the box on line 5.

When requesting withholding from pension and annuity payments you must present this completed form to the payor. Enter the amount you want withheld on line 6.

If you determine the amount of tax being withheld is insufficient, you may reduce the number of exemptions you are claiming or request additional taxes be withheld from each payroll period. Enter the additional amount you want to have withheld on line 6.

----- cut here -----

Make sure the Rev. Date is 12/20. This is the most recent version

WVIT-104 Rev. 12/20

**WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ *Verify the SSN before sending.*

Address \_\_\_\_\_ *Verify this address with the one in Oasis.*

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

1. If **SINGLE** and you claim an exemption, enter "1", if you do not, enter "0" \_\_\_\_\_

2. If **MARRIED**, one exemption each for husband and wife if not claimed on another certificate.  
 (a) If you claim both of these exemptions, enter "2"  
 (b) If you claim one of these exemptions, enter "1"  
 (c) If you claim neither of these exemptions, enter "0" \_\_\_\_\_

3. If you claim exemptions for one or more dependents, enter the number of such exemptions. \_\_\_\_\_

4. Add the number of exemptions which you have claimed above and enter the total \_\_\_\_\_  *Enter the total number of exemptions in box 4.*

5. If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, check here

6. Additional withholding per pay period under agreement with employer, enter amount here \_\_\_\_\_ \$ \_\_\_\_\_

I certify, under penalties provided by law, that the number of exemptions claimed in this certificate is not in excess of those to which I am entitled.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Put an "X" or a check in this box ONLY if you wish to have taxes withheld at a lower rate. Otherwise, LEAVE BLANK.



# WV CERTIFICATE OF NON-RESIDENCE

- Ensure that you are using the correct year's tax form. Current State form says Rev. 12/20.
- Verify that the employee's full social security number is correct .
- Employee's address must match what is listed in Oasis.
- Do not write in the box in paragraph 4 unless your spouse is a member of the military.
- In paragraph 5, enter the state the employee's taxes are being withheld from.
- Employee must sign and date the form.

----- cut here -----

WVIT-104NR  
Rev. 12/20

**WEST VIRGINIA CERTIFICATE OF NONRESIDENCE**

This form is to be completed by employees who reside in Kentucky, Maryland, Ohio, Pennsylvania, Virginia or by an employee who is a Military Spouse exempt from income tax on wages.

If you are a resident of Kentucky, Maryland, Ohio, Pennsylvania or Virginia and your only source of income from West Virginia is wages or salaries, you are exempt from West Virginia Personal Income Tax Withholding. Upon receipt of this form, properly completed, your employer is authorized to discontinue the withholding of West Virginia Income Tax from your wages or salaries earned in West Virginia.

If you are a military spouse and (a) your spouse is a member of the armed forces present in West Virginia in compliance with military orders; (b) you are present in West Virginia solely to be with your spouse; and (c) you maintain your domicile in another State and you are claiming exemption under the Servicemember Civil Relief Act, enter your state of domicile (legal residence) on the following statement and attach a copy of your spousal military identification card. **DO NOT write in this section unless your spouse is a member of the military.**

I certify that I am a legal resident of the state of \_\_\_\_\_ and am not subject to West Virginia withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ **Verify the SSN before sending.**

Address \_\_\_\_\_ **Verify this address with the one in Oasis**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**List the State that taxes are being withheld in.**

I hereby certify, under penalties provided by law, that I am not a resident of West Virginia, that I reside in the State of \_\_\_\_\_ and live at the address shown on this certificate, and request is hereby made to my employer to NOT withhold West Virginia income tax from wages paid to me. If at any time hereafter I become a resident of West Virginia, or otherwise lose my status of being exempt from West Virginia withholding taxes, I will properly notify my employer of such fact within ten (10) days from the date of change so that my employer may then withhold West Virginia income tax from my wages.

I certify that the above statements are true, correct, and complete.

Date \_\_\_\_\_ Signature \_\_\_\_\_

# FEDERAL TAX W-4 SCENARIO 1

Mr. Gump is a new hire and just completed his Federal W-4 Tax form; he is wanting to claim Married 0.

What 2 things are wrong with his form?

Form <b>W-4</b>		Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. ▶ Give Form W-4 to your employer. ▶ Your withholding is subject to review by the IRS.		<b>2022</b>
<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number	
	Forrest W Gump		133-45-6789	
	Address 1305 Washington Street City or town, state, and ZIP code Charleston WV 25304		▶ 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> .	
(c) <input type="checkbox"/> Single or Married filing separately <input checked="" 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 <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> , and privacy.				
<b>Step 2:</b> 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 <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> 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 . . . ▶ <input type="checkbox"/> 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</b> (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) \$ _____	
<b>Step 5:</b> Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. Forrest W Gump Employee's signature (This form is not valid unless you sign it.) _____ Date _____			
<b>Employers Only</b>	Employer's name and address WV DAS 1124 Smith Street Charleston, WV 25301	First date of employment 3/28/2022	Employer identification number (EIN)	

# FEDERAL TAX W-4 SCENARIO 2

Ms. Williams wants to change her Federal tax form from Married 0 to Married but filing at the Single rate and 0.


