

# CORPORATE MANAGEMENT GROUP

## Employment Application

Office Hours: Monday-Friday 8am-4pm

Office Number: 507-923-7956

Office Address: 1825 7<sup>th</sup> St NW Rochester, Mn 55901



### Applicant Information

(APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED)

Please fully complete pages 1-3

Full Name: (Last Name, First Name) Genberg Joshua Date: 2020/9/2

Address: (Street Address) 1224 Oakview Dr (Apt./Unit #) 2

(City) St. Charles (State) MN (ZIP Code) 55972

Phone: 507-314-5966 Email: \_\_\_\_\_

Social Security No. 614-01-6300 Date Available: Sept/14/2020

Position Applied for: Sanitation crew overnights Desired Salary: any

Shift Available to work: 1<sup>st</sup> 2<sup>nd</sup>  3<sup>rd</sup> Employment desired:  Full-Time  Part-Time

Are you authorized to work in the U.S?  Yes  No

How did you hear about us? Friend Referral Name: Mitchell Brady

If under 18, please list age: \_\_\_\_\_

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  No  Yes

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	Mayo High	Rochester, MN 1420 11th Ave SE MN 55909	4	Diploma
College	R.C.T.C	1926 College view Rd E	2	Degree
Bus. Or Trade School				
Professional School				

ph#  
Jga 6300

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### PLEASE READ CAREFULLY APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant  Date: 9/2/2020

# Pay Information

Payday is every Friday

Name: Joshua David Gumbert

Last 4 of SSN: 6300

Please mark what option you choose

Direct Deposit

Bank Name USAA

Account Number 02709854 33

Circle One

Checking -or- Savings

Routing Number 314074269

I Understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs included if the account number that I provide is incorrect.

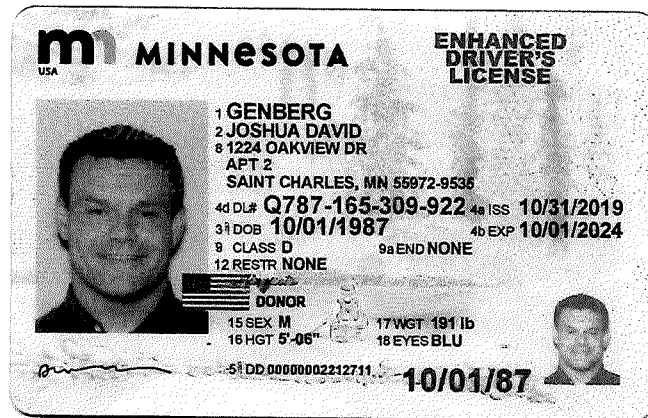
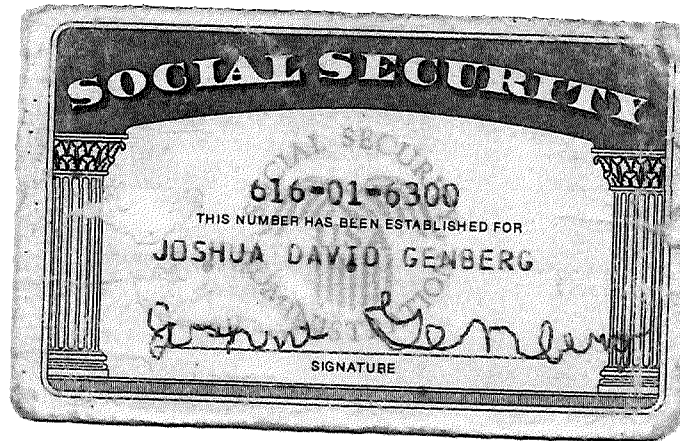
Initial JD

Bank of America Money Network Card

↓ Office Use Only ↓

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_



CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES

104- 87 -335307 STATE FILE NUMBER 18704002144 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

