

## ROMAN CATHOLIC DIOCESE OF SYRACUSE

### HUMAN RESOURCES & BENEFITS

#### Welcome to the Roman Catholic Diocese of Syracuse!

Enclosed please find your new hire packet which includes the required paperwork to get you set up in our payroll system and to enroll in the benefits offered by The Roman Catholic Diocese of Syracuse.

It is a condition of employment that all employees undergo a seminar "Protecting God's Children" within the first 60 days of employment. Please register online by going to [www.syracusedioocese.org/our-commitment-to-child-and-youth-protection/safe-environment-training](http://www.syracusedioocese.org/our-commitment-to-child-and-youth-protection/safe-environment-training).

#### For Employees working 30 or more hours per week:

- You must elect benefits within 30 days of your hire date or wait until the next open enrollment. Elected benefits are effective the first of the month following hire date unless hired on the 1<sup>st</sup> of the month.
- Available benefits include Medical, Prescription, Dental, Vision, Life Insurance and Long Term Disability Insurance.

Instructions for electing benefits online and detailed benefit information can be found at: <http://syracusedioocese.org/offices/finance-operations/human-resources/benefits-information/>

After 30 days of employment you will automatically be enrolled in our 403B retirement plan through Mutual of America at a 3% (pretax). Mutual of America will notify you via US mail and you will have 30 days to decline, increase or remain enrolled at the automatic 3%. After completion of your first year of service, you will be eligible for a 50% match on the first 6% of pay you contribute to the Diocese 403(b) plan. You must work at least 1,000 hours in a plan year to be eligible for the match.

Please review, complete all forms and return to your Parish Business Administrator as soon as possible to ensure timely processing. **You will not be able to receive a paycheck or enroll in benefits until these forms are received by Human Resources.**

Please do not hesitate to contact the HR Department at (315) 422-9092 if you should have any questions.

Sincerely,

Amanda Kolb, SHRM-CP  
Supervisor of Human Resource and Benefits

**HR Benefit/ Payroll Setup (to be completed by EMPLOYER)- COMPLETE ALL SECTIONS**

**Personal Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

*Print name EXACTLY as it appears on your Social Security Card below:*

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph ( ) ( ) Cell Ph # ( ) ( )

Hire Date: \_\_\_\_\_ Company Code: \_\_\_\_\_ Job Title: \_\_\_\_\_

Location Name: \_\_\_\_\_ Business Unit #: \_\_\_\_\_

Employment Status:  less than 30 hr / wk  30-34 Hrs/52 wks  30-34 Hrs/ less than 52 wks  
 Part Time Per Diem  Part Time Seasonal  Part Time Temporary  
 Full Time Per Diem  Full Time Seasonal  Full Time Temporary  
 35-40 Hrs/52 wks  35-40 Hrs/less than 52 wks

Benefit Eligibility:  Not Benefit Eligible (less than 30 hours per week)  Benefit Eligible (minimum of 30 hours per week)

Home Dept #: \_\_\_\_\_ Pay Group (# of pay pds):  10  12  21  24  26

**Earnings Information**

Rate: \$ \_\_\_\_\_ per Hour  per Day  per Week  Biweekly  Bimonthly  per Month

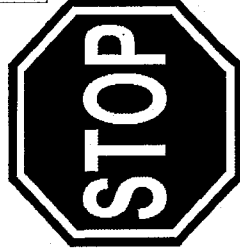
Hours worked per week: \_\_\_\_\_ Weeks per year: \_\_\_\_\_ Annual Compensation: \$ \_\_\_\_\_

**New Hire Paperwork Checklist:**

**Please check off and attach the following forms:**

- W4 Form (Federal Tax WH)  NYS Notice and Acknowledgement of pay rate
- IT-2104 (State Tax WH)  I9 Form with copy of Ids  Direct Deposit Form

**Employer Representative Completing this Form:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Completed new hire paperwork should be submitted to the HR Department within 3 days of the employees hire date (1st page of I9 should be completed by employee before or on 1st day). We can not accept incomplete, outdated or incorrect paperwork. Should you need any assistance or have questions please do not hesitate to contact the HR department. New hire forms and examples of completed forms may be found on the Diocesan portal at: <https://sites.google.com/a/syrdio.org/contextus/human-resources/employee-forms>.

Please be advised you must notify your new employee of the following:

- 1) They will be assigned a Diocesan email address. IT creates email addresses for new employees on a weekly basis (Fridays) per an ADP New Hire report from HR. IT will then forward the email and log in information to the parish contact.
- 2) They must complete the NYS required Sexual Harassment Training within the ADP system.
- 3) All employees must undergo the "Protecting God's Children" Safe Environment seminar within 60 days of their hire date.
- 4) Additionally, if benefit eligible (30 or more hours per week), they have 30 days from their date of hire to elect benefits which will be effective for the first of the month following date of hire. You may direct them to the diocesan website for detailed benefit information as well as instructions for creating their ADP account at: <https://sypracusedioocese.org/offices/finance-operations/human-resources/benefits-information/>.