What 2 things are wrong with her form?

Form <b>W-4</b>		Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. ▶ Give Form W-4 to your employer. ▶ Your withholding is subject to review by the IRS.		<b>2022</b>
<b>Step 1:</b>	(a) First name and middle initial <i>Layah D</i>	Last name <i>Williams</i>	(b) Social security number	
<b>Enter Personal Information</b>	Address <i>2224 Zabel Drive</i>		▶ 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 <i>Charleston WV 25302</i>			
	(c) <input checked="" 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.)			
<b>Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.</b> See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> , and privacy.				
<b>Step 2:</b>	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 <b>only one</b> of the following. (a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> 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 . . . ▶ <input type="checkbox"/> <b>TIP:</b> 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.			
<b>Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.</b> 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>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Claim Dependents 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 . . . . . <b>3</b> \$ <i>0</i>			
<b>Step 4 (optional):</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . . <b>4(a)</b> \$ _____ (b) <b>Deductions.</b> 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 . . . . . <b>4(b)</b> \$ _____ (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . . <b>4(c)</b> \$ _____			
<b>Step 5:</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.			
<b>Sign Here</b>	▶ <i>Layah Williams</i> Employee's signature (This form is not valid unless you sign it.)		▶ <i>3-31-22</i> Date	
<b>Employers Only</b>	Employer's name and address <i>WV Das 1234 Smith Street Charleston WV 25301</i>	First date of employment <i>5/2000</i>	Employer identification number (EIN) <i>12347489</i>	

# WV STATE TAX FORM SCENARIO 3

Mrs. Lyon is a current employee and wants to change her WV State Taxes to have an additional \$10 withheld.

What 2 things are wrong with her form?

  
**FORM WV IT-104**  
**WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE**

Complete this form and present it to your employer to avoid any delay in adjusting the amount of state income tax to be withheld from your wages.

If you do not complete this form, the amount of tax that is now being withheld from your pay may not be sufficient to cover the total amount of tax due the state when filing your personal income tax return after the close of the year. You may be subject to a penalty on tax owed the state.

Individuals are permitted a maximum of one exemption for themselves, plus an additional exemption for their spouse and any dependent other than their spouse that they expect to claim on their tax return.

**If you are married and both you and your spouse work and you file a joint income tax return, or if you are working two or more jobs, the revised withholding tables should result in a more accurate amount of tax being withheld.**

If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, you must check the box on line 5.

When requesting withholding from pension and annuity payments you must present this completed form to the payor. Enter the amount you want withheld on line 6.

If you determine the amount of tax being withheld is insufficient, you may reduce the number of exemptions you are claiming or request additional taxes be withheld from each payroll period. Enter the additional amount you want to have withheld on line 6.

----- cut here -----

WVIT-104  
Rev. 12/20

**WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE**

Name Cookie Lyon Social Security Number 123-45-6789

Address 123 Main Street

City Plainsville State WV Zip Code 25387

1. If SINGLE, and you claim an exemption, enter "1". If you do not, enter "0" ..... 0

2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.  
(a) If you claim both of these exemptions, enter "2"  .....  
(b) If you claim one of these exemptions, enter "1"  .....  
(c) If you claim neither of these exemptions, enter "0"  .....

3. If you claim exemptions for one or more dependents, enter the number of such exemptions. .... 0

4. Add the number of exemptions which you have claimed above and enter the total .....

5. If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, check here

6. Additional withholding per pay period under agreement with employer, enter amount here ..... \$ \$10.00

I certify, under penalties provided by law, that the number of exemptions claimed in this certificate is not in excess of those to which I am entitled.

Date 3-25-20 Signature Cookie Lyon

# WV STATE TAX FORM SCENARIO 4

Mr. Lyon is a new hire and just completed his WV State Tax form and he wants to claim Single 0.

What 3 things are wrong with his form?



## WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE FORM WV/IT-104

Complete this form and present it to your employer to avoid any delay in adjusting the amount of state income tax to be withheld from your wages.

If you do not complete this form, the amount of tax that is now being withheld from your pay may not be sufficient to cover the total amount of tax due the state when filing your personal income tax return after the close of the year. You may be subject to a penalty on tax owed the state.

