

Town of Camp Verde Personnel Action Form

Employee's Name: _____ Department: _____

Type of Action:

Exempt: Non-exempt

Temporary Appointment

Probationary Appointment

Permanent Appointment

Promotion

Merit/Step Increase

Cost of Living Adjustment

Reinstatement

Demotion

Dismissal (Specify below)

Voluntary Termination

Suspension

Retirement

Leave of Absence

Other (Specify below)

Reclassification

Present Job Title _____

Salary Range/Step _____

Bi-Weekly Amount: _____

Hourly Amount: _____

New Job Title _____

Salary Range/Step _____

Bi-Weekly Amount: _____

Hourly Amount: _____

TERMINATION

Employee should be paid for:
_____ hours of accrued leave

Did employee leave in Good Standing?

Yes

No

Comments: _____

Effective Date: _____

Submitted by: _____
Department Head

Date: _____

Approved by: _____
Human Resources Director

Date: _____

Approved by: _____
Town Manager

Date: _____

Form W-4 (2011)

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 2011 expires February 16, 2012. 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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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 \$1,900 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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	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.) ▶ For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 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. 	H _____

----- Cut 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 0;">2011</div>
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input 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		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)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2011, 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.) ▶		Date ▶
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)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Type or print your full name	Your social security number
Home address (number and street or rural route)	
City or town, state, and ZIP code	

Arizona Withholding Percentage Election Options

Choose only one:

- 1 I choose to have Arizona withholding at the rate of
(check only one box): 0.8% 1.3% 1.8% 2.7% 3.6% 4.2% 5.1% of my gross taxable wages.
Additional amount to be withheld per paycheck \$ _____
- 2 I hereby elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the percentage election marked above.	
_____	_____
SIGNATURE	DATE

EMPLOYEE'S INSTRUCTIONS

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. This amount is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percent of your gross taxable wages of every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percent and any extra amount to be withheld from each paycheck.

What are my "Gross Taxable Wages"?

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

New Employees

Complete this form in the first five days of employment to select an Arizona withholding percent. You may also have your employer withhold an extra amount from each paycheck. If you do not file this form, the department requires your employer to withhold 2.7% of your gross taxable wages.

Current Employees

If you want to change the current amount withheld, you must file this form to change the Arizona withholding percent or change the extra amount withheld.

What Should I do With A-4?

Give your completed Form A-4 to your employer.

Electing a Withholding Percent of Zero

You may elect an Arizona withholding percent of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a percent that applies to you.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine whether they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect an Arizona withholding percent.

Town of Camp Verde Employee Timesheet

Employee # _____
 Employee Name: _____
 Position: _____
 Department: _____

Department Head Name: _____
 Approval: _____

Pay Period: to

Department	Account	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Week	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Week	Period
		1/0/00	1/1/00	1/2/00	1/3/00	1/4/00	1/5/00	1/6/00	Total	1/7/00	1/8/00	1/9/00	1/10/00	1/11/00	1/12/00	1/13/00	Total	Totals
Town Manager	01-20-11								0								0	0
Town Clerk	01-20-12								0								0	0
Finance	01-20-13								0								0	0
Human Resource	01-20-14								0								0	0
IT Services	01-20-18								0								0	0
Maintenance	01-20-20								0								0	0
Municipal Court	01-20-30								0								0	0
Public Works	01-20-40								0								0	0
Storm Water Mgmt	01-20-41								0								0	0
Community Dev	01-20-50								0								0	0
Building	01-20-51								0								0	0
Current Planning	01-20-52								0								0	0
Long Range Plng	01-20-53								0								0	0
Code Enforcement	01-20-54								0								0	0
Marshals Office	01-20-60								0								0	0
Animal Control	01-20-61								0								0	0
Library	01-20-70								0								0	0
Children's Library	01-20-72								0								0	0
Parks & Rec	01-20-80								0								0	0
Pool	01-20-82								0								0	0
Children's Rec	01-20-83								0								0	0
Adult Recreation	01-20-84								0								0	0
Community Progs	01-20-86								0								0	0
School Res Officer	06-50-19								0								0	0
PANT Officer	08-50-28								0								0	0
CDBG	09-70-00								0								0	0
HURF/Streets	20-20-00								0								0	0
Vacation									0								0	0
Sick									0								0	0
Comp Hrs Taken									0								0	0
Admin Leave									0								0	0
Holiday Time Used									0								0	0
Holiday Pay	6012								0								0	0
									0								0	0
Daily Total Hours		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

I verify that the above hours worked are accurate for this pay period.