1A. NAME OF CHILD—FIRST (GIVEN) Joshua	1B. MIDDLE David	1C. LAST (FAMILY) Genberg
2. SEX Male	3A. THIS BIRTH, SINGLE, TWIN, ETC. Single	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. ---
4A. DATE OF BIRTH—MONTH, DAY, YEAR October 1, 1987		
4B. HOUR—(24 HOUR CLOCK TIME) 2336		
5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY Feather River Hospital		
5B. STREET ADDRESS—STREET, NUMBER, OR LOCATION 5974 Pentz Road		
5C. CITY Paradise		
5D. COUNTY Butte		
5E. PLANNED PLACE OF BIRTH Hospital		
6A. NAME OF FATHER—FIRST (GIVEN) David	6B. MIDDLE A.	6C. LAST (FAMILY) Genberg
7. STATE OF BIRTH NJ	8. DATE OF BIRTH—MONTH, DAY, YEAR 2/26/54	9. DATE OF BIRTH—MONTH, DAY, YEAR 12/4/56
10. STATE OF BIRTH MT	11. DATE OF BIRTH—MONTH, DAY, YEAR 10/3/87	12. DATE SIGNED 10/6/87
12A. PARENT OR OTHER INFORMANT—SIGNATURE David A. Genberg	12B. RELATIONSHIP TO CHILD Father	13. LICENSE NUMBER A16316
13A. ATTENDANT OR CERTIFIER—SIGNATURE—DEGREE OR TITLE L. M. Fillerup, M.D.	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT ---	17. DATE ACCEPTED FOR REGISTRATION October 23, 1987
13B. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR—SIGNATURE Chester . Ward, M.D.
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT paradise, CA		



**m MINNESOTA** **ENHANCED DRIVER'S LICENSE**

1 GENBERG  
 2 JOSHUA DAVID  
 6 1224 OAKVIEW DR  
 APT 2  
 SAINT CHARLES, MN 55972-9535

40 DL# **Q787-165-309-922** 4a ISS **10/31/2019**  
 31 DOB **10/01/1987** 4b EXP **10/01/2024**  
 9 CLASS **D**  
 12 RESTR **NONE**  
 9a END **NONE**

**DONOR** 17 WGT **191 lb**  
 15 SEX **M** 18 EYES **BLU**  
 16 HGT **5'-06"**

51 DD 00000002212711 **10/01/87**

PH# 507-316-5966  
 Jg06300



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **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) N/A	
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 N/A		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):

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 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. <i>(See instructions)</i>
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR</p> <p>2. Form I-94 Admission Number: _____ OR</p> <p>3. Foreign Passport Number: _____ Country of Issuance: _____</p>
QR Code - Section 1 Do Not Write In This Space 

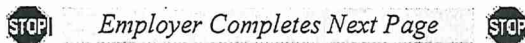
Signature of Employee 	Today's Date (mm/dd/yyyy) <u>9/12/2020</u>
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**Preparer and/or Translator Certification (check one):**

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



# Authorization to Enter New Hire Information

By signing below, I authorize a member of Corporate Management Group – Rochester Office – to enter my new hire paperwork into the online Zenopole (NHO) site. I understand that I will be provided access via login name and password to view the forms that they have completed on my behalf.

Employee Signature:  Date: 9/12/2020

## Insurance Information

I understand that the CMG Staff defaults to decline insurance when entering my new hire paperwork unless specified otherwise during my interview.

I understand that I have 30 days after my employment starts to apply for insurance through ESSG via the login information provided to me.

I agree:  (initial)

## Applicant Certification and Authorization for Background Check

Please read the below statements and initial on the indicated line

(This information will be inputted onto the online NHO form – you will be provided the login information during your interview)

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that comprehensive background checks may be conducted to determine my eligibility for my hire by certain clients of ESSG. This may include – but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or if discovered after I begin my employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

I have read and agree J (initial)

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report / investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, country jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have to include information or data received from other sources Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers and dates of birth.

I have read and agree Q (initial)

**EMPLOYER SOLUTIONS STAFFING GROUP  
BACKGROUND CHECK AUTHORIZATION**

Employee Name: JOSHUA DAVID GONBERG  
(First) (Middle) (Last)  
Social Security Number: 616-01-6300 DOB: 10/01/87

**The information contained in this application is correct to the best of my knowledge.**

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers and dates of birth.

Signature:  Date: 9/2/2020



**Criminal Background Check Acknowledgement**

Part of the selection process at Corporate Management Group includes a background check. The background check includes the applicant's criminal history. As part of this interview, we ask if the applicant has been convicted of any crime. Whether or not an applicant has been convicted of a crime does not determine applicant's eligibility for this position.

Applicant Name: Joshua Genberg

Date of Interview: August 26/2020

Recruiter Name: Sam Stegmann

Have you ever been convicted of any crime, felony, misdemeanor, not including expunged records?

Yes  No

If yes, when, where and what was the nature of this offense.

You will not be denied employment solely because you answered "Yes" above or because you have been convicted of a crime, felony or misdemeanor. The company considers many individualized factors in evaluating a job candidate, including but not limited to, with respect to criminal history, the nature and date of any offense, the surrounding circumstances, and the nature of the position for which you apply.