Individuals are permitted a maximum of one exemption for themselves, plus an additional exemption for their spouse and any dependent other than their spouse that they expect to claim on their tax return.

If you are married and both you and your spouse work and you file a joint income tax return, or if you are working two or more jobs, the revised withholding tables should result in a more accurate amount of tax being withheld.

If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, you must check the box on line 5.

When requesting withholding from pension and annuity payments you must present this completed form to the payor. Enter the amount you want withheld on line 6.

If you determine the amount of tax being withheld is insufficient, you may reduce the number of exemptions you are claiming or request additional taxes be withheld from each payroll period. Enter the additional amount you want to have withheld on line 6.

----- cut here -----

WV/IT-104 Rev. 12/09 WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Name Lucious Lyon Social Security Number 123-45-6789

Address 123 Main Street

City Plainsville State WV Zip Code 25387

1. If SINGLE, and you claim an exemption, enter "1", if you do not, enter "0"

2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.  
(a) if you claim both of these exemptions, enter "2"   
(b) if you claim one of these exemptions, enter "1"   
(c) if you claim neither of these exemptions, enter "0"

3. If you claim exemptions for one or more dependents, enter the number of such exemptions.

4. Add the number of exemptions which you have claimed above and enter the total

5. If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, check here

6. Additional withholding per pay period under agreement with employer, enter amount here ..... \$

Note that special withholding allowances provided on Federal Form W-4 may not be claimed on your West Virginia Form WV/IT-104. CERTIFY, under penalties provided by law, that the number of exemptions claimed in this certificate is not in excess of those to which I am entitled.


Date 3-21-22 Signature Lucious Lyon

NONRESIDENTS-SEE REVERSE SIDE

# CERTIFICATE OF NON-RESIDENCE SCENARIO 5

Mr. Cena is a new hire who lives in Kentucky so he had to complete the Certificate of Non-Residence form.

Can you find the 1 thing that is wrong with his form?

  
FORM WV IT-104NR  
WEST VIRGINIA CERTIFICATE OF NONRESIDENCE

----- cut here -----

WVIT-104NR  
Rev. 12/20

**WEST VIRGINIA CERTIFICATE OF NONRESIDENCE**

This form is to be completed by employees who reside in Kentucky, Maryland, Ohio, Pennsylvania, Virginia or by an employee who is a Military Spouse exempt from income tax on wages.

If you are a resident of Kentucky, Maryland, Ohio, Pennsylvania or Virginia and your only source of income from West Virginia is wages or salaries, you are exempt from West Virginia Personal Income Tax Withholding. Upon receipt of this form, properly completed, your employer is authorized to discontinue the withholding of West Virginia Income Tax from your wages or salaries earned in West Virginia.

If you are a military spouse and (a) your spouse is a member of the armed forces present in West Virginia in compliance with military orders; (b) you are present in West Virginia solely to be with your spouse; and (c) you maintain your domicile in another State and you are claiming exemption under the Servicemember Civil Relief Act, enter your state of domicile (legal residence) on the following statement and attach a copy of your spousal military identification card.

I certify that I am a legal resident of the state of Ky and am not subject to West Virginia withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act.

Name John Cena Social Security Number 123-45-6789

Address 325 Shadyside Lane

City Oshland State Ky Zip Code 45309

I hereby certify, under penalties provided by law, that I am not a resident of West Virginia, that I reside in the State of Ky and live at the address shown on this certificate, and request is hereby made to my employer to NOT withhold West Virginia income tax from wages paid to me. If at any time hereafter I become a resident of West Virginia, or otherwise lose my status of being exempt from West Virginia withholding taxes, I will properly notify my employer of such fact within ten (10) days from the date of change so that my employer may then withhold West Virginia income tax from my wages.

I certify that the above statements are true, correct, and complete.

Date 4-1-22 Signature John Cena

# KRONOS

## Multiple Shifts on a Day

When reviewing your employee's timecards, pay close attention to multiple shifts – when an employee clocks in and out more than once in a day. If the time between their first out punch and second in punch is under a certain amount of time, Kronos may think that this is part of their lunch break and give them an extra fifteen (15) to thirty (30) minutes.

If the employee worked at least 6 hours in the day and used their lunch during their break in punches, you would want to leave the paid lunch on there. If their lunch was not during this break, the extra paid lunch will need removed.

# MULTIPLE SHIFTS - EXAMPLE 1:

On Monday, employee worked from 8am – 11am and then clocked back in at 1pm – 4pm. The employee had clocked out for an appointment and informed their supervisor that they would also be taking their lunch break during this time. Given that the break between punches was under a certain amount of time, Kronos automatically assumed that this was part of their paid lunch and gave them credit for it. As you can see, 8am-11am is 3 hours and 1pm-4pm is also 3 hours, but the system is paying them for 6.5 hours. In this example, you would leave the extra 30 minutes since they did take their paid lunch during this time.

