

Mike McCormick

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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):

All DHS employees	$ extsf{interm}$ County Mental Health Directors
\boxtimes Area Agencies on Aging: Types A and B	\boxtimes Health Services
igtia Aging and People with Disabilities	Office of Developmental
Self Sufficiency Programs	Disabilities Services (ODDS)
County DD program managers	ODDS Children's Intensive In
Support Service Brokerage Directors	Home Services
ODDS Children's Residential Services	Stabilization and Crisis Unit (SACU)
Child Welfare Programs	Other (<i>please specify</i>):

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 <u>APD.Security-</u> <u>Requests@dhsoha.state.or.us</u> (Type A offices must submit this request to <u>Lori.C.Watt@dhsoha.state.or.us</u>) 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:

Aging and People with Disabilities	APD - Individual User Profile
Section I – Individual user pr	rofile ("User" is the person whose account is being affected)
Check all 🚺 🔲 Add a	new user ID Mainframe printer IDL:
that a Check here Modify	y access Revoke a user ID
Chang	ge name on user ID (new user ID will not be issued for name changes.)
DHS b	branch no./location:
Cineck and Complete	actor:
Other	(specify): <u>SSUFEDW4</u>

In order to complete the data entry for W-4s, please review the <u>training video</u>, (also found on the <u>HCW website</u> 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, $\frac{sw4u, 111111}{sw4u, 111111}$ the following screen will appear:

ProvIgpe: 73-737 HomeLare worker ProvID 111111, MMIS-ID: Union-ID: TaxID: (SSN) ProvIddr: TaxName: OR (SSN) ProvAddr: ProvAddr: OR (SSN) Fica Ded: 1 Payment Method: CHK (CHK/DEP) OR (SSN) (1=Withhold FICA 2=No FICA Include on 1099 4=No FICA -exclude from 1099) *** FEDERAL *** New W4 Received: *** State *** New W4 Received: FED Filing Status: MRJ (SGL,MRJ,HOH) Step2 Checkbox Y/N: N Number of Allowance: 001 State Filing Status: MRJ (SGL,MRJ,MRS) Step3 Clm Dependent: 00000 00 Number of Allowance: 001 Additional Withheld: 00000 00 (\$\$\$\$ cc) Step4a Oth Income: 00000 00 State Tax WTH Exmpt: N YR: 0000 State Tax WTH Exmpt: N YR: 0000 Step4c Extra Wthhold: 00000 00 OR Restrict Date: PRIME NUMBER: OR Restrict Date: PRIME NUMBER: N YR: 0000 OR Restrict Date: F12=SPVM	SW4U 111111 Provide ACTION: PRIME: NAME NOT FOU	er W4 Update 12/31/2019 UND
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F1=Help F3=Exit F12=SPVM	Last Chg: 2017-03-15 16.47.33 H5HAM02 MSG:	1
	F1=Help F3=Exit	

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)

New W4 Received: y ** FEDERAL **

b) Press the <ENTER> key

SW4U 111111 ACTION: PRIME:	Provider W4 Updat	te 12/31	/2019
ProvType: 73-737 HomeCare ProvID 111111 MMIS-ID:	Worker Union-ID:	TaxID:	(55N)
Prov Name: ProvAddr: Fica Ded: 1 Paument	Method: CHK (CHK/DEP)	<u> 0R</u>	
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Non Resident Alien:	YR: 0000		
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F1=Help F3=Exit			F12=SPVM
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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	НОН

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: 9911092 = \$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:

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:

