Valentine CPA, A Professional Corporation
944 E. Gordon Avenue, Layton, Utah 84040
801-444-3710

You've Earned It,
You Deserve to Keep It

Welcome Packet

Please complete and sign all the attached forms (that apply) and email them to ron@SuperTaxCoach.com The sections of the forms that we need filled out are highlighted in yellow. (If it is easier for you, take a picture of the signed forms and email the picture to us.)

Employer Forms

- **Profile and Authorization to File Payroll Tax Forms:** Fill out areas indicated and sign at the bottom.
- **IRS Form 2678:** Fill out areas indicated and sign at the bottom.
- **Form SS4:** (Complete only if you need us to get you a Federal Employer Identification Number "EIN"). Fill out areas indicated and sign at the bottom.
- **Form TC-69:** (Complete only if you need us to get you a Utah State withholding number). Fill out areas indicated and sign on the third page.

Employee Forms

- **Form W-4:** Have each employee fill out and sign.
- **Form I-9:** Verify Employment authorization by completing the information in column A or Column B and C. Sign in the spot indicated.
- **Copy of Employee Passport or Driver's License and SS Card:**
- **Background Screening Application:** Fill out areas indicated and sign at the bottom.
- **Criminal Background Screening Authorization:** Fill out areas indicated and sign.
- **Employee Direct Deposit Authorization:** Fill out areas indicated and sign at the bottom.
- **Timesheet:** Fill out areas indicated. Employee and Employer must sign at the bottom. Once submitted, the employee will be paid 5 business days later by direct deposit.

Please let me know if you have any questions.

Sincerely,

Ron Valentine
ron@SuperTaxCoach.com
801-444-3710

Profile and Authorization to File Payroll Tax Forms

Employer Name: _____ **SS#:** _____

Address: _____

Email: _____ **Phone** _____

Federal EIN (if you have one) _____

UT Withholding (if you have one) _____

Support Coordinator Name: _____

Phone: _____

Support Coordinator Email: _____

I hereby authorize Valentine CPA, A Professional Corporation (Valentine CPA) to sign all payroll tax forms including, but not limited to, Form 940, Form 941, W-3, TC-69, TC-96Q, TC-96M, TC-96R and Department of Workforce Services Status and Contribution Report.

I also authorize Valentine CPA to file all payroll tax forms on our behalf. I also authorize Valentine CPA to establish and monitor electronic accounts with the taxing agencies to ensure that taxes are remitted appropriately.

In the event that I provide incorrect information on the timesheet, I am liable to reimburse Valentine CPA for any money that may have been incorrectly paid that cannot be recovered.

_____ _____

Signature **Date**

Form **2678** **Employer/Payer Appointment of Agent**

OMB No. 1545-0748

(Rev. August 2014) Department of the Treasury — Internal Revenue Service

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

  Note. This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

For IRS use:

Part 1: Why you are filing this form...

(Check one)

☐ You want to **appoint** an agent for tax reporting, depositing, and paying.

☐ You want to **revoke** an existing appointment.

Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.

1 Employer identification number (EIN) ☐☐ – ☐☐☐☐☐☐☐

2 Employer's or payer's name (not your trade name)

3 Trade name (if any)

4 Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

5 Forms for which you want to appoint an agent or revoke the agent's appointment to file. (*Check all that apply.*)

	For ALL employees/ payees/payments	For SOME employees/ payees/payments
Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*	☐	☐
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	☐	☐
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	☐	☐
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	☐	☐
Form 945 (Annual Return of Withheld Federal Income Tax)	☐	☐
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	☐	☐
Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	☐	☐

*Generally you cannot appoint an agent to report, deposit, and pay tax reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient.

☐ Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

X Sign your name here

Date / /

Print your name here

Print your title here

Best daytime phone

Now give this form to the agent to complete.

Form **SS-4**
(Rev. December 2017)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ Go to *www.irs.gov/FormSS4* for instructions and the latest information.
▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003
EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

2 Trade name of business (if different from name on line 1) | 3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box) | 5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code (if foreign, see instructions) | 5b City, state, and ZIP code (if foreign, see instructions)

6 County and state where principal business is located

7a Name of responsible party | 7b SSN, ITIN, or EIN

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☐ Yes ☐ No | 8b If 8a is "Yes," enter the number of LLC members ▶

8c If 8a is "Yes," was the LLC organized in the United States? ☐ Yes ☐ No

9a **Type of entity** (check only one box). **Caution.** If 8a is "Yes," see the instructions for the correct box to check.