	Date	Schedule	In	Out	Transfer	Pay Code	Amount	Shift	Daily
+ x		8:00AM-4:00PM							
+ x	Sat 11/28								
+ x	Sun 11/29								
+ x	Mon 11/30	8:00AM-4:00PM	8:00AM	11:00AM				6.5	6.5
+ x			1:00PM	4:00PM					
+ x	Tue 12/01	8:00AM-4:00PM	8:00AM	4:00PM				10.5	10.5
+ x			5:00PM	7:00PM					
+ x	Wed 12/02	8:00AM-4:00PM	8:00AM	10:00AM				2.0	
+ x			2:00PM	4:00PM				2.0	4.0
+ x	Thu 12/03	8:00AM-4:00PM							
+ x	Fri 12/04	8:00AM-4:00PM							



# MULTIPLE SHIFTS - EXAMPLE 2:

On Tuesday, employee worked their normal scheduled shift from 8am – 4pm (8 hours) and took their lunch break during this time. Their supervisor called them after they left work and asked them to come back in for a couple hours to assist with an issue. The employee returned and worked from 5pm – 7 pm (2 hours) which totals 10 hours for the day. Given that there was only 1 hour between their first out punch at 4pm and their second in punch at 5pm, the system assumed this break was part of their paid lunch and gave them an extra 30 minutes; you can see that the amount in the “Shift” column is added together and totals 10.5 hours. Since this was not part of their lunch, this extra 30 minutes will need removed.

	Date	Schedule	In	Out	Transfer	Pay Code	Amount	Shift	Daily
+ [x]		8:00AM-4:00PM							
+ [x]	Sat 11/28								
+ [x]	Sun 11/29								
+ [x]	Mon 11/30	8:00AM-4:00PM	8:00AM	11:00AM					
+ [x]			1:00PM	4:00PM				6.5	6.5
+ [x]	Tue 12/01	8:00AM-4:00PM	8:00AM	4:00PM					
+ [x]			5:00PM	7:00PM				10.5	10.5
+ [x]	Wed 12/02	8:00AM-4:00PM	8:00AM	10:00AM				2.0	
+ [x]			2:00PM	4:00PM				2.0	4.0
+ [x]	Thu 12/03	8:00AM-4:00PM							
+ [x]	Fri 12/04	8:00AM-4:00PM							

# How to Remove the Extra 30 Minutes from a Multiple Shift

The first step you need to do to remove the extra 30-minute paid lunch from a multiple shift that is not owed is to right-click on the second in punch on that shift – in this example it's 5pm. Then click on "Edit" in the Punch Actions box that opens.

The screenshot displays a timecard interface with a punch card for multiple shifts. The punch card shows the following data:

Date	Schedule	In	Out	Transfer	Pay Code	Amount
	8:00AM-4:00PM					
Sat 11/28						
Sun 11/29						
Mon 11/30	8:00AM-4:00PM	8:00AM	11:00AM			
		1:00PM	4:00PM			
Tue 12/01	8:00AM-4:00PM	8:00AM	4:00PM			
		5:00PM	7:00PM			
Wed 12/02	8:00AM-4:00PM	8:00AM	10:00AM			
		2:00PM	4:00PM			
Thu 12/03	8:00AM-4:00PM					
Fri 12/04	8:00AM-4:00PM					

The 'Punch Actions' dialog box is open, showing the following details:

- Date: 12/01/2020
- Time: 5:00PM
- Rounded Time: 12/01/2020 5:00PM GMT-05:00
- Override: In Punch
- Time Zone: (GMT -05:00) Eastern Time (USA; Canada)
- Exceptions: Long Break
- Last Edit Date: 12/02/2020
- Edit Made By: MONG, KIMBERLY M

The 'Edit' button in the dialog box is highlighted with a red arrow.

# How to Remove the Extra 30 Minutes from a Multiple Shift (Continued)

After selecting “Edit” a new box will open. You will need to select “New Shift” in the Override Box and then select “Ok.”

The screenshot displays a time tracking interface with a punch card grid and an open 'Punch' dialog box. The grid shows dates from Sat 11/28 to Fri 12/04. The 'Punch' dialog box is open over the entry for Tue 12/01 at 5:00PM. The dialog fields are as follows:

Field	Value
Date:	12/01/2020
Time (h:mma) *	5:00PM
Rounded Time:	12/01/2020 5:00PM GMT-05:00
Override:	New Shift
Time Zone:	(GMT -05:00) Eastern Time (USA; Canada)
Cancel Deduction:	
Exceptions:	Long Break
Comments:	

At the bottom of the dialog, there are 'Cancel' and 'OK' buttons. The 'OK' button is highlighted in yellow. The background grid shows a shift schedule of 8:00AM-4:00PM with various punch-in and punch-out times and amounts.

