

Action Request Transmittal Aging and People with Disabilities



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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):

- | | |
|---|---|
| <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@dhsosha.state.or.us (Type A offices must submit this request to Lori.C.Watt@dhsosha.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)

Check all that apply 	<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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Certificate ▶ 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 2020
Step 1: Enter Personal Information 1	(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 www.ssa.gov.	
	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.)				
Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.				
Step 2: 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 only one of the following. (a) Use the estimator at www.irs.gov/W4App 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. . . . 2 ▶ <input type="checkbox"/> TIP: 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.				
Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. 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.)				
Step 3: If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Claim Dependents 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 3 3 \$ _____				
Step 4 (optional): Other Adjustments (a) Other income (not from jobs). 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 4 4(a) \$ _____ (b) Deductions. 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 5 4(b) \$ _____ (c) Extra withholding. Enter any additional tax you want withheld each pay period 6 4(c) \$ _____				
7 Step 5: Sign Here 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 _____				
Employers Only Employer's name and address _____ First date of employment _____ Employer identification number (EIN) _____				
For Privacy Act and Paperwork Reduction Act Notice, see page 3.		Cat. No. 10220Q		Form W-4 (2020)

Entering in an OR W-4

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

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** 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 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@dhsosha.state.or.us