**By my signature below, I certify that the information provided above is true and complete that I have discussed the above with my interviewer as disclosed. I understand and agree that any misrepresentation by me will be sufficient cause to eliminate me from consideration for employment and/or terminate employment at any time if I have been employed.**

Applicant Signature: [Signature]

Date: 9/2/2020

HR Manager Signature: \_\_\_\_\_ Eligible: \_\_\_ Ineligible: \_\_\_ Date: \_\_\_\_\_

## Rochester Meat Company

**Start Date:** Tuesday, September 8, 2020  
**Title:** Full Time Sanitation Worker  
**Department:** Clean Up Night  
**Supervisor:** Bob Franke  
**Wage:** \$12.00 / Hour plus 1.50 shift differential  
**Skill Level:** 3

### **Schedule for First Week - 3rd Shift**

Tuesday 1:00pm to 4:00pm Orientation  
Wednesday 10:00pm to 6:00am Work/Orientation  
Thursday: Work Regular Schedule 10:00pm - 6:00am  
Friday: Work Regular Schedule 10:00pm - 6:00am

### **Misc Items:**

Please park in the employee parking lot behind the plant.  
Dress warm and dress in layers, wear long pants and closed toed shoes  
A locker will be provided, bring your own padlock

# **ROCHESTER**

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## **Meat Company**

**JOB TITLE:** Sanitation Worker  
**SKILL LEVEL:** 2  
**DEPARTMENT:** Clean-up Night  
**REPORTS TO:** Sanitation Manager or Lead  
**FLSA STATUS:** Nonexempt  
**EFFECTIVE DATE:** June 1999  
**REVISED DATE:** August 6, 2010

**MISSION STATEMENT:** *In our pursuit of excellence, Rochester Meat Company will strive to be problem-free in every area of our business. We are committed to the highest standard of ethics in all that we do.*

**JOB OBJECTIVE:** To clean and sanitize equipment and work area used in production.

**QUALIFICATIONS (based on essential functions):**

- Related experience preferred.
- Must be able to understand instructions and directions in the English language.
- Possess basic mathematics skills.

**JOB FUNCTIONS:** Every effort as been made to identify the essential functions of this positions, however, It in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or an essential function.

<b>Essential Function</b> <input type="checkbox"/> = yes	<b>DUTIES AND RESPONSIBILITIES</b>
<input type="checkbox"/>	1. Wash, rinse, sanitize and set-up equipment for next shift.
<input type="checkbox"/>	2. Dry floors and ceilings.
<input type="checkbox"/>	3. Empty trash barrels
<input type="checkbox"/>	4. Perform and assist in other related duties as required.
<b>MISCELLANEOUS DUTIES and RESPONSIBILITIES</b>	
<input type="checkbox"/>	1. Work effectively with others both within and outside the department. Work as a team with others.
<input type="checkbox"/>	2. Report to work on time. Leave and return from breaks on time.
<input type="checkbox"/>	3. Follow safety rules, conduct rules, HACCP, GMP, Quality Standards & other regulations.

## EMERGENCY CONTACT INFORMATION

EMPLOYER SOLUTIONS STAFFING GROUP  
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Employee Name: Josyua Genberg

Address: 1224 Oakview Dr. apt 511 St. Charles MO 63043

Home Phone: 507-314-5444

### EMERGENCY CONTACTS

Please list two people (in priority order) who could be contacted in case of an emergency

Contact #1	
<p><b>Name:</b> <u>Ariel Genberg</u></p> <p><b>Relationship:</b> <u>wife</u></p>	<p>Home Phone:</p> <p><b>Cell Phone:</b> <u>(507) 272-2221</u></p> <p>Work Phone:</p>
Contact #2	
<p><b>Name:</b> <u>Mitchel Brady</u></p> <p><b>Relationship:</b> <u>roommate</u></p>	<p>Home Phone:</p> <p><b>Cell Phone:</b> <u>507-314-4581</u></p> <p>Work Phone:</p>

Additional information you want Employer Solutions Staffing Group and our clients to know in the event of an emergency:

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# 2020 W4-MN, Minnesota Employee Withholding Allowance/Exemption Certificate

## Employees

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

Employee's First Name and Initial <b>Joshua D</b>	Last Name <b>Genberg</b>	Employee's Social Security Number <b>616-01-6300</b>
Permanent Address <b>1224 Oak View Drive Apt 2</b>		Marital Status (Check one): <input type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate
City <b>St. Charles</b>	State <b>MN</b>	ZIP Code <b>55972</b>

Read instructions on back. Complete Section 1 OR Section 2, then sign and give the completed form to your employer.