# How to Remove the Extra 30 Minutes from a Multiple Shift

(Continued)

After hitting “Ok” the employee’s timecard should now show totals on each shift’s line separately in the “Shift” column and a total for the day in the “Daily” column which no longer includes the extra 30 minutes.

The screenshot shows a timecard interface with a table of employee shifts. The table has columns for Date, Schedule, In, Out, Transfer, Pay Code, Amount, Shift, and Daily. The data is as follows:

Date	Schedule	In	Out	Transfer	Pay Code	Amount	Shift	Daily
Sat 11/28	8:00AM-4:00PM							
Sun 11/29								
Mon 11/30	8:00AM-4:00PM	8:00AM	11:00AM					
		1:00PM	4:00PM				6.5	6.5
Tue 12/01	8:00AM-4:00PM	8:00AM	4:00PM				8.0	
		5:00PM	7:00PM				2.0	10.0
Wed 12/02	8:00AM-4:00PM	8:00AM	10:00AM				2.0	
		2:00PM	4:00PM				2.0	4.0
Thu 12/03	8:00AM-4:00PM							
Fri 12/04	8:00AM-4:00PM							

Red arrows in the image point to the 'Shift' and 'Daily' columns for the Tuesday entry, highlighting the removal of an extra 30 minutes. The 'Shift' column shows 8.0 and 2.0, and the 'Daily' column shows 10.0.

# ENTERING LEAVES OF ABSENCE ON TIMECARD

## Weeks run Saturday to Friday

**Full-time staff must have 40 paid hours in each week.** If an employee comes off the payroll for any amount of time in a week, a Leave of Absence must be entered on their timecard for the amount of time they are short of 40 paid hours in the week.

**Make sure the Leave of Absence entered on employee's timecard matches their Leave of Absence letter.** The Division of Personnel will reject LOA transactions if the letter does not match what is entered on the timecard.

**Pay Close attention to Holidays that are in same week as a Leave of Absence.** If employee is on a LOA on their scheduled day before and/or after the holiday, they are not eligible to receive the holiday – unless they physically worked on the holiday. If the employee is not eligible for the holiday, please remove it by adding a row to the same day the holiday is on and entering the HOLLV-Holiday Leave pay code and negative eight (-8 ) hours. The system will not automatically remove holidays in this situation.

**Manually enter Leave Without Pay codes on the timecard instead of going through the Request Manager.** A lot of times these codes have to be changed on a historical edit and if they have 0 hours and were entered through the request manager, we can not change the code.

# EXECUTIVE ORDER BANK

The Executive Order Bank is Annual Leave the Employee was allowed to carry over their max on January 1, 2021. If an employee had excessive leave, it was moved into their Executive Order Bank that is located in the accruals section of their Kronos timecard. In order to be paid this leave, they must enter the pay code “Executive Order Taken.” This leave is exactly the same as Annual Leave but can be carried and used through the end of calendar year 2025.

	Date	Schedule	In	Out	Transfer	Pay Code	Amount
+ X	Fri 3/25						
+ X	Sat 3/26						
+ X	Sun 3/27						
+ X	Mon 3/28	8:00AM-4:00PM	7:54AM	3:55PM			
+ X	Tue 3/29	8:00AM-4:00PM	7:55AM	3:54PM			
+ X	Wed 3/30	8:00AM-4:00PM	7:57AM	3:53PM			
+ X	Thu 3/31	8:00AM-4:00PM	8:03AM	3:53PM			
+ X	Fri 4/01	8:00AM-4:00PM	7:59AM	3:56PM			
+ X	Sat 4/02						
+ X	Sun 4/03						
+ X	Mon 4/04					Executive Order Taken	8.0
+ X		8:00AM-4:00PM					
+ X	Tue 4/05	8:00AM-4:00PM	7:55AM	3:53PM			
+ X	Wed 4/06	8:00AM-4:00PM	7:53AM	3:53PM			

Totals Accruals Audits Historical Corrections

Accrual Code	Accrual Available Balance	Accrual Units	Accrual Reporting Period
Annual Leave	307.8	Hour	Sat 1/01 - Sat 12/31
Donated Leave	0.0	Hour	Sat 1/01 - Sat 12/31
Executive Order Bank	17.3	Hour	Sat 1/01 - Sat 12/31
Holiday Bank	0.0	Hour	Sat 1/01 - Sat 12/31
Sick Leave	2373.48	Hour	Sat 1/01 - Sat 12/31

# EXCESSIVE LEAVE REPORT

Employees should only be charged the amount of leave necessary to get them to 40 paid hours in each week. If the employee physically works a minimum of 40 hours and also has leave in the same week, enter 0 hours beside their leave code.

