

# Action Request Transmittal Aging and People with Disabilities



Mike McCormick

**Authorized signature**

**Number:** APD-AR-20-001

**Issue date:** 1/3/2020

**Topic:** Provider Information

**Due date:**

**Subject:** Business change for those who process HCW/HSD PSW W-4's

**Applies to (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> All DHS employees                                | <input checked="" type="checkbox"/> County Mental Health Directors            |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Types A and B | <input checked="" type="checkbox"/> Health Services                           |
| <input checked="" type="checkbox"/> Aging and People with Disabilities    | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                        | <input type="checkbox"/> ODDS Children's Intensive In Home Services           |
| <input type="checkbox"/> County DD program managers                       | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                 |
| <input type="checkbox"/> Support Service Brokerage Directors              | <input type="checkbox"/> Other ( <i>please specify</i> ):                     |
| <input type="checkbox"/> ODDS Children's Residential Services             |   |
| <input type="checkbox"/> Child Welfare Programs                           |   |

**Reason for action:**

The Internal Revenue Service (IRS) recently created a new W-4 form. In addition, the State of Oregon provides a separate state W-4 form. Due to the changes to the Federal W-4, Oregon ACCESS (OA) is unable to be updated timely to capture the changes for APD Homecare Workers (HCWs). 2020 W-4s must be entered directly into the Mainframe to provide correct calculations for APD Homecare Workers (HCWs) and HSD Personal Support Workers (PSWs).

**Overview of Change:**

On 1/1/2020, OA will no longer support entering or reviewing new W-4 information for HCWs. Local Office staff who enter W-4 information into OACCESS will now need to enter the information into the Mainframe.

The Mainframe has two columns for W-4 information to be entered; Federal and State. When entering W-4 information into the Mainframe, staff must enter information from the [Federal W-4](#) into only the Federal W-4 fields. Staff must enter information from the [Oregon W-4](#) into only the Oregon W-4 fields. For example, if staff only receive a Federal W-4 marked "exempt", staff will need to enter exempt into only the federal exempt field.

Please note the following:

The following HCWs/PSWs MUST fill out a Federal W-4 and an Oregon W-4:

- New enrolled providers. If a provider does not provide a Federal or Oregon W-4, the system will default to Single status with no other withholding adjustments.
- Any provider who wants to make changes to their State or Federal withholdings.
- Any provider who claimed exempt in 2019 and wishes to remain exempt in 2020.

Do not give tax advice! This includes, but is not limited to, telling a provider how to fill out W-4s.

If staff attempt to add W-4 information into OACCESS, this error message will appear: "#### Financial information must be entered by logging into GCIC. After logging in clear screen and type SW41,####(provider number)."

The MMIS tax information panel and OACCESS information will be out of date as soon as new W-4 information is entered into the Mainframe.

The tax calculation is based on pay date not the date the service was provided.

### **Actions required:**

Beginning 1/1/2020, staff can only accept 2020 W-4s. Staff should be aware that there are separate state (OR-W-4) and Federal (W-4) forms. If a HCW/PSW hands in only one form, staff should tell them that if they have further questions about which form to provide, they should seek information from a tax professional.

Supervisors will be required to submit a 784 IUP to [APD.Security-Requests@dhsoha.state.or.us](mailto:APD.Security-Requests@dhsoha.state.or.us) (Type A offices must submit this request to [Lori.C.Watt@dhsoha.state.or.us](mailto:Lori.C.Watt@dhsoha.state.or.us)) for staff rights to be updated granting access to the screens needed to process W-4s in Mainframe/DHR.