Do not complete both Section 1 and Section 2. Completing both sections will make the form invalid.

### Section 1 — Determining Minnesota Allowances

- A Enter "1" for yourself if no one else can claim you as a dependent . . . . . A \_\_\_\_\_
- B Enter "1" if any of the following apply: . . . . . B \_\_\_\_\_
  - You are single and have only one job
  - You are married, have only one job, and your spouse does not work
  - Your wages from a second job or your spouse's wages are \$1500 or less
- C Enter "1" for your spouse. 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.) . . . . . C \_\_\_\_\_
- D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. . . . . D \_\_\_\_\_
- E Enter "1" if you will file as Head of Household (see instructions for qualifying as Head of Household) . . . . . E \_\_\_\_\_
- F Total number of allowances claimed. Add steps A through E.  
If you plan to itemize deductions on your 2020 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. . . . . F \_\_\_\_\_

### Section 2 — Exemption From Minnesota Withholding

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate why you believe you are exempt:

- A I meet the requirements and claim exempt from both federal and Minnesota income tax withholding.
- B Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because of all of the following:
  - I had no Minnesota income tax liability last year
  - I received a refund of all Minnesota income tax withheld
  - I expect to have no Minnesota income tax liability this year
- C All of the following are true:
  - My spouse is a military service member assigned to a military location in Minnesota
  - My domicile (legal residence) is in another state
  - I am in Minnesota solely to be with my spouse. My state of domicile is \_\_\_\_\_
- D I am an American Indian that resides and works on a reservation.
- E I am a member of the Minnesota National Guard or an active duty U.S. military member and claim exempt from Minnesota withholding on my military pay.
- F I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733 and I claim exempt from Minnesota withholding on this retirement pay.

### Minnesota Allowances and Additional Withholding

- 1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet . . . 1 \_\_\_\_\_
- 2 Additional Minnesota withholding you want deducted each pay period (see instructions) . . . . . 2 \_\_\_\_\_

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false Form W-4MN.

Employee's Signature	Date	Daytime Phone
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Employees: Give the completed form to your employer.

## Employers

See the employer instructions to determine if you must send a copy of this form to the Minnesota Department of Revenue. If required, enter your information below and mail this form to the address in the instructions. (Incomplete forms are considered invalid.) We may assess a \$50 penalty for each required Form W-4MN not filed with us. Keep a copy for your records.

Name of Employer	Federal Employer ID Number (FEIN)	Minnesota Tax ID Number
Address	City	State ZIP Code



## Form W-4MN Employee Instructions

Complete this form for your employer to calculate the amount of Minnesota income tax to be withheld from your pay.

### What's New?

Beginning in 2020, federal Form W-4 does not use withholding allowances. If you complete a 2020 Form W-4, you must complete Minnesota Form W-4MN to determine your allowances for Minnesota income tax withholding.

### When should I complete Form W-4MN?

Complete Form W-4MN if any of the following apply:

- You begin employment
- You change your filing status
- You reasonably expect to change your filing status in the next calendar year
- Your personal or financial situation changes
- You claim exempt from Minnesota withholding (see Section 2 instructions for qualifications)
- You request an additional amount of tax deducted each pay period

If you have not had sufficient Minnesota income tax withheld from your wages, we may assess penalty and interest when you file your state income tax return.

**Your employer may be required to submit copies of your Form W-4MN to the Minnesota Department of Revenue.**

**Note:** You may be subject to a \$500 penalty if you submit a false Form W-4MN.

### What if I have completed federal Form W-4?

If you completed a Form W-4 from 2019 or in prior years, you may complete Form W-4MN to determine your allowances for Minnesota withholding purposes. If you completed a 2020 Form W-4, you **must** complete Form W-4MN to determine your allowances for Minnesota withholding.

Your Minnesota allowances must not be greater than your federal allowances.

### What if I am exempt from Minnesota withholding?

If you claim exempt from Minnesota withholding, complete only Section 2 of Form W-4MN and sign the form to validate it. You must provide your employer with a new Form W-4MN by February 15 of each year if you claim exempt.

You cannot claim exempt from withholding if all of the following apply:

- Another person can claim you as a dependent on their federal tax return
- Your annual income exceeds \$1,100
- Your annual income includes more than \$350 of unearned income

### What if I am a nonresident alien for U.S. income taxes?

If you are a nonresident alien, you are not allowed to claim exempt from withholding. You will check the single box for marital status regardless of your actual marital status and may enter one personal allowance on Step A. Enter zero on steps B, C, and E.