Total Overtime Pay _____
 Total Overtime Comp _____
 Total Straight Comp _____
 Total Straight Pay _____

Employee Signature _____

Comments: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Parks and Recreation

Game Summary Sheet

Date: _____

Program: _____

Game 1

Winners: _____ Points: _____ Losers: _____ Points: _____

Game 2

Winners: _____ Points: _____ Losers: _____ Points: _____

Game 3

Winners: _____ Points: _____ Losers: _____ Points: _____

Game 4

Winners: _____ Points: _____ Losers: _____ Points: _____

Game 5

Winners: _____ Points: _____ Losers: _____ Points: _____

Game 6

Winners: _____ Points: _____ Losers: _____ Points: _____

Officials:

1. _____ X Number of Games _____ = Total: \$ _____

2. _____ X Number of Games _____ = Total: \$ _____

Scorekeepers

1. _____ X Number of Games _____ = Total: \$ _____

2. _____ X Number of Games _____ = Total: \$ _____

Approved for Payment:

Parks and Recreation Supervisor Date

Public Works Director Date

Travel Reimbursement Form

This form is to be completed within 5 business days after the end of the travel and submitted to the Finance Department to receive the travel reimbursement.

If employee is requesting a travel advance, please use form titled "Town of Camp Verde Training/Travel Authorization and Expense Advance Form".

Please attach a copy of the conference/course description and all other applicable documentation.

Date: _____ Employee: _____ Dept: _____ Title: _____

Destination: _____ Departure Date: _____ Return Date: _____ Conference/ Course Title: _____

Purpose and Justification: _____

Date ⇨	Employee Travel Expenses and Per Diem					Total Item Expense
Personal Vehicle Mileage Reimbursement	*Must attach map printout for backup Total Miles _____ X \$0.51 per mile					\$
Breakfast (\$7.00)						\$
Lunch (\$12.00)						\$
Dinner (\$18.00)						\$
Miscellaneous Expenses						\$
Total Daily Expenses	\$	\$	\$	\$	\$	\$
					Less: Advance Amount	\$
					Less: Amount Paid by Credit Card or Check	
					Amount Owed to Employee (Amount Owed to Town)	

I, the undersigned, state that the above information is true and accurate to the best of my knowledge. I certify that the expenses listed were necessary in the transaction of business for the Town of Camp Verde.

Employee Signature _____ Date _____

Department Head Signature _____ Date _____

*Receipts must be attached for lodging, commercial airfare, miscellaneous, and other expenses. For mileage reimbursements, a computer generated map (ex: Map Quest) must be attached detailing the start and end points and the length of the trip. Be sure all blocks are completed. Departure and return dates and times must be included. Your signature and your department head's signature must be included before payment can be made.

Reviewed by Finance Director: _____

Date: _____

Town of Camp Verde Training/Travel Authorization and Expense Advance Form

This form is to be completed a minimum of 10 days PRIOR to the date of travel and submitted to the Finance Department to receive the travel advance. If employee is requesting a reimbursement of travel expenses, please use form titled "Town of Camp Verde Training/Travel Reimbursement Form".

Please attach a copy of the conference/course description and all other applicable documentation.

Date: _____ Name: _____ Dept: _____ Title: _____

Destination: _____ Departure Date: _____ Return Date: _____ Conference/Course Title: _____

Purpose and Justification: _____

Date ⇨	Employee Travel Expenses and Per Diem					Total Item Expense
Personal Vehicle Mileage Reimbursement	*Must attach map printout for backup Total Miles _____ X \$0.51 per mile					\$
Breakfast (\$7.00)						\$
Lunch (\$12.00)						\$
Dinner (\$18.00)						\$
Miscellaneous Expenses						\$
Total Daily Expenses	\$	\$	\$	\$	\$	\$
Total Advance to Employee						\$