- Request the SSUFEDW4 group using the "Other" line on the first page (this group is not on the 784). See screen shot below:

**Section I – Individual user profile** (“User” is the person whose account is being affected)

<b>Check all that apply</b> 	<input type="checkbox"/> Add a new user ID	<input type="checkbox"/> Mainframe printer IDL: <input type="text"/>
	<input checked="" type="checkbox"/> Modify access	<input type="checkbox"/> Revoke a user ID
	<input type="checkbox"/> Change name on user ID (new user ID will not be issued for name changes.)	
	<input type="checkbox"/> DHS branch no./location: <input type="text"/>	
	<input type="checkbox"/> Contractor: <input type="text"/>	
	<input checked="" type="checkbox"/> Other (specify): <u>SSUFEDW4</u>	

In order to complete the data entry for W-4s, please review the [training video](#), (also found on the [HCW website](#) under ‘Tools’) and/or review the following steps below.

When staff receive a W-4, they should complete the following steps:

- a) Log into the Mainframe/DHR
- b) Type SW4U, provider number and hit <ENTER>

Using this example, **sw4u, 111111** the following screen will appear:

```

SW4U 111111 Provider W4 Update 12/31/2019
ACTION: PRIME: NAME NOT FOUND
ProvType: 73-737 HomeCare Worker
ProvID 111111 MMIS-ID: Union-ID: TaxID: (SSN)
Prov Name: TaxName:
ProvAddr: OR
Fica Ded: 1 Payment Method: CHK (CHK/DEP)
(1=Withhold FICA 2=No FICA Include on 1099 4=No FICA -exclude from 1099)

** FEDERAL ** New W4 Received:
FED Filing Status: MRJ (SGL,MRJ,H0H)
Step2 Checkbox Y/N: N
Step3 Clm Dependent: 00000 00
Step4a 0th Income: 00000 00
Step4b Deductions: 00000 00
Step4c Extra Withhold: 00000 00
Non Resident Alien: N
Tax WTH Exmpt: N YR: 0000
IRS Restrict Date:
PRIME NUMBER:

** State ** New W4 Received:
State Filing Status: MRJ (SGL,MRJ,MRS)
Number of Allowance: 001
Additional Withheld: 00000 00 ($$$ cc)
State Tax WTH Exmpt: N YR: 0000
OR Restrict Date:

Last Chg: 2017-03-15 16.47.33 HSHAM01
MSG:
F1=Help F3=Exit F12=SPVM
4 X 1 Sess-1 127.0.0.1 HTCPWQEB §11/9
  
```

## Entering in a Federal W-4

- a) Type “Y” in the field to the right of “\*\*FEDERAL\*\* New W4 Received:” (Please note: if a State W-4 is also received, a “Y” may be entered on the State column as well, updating both sections at the same time, making sure to input the correct information into the correct field)

**\*\* FEDERAL \*\* New W4 Received: Y**

- b) Press the <ENTER> key

```

SW4U 111111 Provider W4 Update 12/31/2019
ACTION: PRIME: NAME NOT FOUND
ProvType: 73-737 HomeCare Worker
ProvID 111111 MMIS-ID: Union-ID: TaxID: (SSN)
Prov Name: TaxName:
ProvAddr: OR
Fica Ded: 1 Payment Method: CHK (CHK/DEP)
(1=Withhold FICA 2=No FICA Include on 1099 4=No FICA -exclude from 1099)

** FEDERAL ** New W4 Received: Y
FED Filing Status: MRJ (SGL,MRJ,HOH) 1
Step2 Checkbox Y/N: N 2
Step3 Clm Dependent: 00000 00 3
Step4a Oth Income: 00000 00 4
Step4b Deductions: 00000 00 5
Step4c Extra Wthold: 00000 00 6
Non Resident Alien: 7 N
Tax WTH Exmpt: N YR: 0000
IRS Restrict Date: OR Restrict Date:
PRIME NUMBER:

Last Chg: 2017-03-15 16.47.33 HSHAM01
MSG: P580 OK To Update
F1=Help F3=Exit F12=SPVM
4 X 1 Sess-1 127.0.0.1 HTCPWQEB §11/9
  
```

The red circles correspond with the Federal W-4 form (see examples below)

- c) Enter the red circle fields as follows:

Red 1:

Single or Married filing separately	SGL
Married filing jointly	MRJ
Head of household	HOH