		E	mpioyee's	s withholding C	ertific	ate		OMB No. 154
Department of the T	reasury	Complete Form W-4 s	so that your empl ► Give	oyer can withhold the corre Form W-4 to your employ	ect federal yer.	income tax from y	our pay.	202
Chan di	(a) First	name and middle initial		Last name	by the inc		(b)	Social security
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	City of it	with, state, and zir code					SSA	at 800-772-121
_	(c)	Single or Married filing	separately					
•		Married filing jointly (or	Qualifying widow(er	1)				
		Head of household (Che	ck only if you're unn	named and pay more than half t	the costs of	keeping up a home for	yourself	and a qualifying i
Complete Ste claim exempti	on from	ONLY if they apply withholding, when t	to you; otherw to use the online	wise, skip to Step 5. Se e estimator, and privacy.	ee page 2 /.	for more informa	tion on	each step, v
Step 2:	(Complete this step i	if you (1) hold r	more than one job at a withholding depende on	time, or ((2) are married fil	ing join these i	tly and your
multiple Jobs	а ^с	Do only one of the f	ollowing	manorang depends on	and office e	arried normal of	anese ji	
Works		a) Use the estimato	or at www.irs.go	w/W4App for most accu	urate with	holding for this st	ep (and	Steps 3_4):
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	Č	c) If there are only to is accurate for joint	wo jobs total, yo bs with similar p	ou may check this box. I bay; otherwise, more tax	Do the sar than nece	me on Form W-4 t assary may be wit	for the a hheld .	other job. Thi
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Entering in an OR W-4 a) Type "Y" in the field to the right of **State** "New W-4 Received:" New W4 Received: ** State ** b) Press the <ENTER> kev Provider W4 Update 12/31/2019 S₩4U SW40 111111 ACTION: PRIME: NAME NOT FOUND ProvType: 73-737 HomeCare Worker Union-ID: TaxID: ProvID 111111 MMIS-ID: (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) New W4 Received: New W4 Received: FEDERAL ** ** State ** FED Filing Status: Step2 Checkbox Y/N: (SGL,MRJ,HOH) State Filing Status: SGL, MRJ, MRS) Number of Allowance: Additional Withheld: Step3 Clm Dependent: \$\$ CC) Step4a Oth Income: State Tax WTH Exmpt: YR: Step4b Deductions: Step4c Extra Wthhold: Non Resident Alien: YR: Tax WTH Exmpt: IRS Restrict Date: OR Restrict Date: PRIME NUMBER: Last Chg: 2017-03-15 16.47.33 HSHAM01 MSG: P580 OK To Update F1=Heip F3=Exit F12=SPVM 1 Sess-1 127.0.0.1 HTCPWOEB \$11/9

The yellow cirlces 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 witholding at the higher	MRS
single rate	

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

Clear this page

2019 Form OR-W-4

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

Oregon Withholding

Oregon Department of Revenue



Important Information

Complete Form CR-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-topay 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 (ACI) 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 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		OR-W-4 Oregon Employee's Withholding Allowance Certificate					2019	
	First name and initial		Last name		Social Securit	y number (SSIN)			
	Addre	0	<u> </u>		City			Sibile	ZIP code
1)	Note Depe 1.	E Your eligibility to claim artment of Revenue. You Select one: Sing Note: If married, but le	a certain number of alio ur employer may be required Married gally separated, or if you	wances or an ired to send a Married, bu r spouse is a r	exemption copy of thi it withhold	from withhold is form to the d ing at the higher alien, check t	ing is subject t lepartment for ar single rate, he "Single" bo	io revik roviev x.	ew by the Oregon K
2	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							
5	3. 4.	 Additional amount, if any, you want withheld from each Exemption from withholding. I certify that my wages the conditions for exemption as stated on page 2 of he in 			mpt from v ons. Compl	withholding an late both lines t	d I meet below:	a	. 0 0
9	Sign	Write "Exempt" here. Under penalty of	false swearing, I declare	that the infor	nation prov	vided is true, o	4	a. b. mplete	h.
	Emple	yse's signature (This form isn'	t valid unlaw signed.)				Date	/	
	Employee Complete the follow								
	Emple	yer's name		Fi	decel employe	e identification nur	mbar (FEIN)		
	Emple	yor's address		a	Y .			Sibile	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 occassions, staff will see dates in the Restrict Dates fields:IRS Restrict Date:01/05/2020OR 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 W4. If the provider has questions, they will need to contact the IRS or
 Department of Revenue.

Field/stakeholder review:	🖂 Yes 🗌 No
<u>If yes, reviewed by</u> :	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