☐ Sole proprietor (SSN) _____
☐ Partnership
☐ Corporation (enter form number to be filed) ▶ _____
☐ Personal service corporation
☐ Church or church-controlled organization
☐ Other nonprofit organization (specify) ▶ _____
☐ Other (specify) ▶
☐ Estate (SSN of decedent) _____
☐ Plan administrator (TIN) _____
☐ Trust (TIN of grantor)
☐ Military/National Guard ☐ State/local government
☐ Farmers' cooperative ☐ Federal government
☐ REMIC ☐ Indian tribal governments/enterprises
Group Exemption Number (GEN) if any ▶

9b If a corporation, name the state or foreign country (if applicable) where incorporated | State | Foreign country

10 **Reason for applying** (check only one box)

☐ Started new business (specify type) ▶ _____
☐ Hired employees (Check the box and see line 13.)
☐ Compliance with IRS withholding regulations
☐ Other (specify) ▶
☐ Banking purpose (specify purpose) ▶
☐ Changed type of organization (specify new type) ▶
☐ Purchased going business
☐ Created a trust (specify type) ▶
☐ Created a pension plan (specify type) ▶

11 Date business started or acquired (month, day, year). See instructions.

12 Closing month of accounting year

13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.

Agricultural | Household | Other

14 If you expect your employment tax liability to be $1,000 or less in a full calendar year **and** want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be $1,000 or less if you expect to pay $4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. ☐

15 First date wages or annuities were paid (month, day, year). **Note**: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶

16 Check **one** box that best describes the principal activity of your business.

☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail
☐ Other (specify) ▶

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☐ No
If "Yes," write previous EIN here ▶

Third Party Designee

Complete this section **only** if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name | Designee's telephone number (include area code)
Address and ZIP code | Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Name and title (type or print clearly) ▶ | Applicant's telephone number (include area code)
Applicant's fax number (include area code)
Signature ▶ Date ▶

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N Form **SS-4** (Rev. 12-2017)

TC-69

Section 3 – Authorized Signatures

By signing this form, I confirm that I understand:

1. the Tax Commission will review all officers/owners listed in Section 2h for previous, unpaid tax debt and I may have to resolve tax issues or post a bond;
2. I must post a bond if I am applying for a tax account of the same type as a prior tax account that was revoked;
3. I must notify the Tax Commission if I add or close a business location; or change the name, organizational structure, officer status or address of the business; and
4. any person *(including employees, corporate directors, corporate officers, etc.)* with the authority to direct accounting processes or who is required to collect, account for and pay any taxes and fails to do so will be liable for a penalty equal to the total amount of tax not collected, not accounted for or not paid (Utah Code §59-1-302).

I understand my signature confirms I have reviewed this section with every person named on this form.

Third Party Designee

To authorize a third party to discuss your account(s) with the Tax Commission, enter their information here:

Name of third party designee				Phone number	PIN/PTIN
VALENTINE CPA, A PROFESSIONAL CORP				(801) 444-3710	P00026770
Third party mailing address	**City**	**County**	**State**	**Foreign country (if not U.S.)**	**ZIP Code**
944 E. GORDON AVE	LAYTON	DAVIS	UT		84040

To grant a third party more authorization than discussing your account(s), complete and submit form TC-737, *Power of Attorney and Declaration of Representative.*

Signature Requirements (for organizational structure checked on line 2a):

- Individual/Sole Proprietor ..... Signature must match SSN provided in Section 2 (2e) (for example, a husband or wife may not sign on behalf of each other).
- All Partnerships ..... One general partner must sign.
- Corporation / S Corporation ..... An officer of the corporation authorized to sign on behalf of the corporation must sign.
- Trust ..... The grantor or a trustee must sign.
- Limited Liability Company / Single Member LLC ..... A member must sign.
- Government ..... A government official must sign.

3a. Sole Proprietors Only

You must provide the following information if you are a sole proprietor applying for the tax license(s) shown in Section 1 of this application. Under state and federal law we cannot issue a license to any person who does not provide this information.

If you are a sole proprietor who is not a U.S. citizen, you must file this application IN PERSON at a Tax Commission office.

→ **Check one** (providing false information subjects the signer to penalties of perjury):

☐ I am a U.S. citizen and have provided my Social Security Number in Section 2 (2e).

☐ I qualify under 8 U.S.C. 1641 and I am present in the U.S. lawfully. I-94 Number*: _____

*The I-94 (arrival/departure) number and the Alien Registration Number are issued by the U.S. Citizenship and Immigration Service.