Red 2: If the box is checked type “Y”

Red 3-6: Enter the dollar amount in this box. Whole dollars to the left of the space, cents to the right. Example: **00110 02** = \$110.02

Red 7 (is the line above the signature box on the W-4): If “Nonresident Alien” or “NRA” is written anywhere on this line type “Y” on the field to the right of “Non Resident Alien”, otherwise leave this field “N”

**Non Resident Alien: Y**

If "Exempt" is written anywhere on this line type "Y" in the field to the right of "Tax WTH Exmpt" and "2020" to the right of field "YR:"

\*\*\*Note\*\*\* If Exempt, or Nonresident Alien is written anywhere else on the form besides on this line disregard the information and leave the field "N"

d) Press the <F9> key to save. At the bottom of the screen staff will see the following message:

**MSG: P699 Fed W4 updated ONLY**

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Certificate</b> ▶ 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 <b>2020</b>
<b>Step 1:</b> <b>Enter Personal Information</b>  <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">1</span>	(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.)			
<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 online estimator, and privacy.				
<b>Step 2:</b> <b>Multiple Jobs or Spouse Works</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. . . . <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">2</span> <input type="checkbox"/>			
<b>TIP:</b> 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.				
<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> <b>Claim Dependents</b>	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 . . . . . <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">3</span>		3	\$ _____
<b>Step 4 (optional):</b> <b>Other Adjustments</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 include interest, dividends, and retirement income . . . . . <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">4</span>		4(a)	\$ _____
	(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 . . . . . <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">5</span>		4(b)	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">6</span>		4(c)	\$ _____
<b>Step 5:</b> <b>Sign Here</b>	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)	
For Privacy Act and Paperwork Reduction Act Notice, see page 3. <span style="float: right;">Cat. No. 10220Q Form W-4 (2020)</span>				

## Entering in an OR W-4

a) Type "Y" in the field to the right of \*\*State\*\* "New W-4 Received:"

```

** State **      New W4 Received: Y
State Filing Status: MRJ (SGL,MRJ)
  
```

b) Press the <ENTER> key

```

SW4U 111111 Provider W4 Update 12/31/2019
ACTION: PRIME: NAME NOT FOUND
ProvType: 73-737 HomeCare Worker
ProvID 111111 MMIS-ID: Union-ID: TaxID: (SSN)
Prov Name: TaxName: OR
Fica Ded: 1 Payment Method: CHK (CHK/DEP)
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** FEDERAL **      New W4 Received:
FED Filing Status: MRJ (SGL,MRJ,H0H)
Step2 Checkbox Y/N: N
Step3 Clm Dependent: 00000 00
Step4a 0th Income: 00000 00
Step4b Deductions: 00000 00
Step4c Extra Withhold: 00000 00
Non Resident Alien: N
Tax WTH Exmpt: N YR: 0000
IRS Restrict Date:
PRIME NUMBER:

** State **      New W4 Received: Y
State Filing Status: MRJ 1 SGL,MRJ,MRS
Number of Allowance: 001 2
Additional Withheld: 00000 00 3 $$$ cc)
State Tax WTH Exmpt: N YR: 0000 4

OR Restrict Date:

Last Chg: 2017-03-15 16.47.33 HSHAM01
MSG: P580 OK To Update
F1=Help F3=Exit F12=SPVM
  
```

The yellow circles correspond with the Oregon W-4 form (see example below)

c) Enter the yellow, circle fields as follows:

Yellow 1: Type the code associated with the check box

Single	SGL
Married	MRJ
Married but withholding at the higher single rate	MRS

Yellow 2: Type the number of allowances

Yellow 3: Type the amount entered, if any, both dollars and cents:

```

Additional Withheld: 00000 00 ($$$ cc)
  
```

Yellow 4: If "Exempt" is written on line 4b type the letter written on line 4a (A-M) to the right of "State Tax WTH Exmpt" and enter the year to the right of "YR" field.

```

State Tax WTH EXMPT CD: c YR: 2020
  