Run the Excessive Leave Report for each week separately in the pay period and reduce down excessive leave. To run this report, you will first need to enter the range of dates for the week and then select the hyperfind titled **“REG AL SICK Greater Than 40.”** You can find this report on your “Hours Detail” screen in the same drop down where you find your employee group or “All Home.”

The screenshot shows the 'Genies' software interface. At the top, there are tabs for 'Payroll Processing' and 'Timecards'. Below the tabs, the 'Hours Detail' screen is visible. A date range '11/21/2020 - 11/27/2020' is highlighted in yellow. A dropdown menu is open, showing a list of hyperfinds. The hyperfind 'REG AL SICK Greater Than 40' is highlighted in yellow. Red arrows point to the date range and the selected hyperfind.

Person Name	Person ID	P..	Pay Rule	Std... Period	Total	Reg	OT	Te...	CO...	Dis...	Co...	Ho...	Ho...	HO...	An...	Sic...	Ho...
-------------	-----------	-----	----------	------------------	-------	-----	----	-------	-------	--------	-------	-------	-------	-------	-------	--------	-------

# Excessive Leave Report (continued)

Genies

Hours Detail ▾

Loaded 4:33PM 11/21/2020 - 11/27/2020... REG AL SICK Greater Tha...

Select All Rows | Column Selection | Filter | People | Timekeeping | Accruals | Approval | Schedule | Refresh | Share

Person Name	P	Primary	Pay Rule	Std. Period	Total	Reg	OT	Te	CO	Dis	Co	Hol	Hol	HO	An	Sic	Fa	Ber	Ot	Ot	Tot	An	Hol
	0	0608-TV	PP303	80.0	65.25	13.25						16.0			36.0								
	0	0608-CR	PP303	80.0	59.13	31.0						16.0		1.63	10.5								
	0	0608-84	PP303	80.0	73.0	40.0	16.75					16.0			0.25								
	0	0608-83	PP303	80.0	57.25	17.25						16.0			24.0								
	0	0608-83	PP303	80.0	62.5	38.5						16.0				8.0							
	0	0608-83	PP303	80.0	84.5	40.0	36.5								8.0								
	0	0608-83	PP303	80.0	56.0	36.0						8.0				12.0							
	0	0608-83	PP303	80.0	57.0	17.0						16.0					24.0						
	0	0608-83	PP303	80.0	61.0	33.25			11.75			16.0											
	0	0608-83	PP303	80.0	58.5	29.5			13.0			16.0											
	0	0608-83	PP303	80.0	57.0	29.0						16.0			12.0								
	0	0608-83	PP303	80.0	64.25	36.25						16.0			12.0								
	0	0608-PH	PP303	80.0	57.75	40.0	1.25					16.0			0.5								
	0	0606-06	EU303	80.0	58.0							16.0			42.0								
	0	0608-83	PP303	80.0	57.25	17.25						16.0			12.0	12.0							
	0	0608-84	PP303	80.0	60.25	36.25			8.0			16.0											
	0	0608-83	PP303	80.0	63.75	23.75						16.0			24.0								



# Pay Period Close

When reviewing your employee's timecards, be sure to also check the Pay Period Close in the appropriate pay period to make sure there are no missed punches and that all timecards have been approved. This is located in the drop-down beside "Hours Detail" in the top left of your main Kronos screen. You will need to select your employee group or facility in the drop-down on the top right after you are on the Pay Period Close Screen.

The screenshot displays the Kronos Payroll Processing interface. At the top, there are tabs for 'Payroll Processing' and 'Timecards'. Below the tabs, the 'Genies' header is visible. On the left side, the 'Hours Detail' dropdown menu is open, with 'Pay Period Close' highlighted in yellow. A red arrow points to this menu. In the top right corner, the 'Previous Pay Period' dropdown is also highlighted in yellow, with a red arrow pointing to it. Next to it, the '000 - Kim Potter's Group' dropdown is highlighted in yellow, with a red arrow pointing to it. Below these dropdowns, there are icons for 'Timekeeping', 'Accruals', 'Approval', and 'Schedule'. On the right side, there are icons for 'Refresh', 'Share', and 'Go To'. At the bottom, a table with various columns is visible, including 'Person ID', 'P..', 'Pay Rule', 'Std...', 'Total', 'Reg', 'OT', 'Te...', 'CO...', 'Dis...', 'Co...', 'Hol...', 'HO...', 'An...', 'Sic...', 'Fa...', 'Ber...', 'Oth...', 'Tot...', 'An...', and 'Hol...'. The table is partially obscured by the 'Pay Period Close' dropdown menu.

