



Authorization for Release of Employment Information

Date: 2/5/2016

Case number: 2141106

To: Employer Solutions Staffing

*Employer reports incorrect SSN for Abdiaziz.

*Employer reports Abdiaziz's son's SSN

Worker name: Family B

Agency name: Stearns County Human Services

Agency address: Box 1107

City, state, zip code: St. Cloud, MN 56302

Worker phone: 320-656-6000

Fax: 320-656-6447

We need to verify the employment information for the person listed below:

Person name: Abdiaziz M Dahir

Address: 1450 5th Ave S Apt 103

City/state/zip code: Saint Cloud, MN 56301-5700

Social Security number: XXX-XX-1940

Please provide the information requested on the back of this form and sign the form where indicated. On the bottom half of this form is a signed authorization to release information to the human services agency shown below.

Thank you for your cooperation.

Authorization for Release of Information

Giving Permission: I give permission for the person/organization above to release the requested information to the above agency. This information is used to figure my eligibility for public assistance and/or services.

Consequences: State and Federal privacy laws protect my records. I know:

- Why I am being asked to release this information
- I do not have to consent to this authorization, but it may affect my benefits or services if I do not give my consent
- That, generally, I must give my written consent for this person/agency to give out this information, but if I do not consent, the information will not be released unless the law otherwise allows it
- I may stop this authorization with a written notice at any time, but this written notice will not affect information the agency has already requested
- The person or agency who gets my information may be able to pass it on to others
- If my information is passed on to others by DHS, it may no longer be protected by this authorization.

This authorization will end one year from the date I sign it, unless the law allows for a longer period.

CLIENT SIGNATURE <i>Abdiaziz M Dahir</i>	DATE <i>2/8/16</i>	Original copy for agency
SIGNATURE OF SPOUSE/GUARDIAN/AUTHORIZED REPRESENTATIVE	DATE	Provide copy to client



Verification Request Form - B

CASE NAME Khadra Badal		
ADDRESS 1450 5th Ave S Apt 103		
CITY Saint Cloud	STATE MN	ZIP CODE 56301-570

DATE 2/5/2016
CASE NUMBER 2141106

You will need to show proofs for us to decide if you are eligible. Proofs may be different if you want more than one kind of assistance. Ways you can show proofs are listed next to the item checked. If you need help getting proofs, call Family B at 320-656-6000.

General Information

- Earned income** Verification of earnings; for the months of: (*see below) _____ for (name) Abdiaziz Dahir
(Check stubs, employer's statement, self-employment records, income tax returns)
- Unearned income** Verification of: _____
For months of: _____
(Check stubs, benefit statement or check, court order, rental receipts)
- Educational funds** Award letter or statement from school, loan agreement
- Educational expenses** Receipts, statement from school

Miscellaneous

- Illness/incapacity pregnancy/disability** Medical statement
- Work history** Verification of work history from _____ to _____
(Check stubs, employer's statement, W-2 forms, income tax returns)
- Child or adult care** Statement from person giving care for (months) _____ for (dependent): _____
- Student status** Statement from school
- Medical expenses** Itemized medical bills, health insurance and Medicare payments
- Medical insurance** Policy or policy number with information, insurance card (for Medicare bring Medicare card), premium notice
- Divorce decree/ child support papers**
- Federal Employer Identification Number (FEIN)**
- Other**

*Abidaziz is to sign/date the attached EMPLOYMENT VERIFICATION FORM for his job with Employer Solutions Staffing. He is using Ahmed's SSN, he must inform his employer of this and correct the error. Employer must complete the form & return.

You may be asked to show more proof:

- At the time of your interview
- When your case is reviewed
- When there is new information.

If you don't show proof you may not be able to get the help you asked for.

Return by: 2/15/2016

Return to:

NAME Family B		PHONE NUMBER 320-656-6000	
ADDRESS Box 1107			
CITY St. Cloud	STATE MN	ZIP CODE 56302	

Employment Information

To be completed by employer - return both pages to requesting agency
(Mail or fax to agency address/fax number on first page)

EMPLOYEE NAME Abdiaziz M Dahir	SOCIAL SECURITY NUMBER 1940	CASE NUMBER 2141106
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Employment period:	DATE BEGAN/EXPECTED TO BEGIN	DATE ENDED/EXPECTED TO END	IF ENDED, DATE LAST PAID
REASON ENDED <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	EXPLAIN:		GROSS AMOUNT

Pay rate: \$ _____ /hour
 \$ _____ /day
 \$ _____ /acre
 Other (explain:)

If per acre, # of acres anticipated? _____
 Does this rate depend on the type of work performed? Yes No
 If yes, explain: _____

Income received/expected: Provide information for these months: _____, _____, _____

What was the date of the first pay check received? _____

EMPLOYMENT IS: <input type="checkbox"/> Part time <input type="checkbox"/> Full time	AVERAGE # HOURS PER PAY PERIOD: _____	HOW OFTEN PAID: <input type="checkbox"/> Each week <input type="checkbox"/> Once a month	<input type="checkbox"/> Every two weeks <input type="checkbox"/> End of job	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other _____
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Work Schedule:

SUN	MON	TUES	WED	THUR	FRI	SAT

Attach verification of income earned, itemized by pay period, **or** complete the table below.
 Note: **For future months**, anticipate income.

	Income received (Record only those wages which you are reasonably certain the employee will be paid.)						
Date received							
Gross earnings							
No. of hours worked							
Advances/Tips/Bonuses							
Child Support withheld							
Medical insurance							

Medical insurance:

Does the employee have medical insurance through you or your company? Yes No
 Is medical insurance available through you or your company? Yes No
 If yes, what is the employee cost? \$ _____ per _____ (period of coverage)

Signature of employer:

I understand that the information provided on this form is correct to the best of my knowledge. I understand that this form is not a contract for services.

EMPLOYER SIGNATURE	COMPANY/BUSINESS NAME Employer Solutions Staffing	
FEIN	PHONE NUMBER	DATE



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2016039144050KP

Report Prepared: 02/08/2016

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Dahir

First Name: Abdiaziz

Date of Birth: 01/01/1977

Social Security Number: *** ** 1940

Hire Date: 12/29/2015

Citizenship Status: An alien authorized to work

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

List C Document: Social Security Card

Alien Number: 212159961

Document Name: Driver's license

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 09/09/2017

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 02/08/2016

Case Submitted By: RBUR3676

Closed On: 02/08/2016

Closed By: RBUR3676

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED

Form W-4 (2015)

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 2015 expires February 16, 2016. 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.

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 alien, 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 2015. 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/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	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.)	C _____
D	Enter 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 on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2015	
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial <i>ABDI AZIZ Mohammed</i>		Last name <i>Dalvir</i>		2 Your social security number <i>810-24-96-93</i>	
Home address (number and street or rural route) <i>4450 - Stn Avenue S.</i>			3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code <i>St. claud MN 56301</i>			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming from line H above or from the applicable worksheet on page 2				5 <i>1</i>	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. ▶ 7					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶ <i>[Signature]</i>				Date ▶ <i>12/29/15</i>	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)		10 Employer identification number (EIN)

AMERICAN SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA

SOCIAL SECURITY

158-47-1940

THIS NUMBER HAS BEEN ESTABLISHED FOR

**ABDIAZIZ MOHAMED
DAHIR**

SIGNATURE

USA 05/26/2015

AMERICAN SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA