Jones Home Health Care CDS, LLC 119 Church Street, Ste 221 Ferguson, Mo 63135 (314) 736-6783 Jones Home Health Care, Inc. 4411 N. Newstead Avenue, Ste 111 St. Louis, Mo 63115 (314) 381-1970

NEW Dates of Pay and Payroll Periods from 07-08-2016 through 06-19-2017

	OF SERVICE		
FROM	ТО		
Sunday	Saturday	Day	Payroll dates
05/29/16	06/18/16	Monday	7/11/2016
06/19/16	07/02/16	Monday	07/18/16
07/03/16	07/16/16	Monday	08/08/16
07/17/16	07/30/16	Thursday	08/18/16
07/31/16	08/13/16	Tuesday	09/06/16
08/14/16	09/03/16	Monday	09/19/016 *
09/04/16	09/17/16	Tuesday	10/11/16
09/18/16	10/01/16	Monday	10/24/16
10/02/16	10/15/16	Monday	11/07/16
10/16/16	10/29/16	Thursday	11/17/16
10/30/16	11/12/16	Wednesday	12/07/16
11/13/16	12/03/16	Monday	12/19/2016
12/04/16	12/17/16	Thursday	01/09/17
12/18/16	12/31/16	Monday	01/23/17
01/01/17	01/14/17	Monday	02/06/17
01/15/17	02/04/17	Friday	2/24/2017 *
02/05/17	02/18/17	Monday	03/13/17
02/19/17	03/04/17	Monday	03/27/17
03/05/17	03/18/17	Monday	04/10/17
03/19/17	04/01/17	Monday ·	04/24/17
04/02/17	04/15/17	Monday	05/08/17
04/16/17	04/29/17	Thursday	05/18/17
04/30/17	05/13/17	Wednesday	06/07/17
05/14/17	05/27/17	Monday	06/19/17

^{*} This is a 3 week paycheck



Direct Deposit Enrollment/Change Form

Company	Name		Client Number						
Employee	/Worker Name		Employee/Worker Number						
				the original to your employer.					
	OYERS: Return t			ng on-line services, please retain a copy					
COMPLET	ETO ENROLL <i>i a</i>	DD/CHANGE BANK AC	DCOUNTS – <i>PLEASE PRI</i>	NT IN BLACK/BLUE INK ONLY					
Type of Account	Routing/Transit Number	Checking/Savings Account Number*	Financial Institution ("Bank") Name	I wish to deposit (check one):					
□ Checking □ Savings				□ % of Net □ Specific Dollar Amount \$00 □ Remainder of Net Pay					
□ Checking □ Savings				□ % of Net □ Specific Dollar Amount \$00 □ Remainder of Net Pay					
☐ Voided ☐ Depos ☐ Bank I ☐ Other I confirmation	I check with name in it slip (<u>only</u> accepte etter or specification Bank Documentation : t the above named	n sheet (the signature of you n from your Financial Institu) appears before the routing rur local bank representative lation. — If this box is checked	number) MUST be included) the employer must sign this nt for direct deposit transactions processed					
			Date						
*Certain ac	counts may have <u>your ac</u> count.	restrictions on deposits	s and withdrawals. Checl	k with your bank for more information					
		EXISTING DEPOSIT AMO		IN BLACK/BLUE INK ONLY					
11. His 40. Sec. 1	ransit Number	Checking/Savings Account Number*	Financial Institutio ("Bank") Name						
	·			☐ From% to% of Net ☐ From \$00 To \$00 ☐ Remainder of Net Pay ☐ From% to% of Net ☐ From \$00 To \$00 ☐ Remainder of Net Pay					
		EMPLOYEE/WORKE	R CONFIRMATION STATE	MENT					
PLEASE SI	GN IN BLACK/BL	UE INK ONLY							
i authorize co	mply with all applic	able law. My signature belo	e bank accounts specified abow indicates that I am agree ployer to make direct deposit	ove. I agree that direct deposit transactions ing that I am either the accountholder or					
			Date						
Note: Di	aital or Electronic	Signatures are not accept	a la La						

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal Income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate It. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, Interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- is age 65 or older.
- . Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for Information on converting your other credits into withholding allowances.

Nonwage income, if you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form-W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident allen, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments, Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w

Form W-4 (2016)

Cat. No. 10220Q

				enacted a	fter we release it) will	be posted at www.irs.gov/w4.
	Persona	al Allowances Works	heet (Keep f	or your records.)		
Enter "1" for yourself if no one else can claim you as a dependent						
 	You are single and hav	ve only one job; or		i)	
Enter "1" if: 6	You are married, have	only one job, and your s	pouse does not	work; or	} .	В
(,	Your wages from a sec	ond job or your spouse's	wages (or the to	tal of both) are \$1,50	00 or less. J	
Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more						
than one job. (Entering "-0-" may help you avoid having too little tax withheld.)						
Enter number of d	ependents (other than	your spouse or yourself)	you will claim o	n your tax return .		D
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• If your total income	me will be less than \$70	0,000 (\$100,000 ff married	d), enter "2" for	each eligible child; i	then less "1" if	you
have two to four e	ligible children or less '	"2" if you have five or mo	re eligible childı	ren.		
 If your total income 	e will be between \$70,000	0 and \$84,000 (\$100,000 a	nd \$119 , 000 if m	arried), enter "1" for e	each eligible child	1. G
Add lines A through	G and enter total here. (N	lote: This may be different	from the number	of exemptions you cl	aim on your tax i	return.) ▶ H
_ (o If you plan to itemize	or claim adjustments to	income and war	it to reduce your with	nholding, see the	e Deductions
, , , , , , , , , , , , , , , , , , ,	and Adjustments Wo	orksheet on page 2.				
	 If you are single and I 	have more than one job o	or are married a	nd you and your spo	ouse both work	and the combined
that apply.	to avoid having too liti	exceed φου,σου (φευ,σου tle tax withheld.	rii mamed), see	me iwo-eamers/w	unipie Jobs wc	orksneet on page 2
	 If neither of the above 	e situations applies, stop h	ere and enter th	e number from line k	on line 5 of Fo	rm WA below
			ioro ana onto, in	c number nonthine r	10111111000110	IIII VV-4 DOIOW.
	. —					mi w-4 below.
uae æ i	Separate here and o	give Form W-4 to your en	nployer. Keep ti	ne top part for your	records	1
W-4	Separate here and o		nployer. Keep ti	ne top part for your	records	OMB No. 1545-0074
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Missouri Department of Revenue Employee's Withholding Allowance Certificate

Full Name		Social Security Number	Filing S			
Home Address (Number and Street or Rura	Route)	City or Town	Stafe	Zip Code		
1. Allewance For Yourself: Enter 1 for 2. Allowance For Your Spouse: Does 3. Allowance For Dependents: Enter tor your spouse or dependents that 4. Additional Allowances; You may old deductions or credits that lower you 6. Total Number Of Allowances You A 6. Additional Withholding: If you experiment time job, etc.) on your tex return each pay period. To calculate the apay periods in a year. Enter the additional Withholding: If you had a right to tax liability and this year you expect liability, write "Exempt" on Line 7. 18. If you meet the conditions set forth Residency Relief Act and have no Under penalties of perjury, I certify that I at	your spouse work? Yes (he number of dependents your spouse has already clair ilm additional allowances if your spouse has already clair ilm additional allowances if your extended the start of an action and the start of the number of an action are Claiming: Add Lines 1 threat of have a balance due (as not your may request your emprount needed, divide the an actional amount to be withhele a refund of all of your Misson a refund of all Missouri incorpose information below under the Servicemember Missouri tax liability, write 'E	J No If yes, enter 0. If no, enter ou will claim on your tax return. De med on his or her Form MO W-4, ou itemize your deductions or har diditional allowances you would like ough 4 and enter total here	r 1 for your spo to not claim you we other state to the to claim	2		
Under penalties of perjury, I certify that I at Employee's Signature (Form is not valid un		unfolding allowatices claimed our mis	s cerencate, or i	Date (MM/DD/YYYY)		
Employer's Name	Employer	s Address	-			
Employer's Name Gity Date Services for Pay First Performed by Er	State		· Zlp	Zip Code		
$I_1 \dots I_{n-1} \dots \dots$		Federal Employer I.D. Num		Missouri Tax Identification Numbe		
ce To Employer: Within 20 days of hiring erson City, MO 65105-3340 or fax to (573	j a new employee, send a o) 526-8079. Visit <u>www.dss.</u>	copy of Form MO W-4 to the Mi mo.gov/cse/newhire.htm for ad	ssouri Departm ditional informa	ent of Revenue, P.O. Box 33 Illon regarding new hire reporti		
Employee Informali	on — You Do Not Pay M dort.mo.gov/nax/calculato nave as much "take-home exemptions reduce the amou ou should mark "Exempt" on	lissouri Income Tax on all of rswmnouth fir our online wit pay as possible without an inc int of your taxable Income. If you Line 7 above. The following an	the Income Y Inholding calcu ome tax Ilabili Ir Income is les	ou Earnl ' látór. ly due to the state of Missou s than the total of your persons		
Single	Married I	iling Combined		Head of Household		
\$2,100 — personal exemption <u>\$6:200</u> — standard deduction \$8,300 — Total	\$12,400 — standard e	1,200 — personal exemption 2,400 — stäridard deduction 3,600 — Combined Total (For both spouses)		00 — personal exemption <u>00</u> — staridard deduction 00 — Total		
+ \$1,200 for each dependent	+ \$1,200 for each der		4.04 (200 for each dependent		

If your filing status is married filing combined and your spouse works, do

of your filing status is married filing combined and your spouse works, our not claim an exemption on Form MO W-4 for your spouse.