# Pay Period Close (continued)

Person ID	Person Name	Pay Rule	Employee Approval	Managers Who Approved Timecard	Signed Off	Missed In-Punch	Unexcused Absence	Expected PP Hours
		PP303-NONEX 40					✓	80.0
		PP303-NONEX 40						80.0
		PP303-NONEX 40						80.0
		PP303-NONEX 40						80.0
		PP303-NONEX 40						80.0
		PP303-NONEX 40						80.0
		PP303-NONEX 40						80.0
		PP303-NONEX 40						80.0
		TXX03-TEMP 40						80.0
		PP303-NONEX 40						80.0
		PP303-NONEX 40					✓	80.0
		PP303-NONEX 40					✓	80.0
		PP303-NONEX 40					✓	80.0
		PP303-NONEX 40				✓		80.0
		PP303-NONEX 40						80.0
		PP303-NONEX 40						80.0
		PP303-NONEX 40						80.0

**Employees who have separated employment will continue to show in Kronos until they have been completely termed out of Oasis.** Please continue to review and approve their timecards as well so we know when reviewing our side that they are correct and were not accidentally missed. In some situations, holidays may still load on these employees and will need removed.

# Pay Period End Review

Towards the end of each Pay Period, the facilities are emailed the Pay Period End Review. This form is reviewed by DAS HR to ensure that we have received, reviewed, processed or addressed anything that occurred in the pay period. It's very important that the information entered on this form is accurate. Please also pay attention to the dates at the top of the form to ensure that the information you are providing is during the correct period.

Revised 4/5/22

WV Division of Administrative Services  
**Pay Period End Review**

Submit this form to [DASHR@wv.gov](mailto:DASHR@wv.gov) by **Close of Business Monday of payroll cutoff week**

Pay Period: March 26 - April 8, 2022 Check Date: 4/22/2022

Facility: DAS

**This Section To Be Completed by DAS Payroll**

Employee's Name	Hire Date	Did Employee Start		Temp or Permanent		Reviewed/ Entered Direct Deposit / Paycard Info	Received Entered W-4 and State Tax Forms	Address Confirmed from Employee Personal Information Form	Reviewed PERS on Payroll Detail Report
		Yes	No	Temp	Perm				
1 John Smith	3/26/2022	x			x				
2 Sue Jones	3/26/2022		x		x				
3 Edward Johnson	3/26/2022	x		x					
4									
5									
6									
7									
8									

**Temp to Permanent**

Please list all employees who went temp to permanent during the dates listed in Pay Period above

Employee's Name	Temp to Perm Date	Reviewed PERS on Payroll Detail Report
1 Amanda Simmons	3/26/2022	
2		
3		

**Employees NOT in Kronos**

Please list employees who were not in Kronos during this pay period who need time manually entered into Kronos

Employee's Name	Time sheets sent to DAS Payroll	Received and Entered Time on TADJ
1 Michael Sanders	yes	
2		

**EMPLOYEE SEPARATIONS**

Please list all employees who separated employment during the dates listed in Pay Period above

Employee's Name	Resigned, Dismissed or Transferred	Last Day Worked	Resignation / Dismissal / Transfer Date	Received Separation Packet	Annual Payout / Severance Pay Entered
1 Jeffrey Woods	Resigned	4/4/2022	4/4/2022		
2 Tammy Sigmon	Transferred	4/8/2022	4/9/2022		
3					
4					
5					
6					

Revised 4/5/22

WV Division of Administrative Services

Page 2 of 2

**Pay Period End Review**

Submit this form to [DASHR@wv.gov](mailto:DASHR@wv.gov) by **Close of Business Monday of payroll cutoff week**

Pay Period: March 26 - April 8, 2022 Check Date: 4/22/2022

**Leaves of Absences and Leave Returns**

If you have any employees at your facility who will come off the payroll or remain off the payroll, for any amount of time in either week in the pay period above, please list them below. If an employee has returned from a Leave of Absence, please list them as well. Also list any employees who are on Suspension pending an investigation and have elected to use their annual leave.