Alien Registration Number*: _____

Employment Authorization Card Number*: _____

Under penalty of perjury, I declare that I am a U.S. citizen OR that I qualify under 8 U.S.C. 1641 and am present in the United States lawfully, and to the best of my knowledge, the information on this application is true, correct and complete.

Sole Proprietors Sign Here _____ Title: OWNER

Print Name: _____ Date: _____

3b. All Applicants

Under penalty of perjury, I declare to the best of my knowledge, the information on this application is true, correct and complete.

ALL APPLICANTS Sign Here _____ Title: _____

Print Name: _____ Date: _____

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

▶ 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.

OMB No. 1545-0074

2020

Step 1: Enter Personal Information

(a) First name and middle initial | Last name | (b) Social security number

Address

City or town, state, and ZIP code

▶ **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*.

(c) ☐ **Single or Married filing separately**
☐ **Married filing jointly** (or Qualifying widow(er))
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ ☐

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

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents

If your income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $

Multiply the number of other dependents by $500 . . . . ▶ $

Add the amounts above and enter the total here . . . . . | 3 | $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . | 4(a) | $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . | 4(b) | $

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

Step 5: Sign Here

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

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

Employers Only

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

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

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

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

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

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

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

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

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

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

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

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

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

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

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

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

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

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

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

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

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

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

DHS OL
September 2019

☐ Live Scan completed

TCN:_____

UTAH DEPARTMENT OF HUMAN SERVICES, OFFICE OF LICENSING
195 North 1950 West, Salt Lake City, Utah 84116

BACKGROUND SCREENING APPLICATION for All Program Employees and all individuals NOT living in foster, proctor, or adoptive homes This includes Adoption Agency Staff and SAS & DSPD Certified Providers

CBS USE ONLY

☐ New applicant
☐ Renewal – has a current approved screening
☐ Transfer of or concurrent use of approved Rap Back screening from:

1. APPLICANT INFORMATION, AUTHORIZATION AND RELEASE

This section must be completed by the Applicant. Missing information or unreadable applications will be returned unprocessed.

Legal First Name:	Given Middle Name: Indicate if middle name is an initial only. Use N/A if no middle name	Current Legal Last Name:
List ALL Maiden, Alias & Previous Married Names:		
Date of Birth: ___/___/___ MM DD YYYY	Social Security Number:	Email address:
Permanent / Physical Address:	City:	State: / Zip Code:

2. Have you ever been arrested or charged with a crime by any law enforcement authority (local, state, federal or international)? Disclose ALL CRIMINAL OFFENSES even if they were later dismissed, you completed a plea in abeyance or diversion program, whether you pled guilty or not guilty to an offense, or if you are waiting to enter a plea to the court.

☐ Yes ☐ No — If yes to 2, please attach a certified court docket or other certified record (available from the court that handled your case) indicating the disposition of each charge or offense, or the status of each plea in abeyance or diversion agreement.

3. Have you ever been investigated for child or adult abuse, neglect or exploitation by Child Protective or Adult Protective Services?

☐ Yes ☐ No — If yes to 3, please attach complete case report showing final outcome. If previously submitted, provide a detailed explanation of the investigation including the names, dates, location and the case number if known.

4. Are you applying to work in a youth residential program? ☐ Yes ☐ No

4a. If yes to 4, Have you lived outside the State of Utah in the last 5 years? ☐ Yes ☐ No

4b. If YES to 4a, please submit out of state registry records for each state resided in. Instructions are located at https://hslic.utah.gov/Out-of-state-registries

☐ I certify out-of-state registry records are in process and I will be ineligible for renewal if this process is not completed.

4c. If YES to 4a, please list city and state within the last 5 years:

5. I authorize the Utah Department of Human Services Office of Licensing to investigate and continually monitor my past and present child and adult abuse, neglect and exploitation records, law enforcement, driver license, and any information which may be pertinent to my application according to Utah Code 62A-2-120, 121, 122, and Administrative Rule 501-14.I authorize the release of all information and I release and hold harmless the Department of Human Services from any damages resulting from the Department of Human Services furnishing such information to authorized agencies. I certify my answers contain no misrepresentations or falsifications, and the information is true and complete. I understand that providing false or inaccurate information or failing to provide information may result in my background screening being denied. I have read and understand the Consent and Privacy Statement on page 2. DHS may contact me to complete, fill out or correct technical omissions such as a date or other typographical errors.