If you and your spouse have dependents, please be suffered filly offer of you claim the dependents on your Form MO W-4. If both spouses claim the dependents as an allowance on Form MO W-4, it may cause you to owe additional Missouri income tax when you file your return.

If you have more than one employer, you should claim a smaller number or no allowances on each Form MO W-4 filed with employers other than your principal employer so the amount withheld will be closer to your, amount of total tax.

- If you termize your deductions, instead of using the standard deduction the amount not taxed by Missouri may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spoules Residency Relief Act you must provide one of the following to your employer; Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the non-resident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residence as a copy of your state income tax return filed in your state of residence as property by receivit from the state of residence as state of residence, a property tex receipt from the state of residence, a current drivers license, vehicle registration or voter ID card.

Formitti O'W-4 (Revised 66-2014)

Wail to: Taxation Division P.O. Box 3340

Jefferson City, MO 65105-3340

Phone: (573) 751-8750 Fax: (573) 526-8079

Visit www.dss.mo.gov/cse/newhire.htm for additional information.





Missouri Department of Revenue Employee's Withholding Allowance Certificate

for income tay withholding and child support enforcement purposes only. Type or print,

essel.	The condition is to thought the number of	Castal	Security Nu	mher			Filing St	africa		
	Full Name	poolar	Security Mr	າເກລາ	, ,	,			2d []	Head of Household
	Home Address (Number and Street or Rural Route)	City or	Town	I!	!!	J	State	<i>y</i>		Zip Code
							<u> </u>			
The state of the s	4. Allowance For Yourself: Enter 1 for yourself if your filing status is single, married, or head of household									
	 Exempt Status; If you had a right to a refund of all of your hax liability and this year you expect a refund of all Missouri liability, write "Exempt" on Line 7. See information below. If you meet the conditions set forth under the Servicement Residency Relief Act and have no Missouri tax liability, write the conditions of th	Missouri Incor Income fax w nber Civil Re ite "Exempt"	ne tax with vithheld bed lief Act, as on line 8.	held las cause y amend See in	et year be ou expec- ed by the formation	caus to f Mil belo	se you ha nave no t itary Spo	id no ax uses	7	
	Under penalties of perjury, I certify that I am entitled to the number	of withholding	allowances	claimed	i on this ç	ertific	cate, or l	am enti	tled t	a claim exempt status.
Senature	Employee's Signature (Form is not valid unless you sign it)							Date (f	MME 	DD/YYYY)
្រ	Employer's Name Emp	oloyer's Addres	s							
ampley er	City	ę	ì	i			Z)p (Code		
圖	Date Services for Pay First Performed by Employee (MM/DD/YYYY)		Federal En	ployer I	D. Numbe	r	1	Vissouri	Tax	Identification Number
	//		11					<u> </u>	L_	D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
votic leffe	se To Employer: Within 20 days of hiring a new employee, sen reon City, MO 65105-3340 or fax to (573) 526-8079. Visit www.	id a copy of .dss.mo.gov	Form MO <i>Icsel</i> newn	W-4 to <u>ire.htm</u>	the Miss for addit	ourr iona	Departm Linforma	ent of f lion reg	eve	ng new hire reporting.
For Wh	Employee Information — You Do Not Pa Visit http://www.tlorr.mo.gov/rax/calcum m MO W-4 is completed so you can have as much "take-ho en you file your return. Deductions and exemptions reduce the a emption plus your standard deduction, you should mark "Exemptions when you file you	ay Missouri uators/with ome pay" as amount of yo ot" on Line 7	Income include include include include include include including including including include i	Tax on dur on without income ie follov	all of th ine within an incon If your i	e in ioldi ne ta ncor	come Y 1g čalou 1x llablit ne is les:	ou Ear átor. y due t sthan t	ml' to th he to	e state of Missouri otal of your personal
	Single Marr	ied Filing C	ombined							ousehold
,	\$2,100 — personal exemption \$ 4,200 — personal exemption \$ 4,200 — personal exemption \$ 4,200 — standard dediction \$ 12,400 — standard \$ 16,600 — Com	dard dedùdid	on	pouses)		\$ 9,10	10 — pe 10 — st 10 — T	and	nal exemption
	+ \$1,200 for each dependent + \$1,200 for each						-			dependent
	+ up to \$5,000 for federal tax						+ up t	o \$5,00	iu fo	r federal tex
» If y	lte Vour filing status is married tiling combined and your spouse wo	ms to Reme orks, do	f you itemi	ize you:	ed by Mi	ons, issor	instead iri may k	of Using	g the	standard deduction, or lesser amount.

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Your planned weekly schedule

*Please write in your times you will be working for each individual day.

DAY\$	TIMES	HOURS	·
MONDAY			
TUESDAY			Client:
WEDNESDAY			Worker:
THURSDAY			
FRIDAY			Effective Date:
SATURDAY			
SUNDAY			
<u> </u>			1
Client Signature			Date
Employee Signatur	re		Date