Leave Type:	Kronos Code
Leave of Absence - FMLA (Self) Unpaid	LV-FMLA-Self Medical Tracking
Leave of Absence - FMLA (Family) Unpaid	LV-FMLA-Eligible Family Tracking
Leave of Absence - MEDICAL	LV-MLWOP-Medical LWOP
Leave of Absence - PERSONAL	LV-Personal Unpaid
Leave of Absence - UNAUTHORIZED	ULWOP-Unauthorized PY
Leave of Absence - PARENTAL	LV- Parental Tracking
Workers Comp (being paid by WC)	Workers Comp for ANN Leave
Suspension Without Pay	LV-Suspension
Suspension Pending Investigation and Employee opts to use their Annual Leave	Enter Annual leave hours and then add a second row to the same day and enter LV-Suspension (for tracking)
LOA Military UNPAID (Part A or B)	LV-Military LWOP

**Employees Off the Payroll** (for any amount of time in pay period)

Employee's Name	Type of Leave	Date off Payroll	Has Employee been notified	Does Employee want to self-pay
1 Mary Casto	LOA-Medical	3/31/2022	Yes No	Yes No
2 Steven Arthur	Military	4/5/2022	Yes No	Yes No
3			Yes No	Yes No
4			Yes No	Yes No
5			Yes No	Yes No

**Employees who RETURNED from a Leave of Absence**

Employee's Name	Type of Leave	Date Returned
1 Sandra Miller	FMLA-Self	4/1/2022
2		

**Employees on PAID Suspension (using Annual Leave)**

Employee's Name	Date Suspension Began	Did employee Exhaust AL this period
1 Samuel Wilson	3/29/2022	No
2		

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HR Manager or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

# Security Post Form

Any non-uniformed staff member who works a Security Post and makes less than \$14.7424 an hour, must complete a Security Post Form in order for us to pay them the security post rate.

Do Not send in Security Post forms for staff who make equal to or more than the security post rate. This is only for non-uniformed staff who make less than \$14.7424 per hour; please check their salary prior to sending in this form.

When completing the hours worked section of the form, please ensure that you list the correct date, times working the post and that the total hours are correct and match what's on their Kronos timecard.

WV Division of Corrections and Rehabilitation  
**SECURITY POST Form**  
complete for Non-Uniformed Staff working a Security Post  
please email form to [DASHR@wv.gov](mailto:DASHR@wv.gov) by Monday of payroll week

Employee Name: John Smith

Department/Facility: Example Regional Jail

		DAY	DATE	Time working on security post (ex: 1pm - 4pm)	TOTAL HOURS on security post
PAY PERIOD	WEEK 1	Saturday			
		Sunday			
		Monday	3/28/2022	7am - 7pm	12
		Tuesday			
		Wednesday			
		Thursday	3/31/2022	2pm - 7pm	5
		Friday			
	WEEK 2	Saturday			
		Sunday			
		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Employee Separation Cover

The Employee Separation Cover Sheet has been revised and should be completed for any employee who is separating employment or transferring to another Department.

Please be sure to list their last known address as well as personal email and phone number so they can be reached for an exit interview.

When submitting the final timesheet, please be sure it includes their schedule; this is required by the Division of Personnel. The schedule can be hand-written if needed if the timecard has been signed off on.

Revised 4/5/22 WV Division of Administrative Services  
**Employee Separation Cover**

Employee Name: \_\_\_\_\_ Last 4 of Social: \_\_\_\_\_  
 Facility: \_\_\_\_\_  
 Title (ex. COI): \_\_\_\_\_ Position #: \_\_\_\_\_  
 Last Known Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address (Not WV.Gov): \_\_\_\_\_

Employee Status: (please check one)  Temp  Permanent

**Type of Separation:**

Resignation  
 Dismissal for Job Abandonment  
 Dismissal Is employee receiving Severance Pay \_\_\_\_\_  
 Retirement  
 Death  
 Transfer - Agency Transferring To: \_\_\_\_\_

Reason for Resignation / Dismissal: \_\_\_\_\_

Last Day Worked:	
Last Day Paid (if paid leave after LDW):	
Annual Leave Balance	
Sick Leave Balance	
Holiday Leave Balance	

**Required Documents to send to DAS**

Submit this Cover sheet along with the documents listed below to [DASHR@wv.gov](mailto:DASHR@wv.gov)

Resignation letter and/or incident report or Dismissal Letter.
If <b>Retiring</b> : Please provide employee's notice of retirement; this should include their intentions for their annual leave: if they want it paid out or if they intend to use it towards tenure with the Retirement Board or extended insurance- if applicable. Please also advise if they plan to keep life and health insurance as a Retiree through PEIA and FBMC
Final Kronos Timecard (schedule must be on timecard for DOP to approve; can be hand-written if needed if timecard has already been signed off on)
Acceptance Letter from Superintendent (optional)

\_\_\_\_\_  
 HR Manager or Designee Signature

\_\_\_\_\_  
 Date

Questions?