Applicant Signature: _____ Date: _____

TO BE COMPLETED BY PROGRAM REPRESENTATIVE BASED ON APPLICANT'S OFFICIAL IDENTIFICATION DOCUMENTION

Please visit our website for full information and instructions prior to signing. www.hslic.utah.gov

Print Applicant Legal Full Name:

Is this a Youth Residential Program? ☐ Yes ☐ No
If yes: please verify that the applicant submits the required out of state registry checks with this application.

Valid Identification Type: (Driving Privilege Cards are notacceptable forms of I.D.) ☐Driver License ☐Passport ☐State ID ☐Military ID	State/Country Issued by: (See #4)	ID Number:	Expiration date: mm/dd/yy	Gender: ☐ Female ☐ Male

Race: ☐Asian ☐Black ☐White ☐Native American ☐Unknown	Eye Color:	Hair Color:	Height:	Weight:	Place of Birth:

6. Initial Applications and renewal applicants not on rap back: Submit two completed, properly rolled fingerprint cards along with a company check, cashier's check or money order made payable to: Department of Human Services

☐ **$38.25 - Ongoing Nationwide Rap Back Subscription & Fingerprint Fee**

Program Name:	Site Name or Address:	Program Phone Number:

License Type: ☐ Out Patient Treatment ☐ Adult Day Care ☐ Adult Foster Care ☐ Child Placing Adoption Employee ☐Day Treatment ☐SAS ☐ Intermediate Secure Care ☐ Outdoor Youth Treatment ☐ Recovery Residence ☐ Residential Support (Adult/Youth) ☐ DSPD Certified ☐ Residential Treatment (Adult/Youth) ☐ Social Detoxification ☐Therapeutic School ☐ Child Placing Foster Employee

7. I certify that I have inspected and entered accordingly the applicant's social security card and passport, state driver license or state identification card issued by the Driver License Division and they do not appear to have been forged or altered. I have reviewed the entire completed application, applicant and licensed program sections, and they contain no misrepresentations or falsifications to the best of my knowledge. The licensed program releases the Department of Human Services from any damages resulting from disclosing information to authorized agencies. The licensed program shall not disclose this form or its contents except as authorized by Utah or federal law.

Signature of verifying representative: _____ Date: _____

For Office of Licensing Use Only

FBI Date:_____ DHS/Office of Licensing Screening Approval Date:_____

utah department of
human services
LICENSING

Criminal Background Screening Authorization Form

Applicant Name: _____ Application Number: _____

Background Clearance Disclosure

I authorize the Utah Department of Human Services (DHS) Office of Licensing (OL) to investigate my past and present child abuse, neglect and exploitation records, law wnforcement, driver license and any other information which may be pertinent to my application according to Utah Code 62A-2-120, 121, 122 and Administrative Rule R501-14. I authorize the Department of Human Services Office of Licensing to continually monitor state, regional and nationwide criminal background databases and the Management Information System in order to identify criminal, abuse, neglect, exploitation activity for as long as I am employed with with DHS Licensed programs. I authorize the release of all information and I release and hold harmless the Department of Human Services from any damages resulting from DHS furnishing such information to authorized agencies. I certify that my answers contain no misrepresentations or falsifications and the information is true and complete.

I have read and understand the FBI RapBack Consent and Privacy statement located on the DHS Office of Licensing website (www.hslic.utah.gov) .

Applicant Signature: _____ Date: _____

Employee Direct Deposit Authorization

Employee Name: _____

Employer Name: _____

I authorize my employer or a payroll processor of my employer's behalf to deposit any amounts owed me by initiating credit entries to my account at the financial institution indicated below. I also authorize my employer or the processor to debit my account in the event of a credit which should not have been made for an amount not to exceed the original amount of the erroneous credit.

ATTACH A VOIDED CHECK

OR

Employee Bank Name: _____

Employee Routing and Transit No. _____

Employee Account No. _____

Employee Signature _____

Name: _____

Month _____

Employer Name: _____

Day	Code	In	Out	Code	In	Out	Total Hrs
1st							
2nd							
3rd							
4th							
5th							
6th							
7th							
8th							
9th							
10th							
11th							
12th							
13th							
14th							
15th							

Day	Code	In	Out	Code	In	Out	Total Hrs
16th							
17th							
18th							
19th							
20th							
21st							
22nd							
23rd							
24th							
25th							
26th							
27th							
28th							
29th							
30th							
31st							

Employee Signature: _____

Employer Signature _____

Fax to 801-593-6826 OR
Email to payroll@SuperTaxCoach.com

Questions?: Valentine CPA, A Professional Corporation, 944 E. Gordon Ave, Layton, UT 84040 801-444-3710