If you are resident of Canada, Mexico, South Korea or India and allowed to claim dependents, you may enter the number of dependents on Step D.

### Section 1 — Minnesota Allowances Worksheet

Complete Section 1 to find your allowances for Minnesota withholding tax. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

If you expect to owe more income tax for the year than will be withheld, you can claim fewer allowances or request additional Minnesota withholding from your wages. Enter the amount of additional Minnesota income tax you want withheld on line 2 of Section 1

### Nonwage Income

Consider making estimated payments if you have a large amount of "nonwage income." Nonwage income (other than tax-exempt income) includes interest, dividends, net rental income, unemployment compensation, gambling winnings, prizes and awards, hobby income, capital gains, royalties, and partnership income.

### Two Earners or Multiple Jobs

If your spouse works or you have 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-4MN. Usually, your withholding will be more accurate when all allowances are claimed on the Form W-4MN for the highest paying job and zero allowances are claimed on the others.

### Head of Household

You may claim Head of Household as your filing status if you are unmarried and pay more than 50 percent of the costs of keeping up a home for yourself, your dependents, and other qualifying individuals. Enter "1" on Step E if you may claim Head of Household as your filing status on your tax return.

*Continued*

# Form W-4MN Employer Instructions

## What's New?

Beginning in 2020, federal Form W-4 will not determine withholding allowances used to determine the amount of Minnesota withholding. Employees completing a 2020 Form W-4 will need to complete 2020 Form W-4MN to determine the appropriate amount of Minnesota withholding.

**Use the amount on line 1 of page 1 for calculating the withholding tax for your employees.**

## When does an employee complete Form W-4MN?

Employees complete Form W-4MN when they begin employment or when their personal or financial situation changes.

## How should I determine Minnesota withholding for an employee that does not complete Form W-4MN?

If an employee does not complete Form W-4MN and they have a federal Form W-4 (from 2019 or prior years) on file, use the allowances on their federal Form W-4. If the employee does not complete a Form W-4MN, withhold Minnesota tax as if the employee is single with zero withholding allowances.

## What if my employee claims to be exempt from Minnesota withholding?

If your employee claims exempt from Minnesota withholding, they must complete Section 2 of Form W-4MN. They must provide you with a new Form W-4MN by February 15 of each year.

## When do I need to submit copies of a Form W-4MN to the department?

You must send copies of Form W-4MN to us if any of the following apply:

- The employee claims more than 10 Minnesota withholding allowances
- The employee checked box A or B under Section 2, and you reasonably expect the employee's wages to exceed \$200 per week
- You believe the employee is not entitled to the number of allowances claimed

You do not need to submit Form W-4MN to us if the employee is asking to have additional Minnesota withholding deducted from their pay.

We may assess a \$50 penalty for each Form W-4MN you do not file with us when required.

Mail Forms W-4MN to:  
Minnesota Department of Revenue  
Mail Station 6501  
600 N. Robert St.  
St. Paul, MN 55146-6501

## What if my employee is a resident of a reciprocity state?

If your employee is a resident of North Dakota or Michigan and they do not want you to withhold Minnesota tax from their wages, they must complete Form MWR, *Reciprocity Exemption/Affidavit of Residency*. They must complete a Form MWR by February 28 of each year, or within 30 days after they begin working or change their permanent residence. See Withholding Fact Sheet 20, *Reciprocity - Employee Withholding*, for more information.

## What is an invalid Form W-4MN?

A Form W-4MN is considered invalid if any of the following apply:

- There is any unauthorized change or addition to the form, including any change to the language certifying the form is correct
- The employee indicates in any way the form is false by the date they provide you with the form
- The form is incomplete or lacks the necessary signatures
- Both Section 1 and Section 2 were completed
- The employer information is incomplete

## What if I receive an invalid form?

Do not use the invalid form to calculate Minnesota income tax withholding. Have the employee complete and submit a new Form W-4MN. If the employee does not give you a valid form, and you have an earlier Form W-4MN or Form W-4 (from 2019 or prior years) from them, use the earlier form to calculate their withholding. Otherwise, withhold taxes as if the employee is single and claiming zero withholding allowances.

## What if my employee is a nonresident alien of the United States?

If the wages to this employee are subject to income tax withholding, you will use Table 1 and the procedure under **Withholding Adjustment for Nonresident Alien Employees** in IRS Publication 15-T to determine the correct Minnesota withholding tax. Do not use this procedure for nonresident alien students from India and business apprentices from India.