Notice and Acknowledgement of Pay Rate and Payday  
Under Section 195.1 of the New York State Labor Law  
Notice for Hourly Rate Employees

**1. Employer Information**

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

Doing Business As (DBA) Name(s): \_\_\_\_\_

FEIN (optional): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**2. Notice given:**

At hiring

Before a change in pay rate(s), allowances claimed or payday

LS 54 (01/17)

**3. Employee's rate of pay:** \$ \_\_\_\_\_ per hour

**4. Allowances taken:**

None

Tips \_\_\_\_\_ per hour

Meals \_\_\_\_\_ per meal

Lodging \_\_\_\_\_

Other \_\_\_\_\_

**5. Regular payday:** \_\_\_\_\_

**6. Pay is:**

Weekly

Bi-weekly

Other

**7. Overtime Pay Rate:**

\$ \_\_\_\_\_ per hour (This must be at least  $1\frac{1}{2}$  times the worker's regular rate with few exceptions.)

**8. Employee Acknowledgement:**

On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. I told my employer what my primary language is.

**Check one:**

I have been given this pay notice in English because it is my primary language.

My primary language is \_\_\_\_\_.

have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

Print Employee Name \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Preparer's Name and Title \_\_\_\_\_

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.

**Please note:** It is unlawful for an

employee to be paid less than an employee of the opposite sex for equal

work. Employers also may not prohibit

employees from discussing wages with their

co-workers.

**Employee's Withholding Certificate**

**2021**

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

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial Last name	(b) Social security number
	Address	▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code	
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)	

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2: 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 2021 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: Claim Dependents</b>	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 . . . . .	<b>3</b> \$ _____
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) 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> \$ _____
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b> \$ _____

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

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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Department of Taxation and Finance

# Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

# IT-2104

First name and middle initial		Last name		Your Social Security number	
Permanent home address (number and street or rural route)				Apartment number	
City, village, or post office		State	ZIP code	<input type="checkbox"/> Single or Head of household <input type="checkbox"/> Married, but withold at higher single rate <input type="checkbox"/> Married	<input type="checkbox"/> Married <input type="checkbox"/> Married
Are you a resident of New York City? .....		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Note: If married but legally separated, mark an X in the Single or Head of household box.	
Are you a resident of Yonkers? .....		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Complete the worksheet on page 4 before making any entries.</b>					
1	Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19) .....	1			
2	Total number of allowances for New York City (from line 3f) .....	2			
<b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b>					
3	New York State amount .....	3			
4	New York City amount .....	4			
5	Yonkers amount .....	5			

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
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**Penalty** – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

**Employee:** detach this page and give it to your employer; keep a copy for your records.

**Employer: Keep this certificate with your records.**

Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

**A Employee claimed more than 14 exemption allowances for NYS** ..... A

**B Employee is a new hire or a rehire** ... B  First date employee performed services for pay (mm-dd-yyyy) (see instr.):

**Are dependent health insurance benefits available for this employee?** ..... Yes  No

**If Yes, enter the date the employee qualifies (mm-dd-yyyy):** \_\_\_\_\_

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
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## Instructions

### Changes effective for 2021

Form IT-2104 has been revised for tax year 2021. The worksheet on page 4 and the charts beginning on page 5, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2021 Form IT-2104 and give it to your employer.

### Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If the federal Form W-4 you most recently submitted to your employer was for tax year 2019 or earlier, and you did not file Form IT-2104, your employer may use the same number of allowances you claimed on your federal Form W-4. Due to differences in federal and New York State tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. Therefore, if you submit a federal Form W-4 to your

employer for tax year 2020 or later, and you do not file Form IT-2104, your employer may use zero as your number of allowances. This may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.



# Employee Direct Deposit Enrollment Form

Payroll Manager - Please complete this section and send a copy to ADP for enrollment. (Please print.)

Company Code: \_\_\_\_\_ Company Name: \_\_\_\_\_ Employee File Number: \_\_\_\_\_  
Payroll Mgr. Name: \_\_\_\_\_ Payroll Mgr. Signature: \_\_\_\_\_

To enroll in Full Service Direct Deposit, simply fill out this form and give to your payroll manager. Attach a voided check for each check ~~to be deposited~~ slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as ~~the savings~~ deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

Micrno.  
⑆ 0123456789⑆ 123456789⑆ 0101

Routing/Transit #  
(A 9-digit number always between these two marks)

Checking Account #

Check #  
(this number matches the number in the upper right corner of the check - not needed for sign-up)

### IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize ADP to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ADP to my account. In the event that ADP deposits funds erroneously into my account, I authorize ADP to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until ADP and Bank have received written notice from me of its termination in such time and in such manner as to afford ADP and Bank reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

### Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

- Bank Name/City/State: \_\_\_\_\_  
Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount
- Bank Name/City/State: \_\_\_\_\_  
Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount
- Bank Name/City/State: \_\_\_\_\_  
Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

### ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.

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Full Service Direct Deposit (FSDD) is a service mark of Automatic Data Processing, Inc.  
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**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)
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**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.  A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

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

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

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 of Authorized Representative Review and Verification**

*(Employers of 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	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	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  <div style="border: 1px solid black; width: 100%; height: 100%; padding: 5px;">             QR Code - Sections 2 &amp; 3              Do Not Write In This Space           </div>		
Issuing Authority			
Document Number			
Expiration Date (if any) (mm/dd/yyyy)			
Document Title			
Issuing Authority	Document Title		
Document Number	Document Number		
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)		

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

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

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

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

Employees may present one selection from List A  
 or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>		

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

**Refer to the instructions for more information about acceptable receipts.**