```

d) Press the <F9> key to save, the following message will display at the bottom of the screen

```

MSG: P700 State W4 updated ONLY
  
```

# 2019 Form OR-W-4

Page 1 of 4, 150-101-402 (Rev. 12-18) Oregon Department of Revenue



Office use only

## Oregon Withholding

### Important Information

#### Complete Form OR-W-4 if:

- You're a new employee.
- You filed a 2018 or 2019 federal Form W-4 with your employer and didn't file a separate Oregon form specifying a different number of allowances for Oregon.
- You weren't satisfied with your prior year Oregon tax-to-pay or refund amount.
- You've had a recent personal or financial change that may affect your tax situation, such as a change in your income, filing status, or number of dependents.

#### Specific information to consider:

- Do you (including your spouse) **have another job**?
- Do you expect your wages or adjusted gross income (AGI) on your 2019 return to be **more than \$100,000** (or

\$200,000 if filing using the married filing jointly or qualified widow(er) filing status)?

- Are you making **mid-year changes** to your withholding?
- Do you receive pension or annuity payments?
- Are you a part-year resident, nonresident, or nonresident alien?



If you answered **yes** to **any** of these questions, read the "Specific Information" section in the instructions before filling out the corresponding worksheets or Form OR-W-4. The online **Oregon Withholding Calculator** at [www.oregon.gov/dor](http://www.oregon.gov/dor) may provide more accurate results. If you use the online calculator, you don't need to complete any of the corresponding worksheets.

Otherwise, read the instructions and complete all applicable worksheets **before** filling out the Form OR-W-4 and giving it to your employer.

Separate here and give Form OR-W-4 to your employer. Keep the worksheets for your records.

Form OR-W-4

Oregon Employee's Withholding Allowance Certificate

2019

First name and initial	Last name	Social Security number (SSN)		
Address		City	State	ZIP code

**Note:** Your eligibility to claim a certain number of allowances or an exemption from withholding is subject to review by the Oregon Department of Revenue. Your employer may be required to send a copy of this form to the department for review.

1. **Select one:**  Single  Married  Married, but withholding at the higher single rate.  
**Note:** If married, but legally separated, or if your spouse is a nonresident alien, check the "Single" box.
2. **Allowances.** Total number of allowances you're claiming on line A4, B15, or C5. If you meet a qualification to skip the worksheets and you aren't exempt, enter -0-..... 2.
3. **Additional amount,** if any, you want withheld from each paycheck..... 3.
4. **Exemption from withholding.** I certify that my wages are exempt from withholding and I meet the conditions for exemption as stated on page 2 of the instructions. Complete both lines below:
  - Enter the corresponding exemption code. (See instructions)..... 4a.
  - Write "Exempt"..... 4b.

**Sign here.** Under penalty of false swearing, I declare that the information provided is true, correct, and complete.

Employer's signature (This form isn't valid unless signed.)	Date
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**Employer.** Complete the following:

Employer's name	Federal employer identification number (FEIN)		
Employer's address	City	State	ZIP code

— Provide this form to your employer —

\*Note: If both the Federal and State W-4 information was completed, staff will receive the following message:

**MSG: P698 Both Fed and State W4 updated**

Restrict Dates: On rare occasions, staff will see dates in the Restrict Dates fields:

**IRS Restrict Date: 01/05/2020 | OR Restrict Date: 01/05/2020**

- If the Restrict date for the W-4 is a future date, staff will not be able to enter the information as indicated on the W-4. If staff encounter this situation, please contact Provider Relations Unit.
- If the Restrict date is today or in the past staff will not be able to enter the W-4. If the provider has questions, they will need to contact the IRS or Department of Revenue.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** APD Field Operations/APD Policy

*If you have any questions about this action request, contact:*

Contact(s): Traci Lerner	
Phone: 541 705-7324	Fax:
Email: TRACI.D.LERNER@dhsoha.state.or.us	