Make Check Payable To: _____

Date Check Needed: _____ Give Check To (if other than check payee): _____

<u>Conference/Course Information</u> Payee/Address: _____ _____ Confirmation #: _____ Course Cost: _____ Date Needed: _____	<u>Lodging Information</u> Payee/Address: _____ _____ Confirmation #: _____ Lodging Cost: _____ Date Needed: _____	<u>Airfare Information</u> Payee/Address: _____ _____ Confirmation #: _____ Airfare Cost: _____ Date Needed: _____	<u>Car Rental Information</u> Payee/Address: _____ _____ Confirmation #: _____ Rental Cost: _____ Date Needed: _____
Backup Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Invoice Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No Pd w/Credit Card: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, last four digits _____	Backup Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Invoice Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No Pd w/Credit Card: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, last four digits _____	Backup Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Invoice Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No Pd w/Credit Card: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, last four digits _____	Backup Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Invoice Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No Pd w/Credit Card: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, last four digits _____

APPROVAL OF TRAINING/TRAVEL REQUEST AND EXPENSE FUNDS

I, the undersigned, state that the above information is true and accurate to the best of my knowledge. I certify that the expenses listed were necessary in the transaction of business for the Town of Camp Verde.

Applicant's Signature: _____ Date: _____

Account #: _____ Total Trip Costs: \$ _____

Department Head Signature: _____ Date: _____



CRB 118-3

TOWN OF CAMP VERDE
395 S. MAIN STREET
CAMP VERDE, AZ 86322
(928) 567-6631

CASH RECEIPT

Date 015267

Received From _____

Address _____

Dollars \$ _____

For _____

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER <input type="checkbox"/>		
			CREDIT CARD <input type="checkbox"/>		

By _____

CRB 118-3

TOWN OF CAMP VERDE
395 S. MAIN STREET
CAMP VERDE, AZ 86322
(928) 567-6631

CASH RECEIPT

Date 015268

Received From _____

Address _____

Dollars \$ _____

For _____

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER <input type="checkbox"/>		
			CREDIT CARD <input type="checkbox"/>		

By _____

PRINTED IN U.S.A.

CRB 118-3

TOWN OF CAMP VERDE
395 S. MAIN STREET
CAMP VERDE, AZ 86322
(928) 567-6631

CASH RECEIPT

Date 015269

Received From _____

Address _____

Dollars \$ _____

For _____

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER <input type="checkbox"/>		
			CREDIT CARD <input type="checkbox"/>		

By _____

CASH REPORT						DATED: #####		
REVENUE TYPE	DEPT RCPT #	CASH	CHECK	CHARGE	FIN RCPT #	AMOUNT	TOTAL	ACCOUNT #
TOWN CLERK'S OFFICE								
COPIES						0.00	0.00	01-40-12-4100
BUSINESS LICENSE FEES						0.00	0.00	01-40-12-4120
LIQUOR LICENSE FEES						0.00	0.00	01-40-12-4121
SPECIAL EVENT PERMITS						0.00	0.00	01-40-12-4141
DEPARTMENT TOTAL							0.00	
MAINTENANCE DEPARTMENT								
FACILITY RENTALS						0.00	0.00	01-40-20-4700
DEPARTMENT TOTAL							0.00	
MUNICIPAL COURT								
FEES/FINES/FORFEITURES						0.00	0.00	01-00-00-1070
COURT APPOINTED ATTORNEY REIMBS						0.00	0.00	01-00-00-1070
COURT-JCEF						0.00	0.00	05-00-00-1070
COURT ENHANCEMENT FUND						0.00	0.00	05-00-00-1070
COURT REFUND-FILL THE GAP						0.00	0.00	05-40-00-4132
DEPARTMENT TOTAL							0.00	
PUBLIC WORKS/ENGINEER								
PLAN REVIEW FEES						0.00	0.00	01-40-40-4140
YAVAPAI COUNTY FLOOD CONTROL REIMBS						0.00	0.00	01-40-40-4320
DEPARTMENT TOTAL							0.00	
COMMUNITY DEVELOPMENT								
COPIES						0.00	0.00	01-40-50-4100
CURRENT PLANNING PERMIT FEES						0.00	0.00	01-40-52-4141
CURRENT PLANNING RECORDING FEES						0.00	0.00	01-40-52-4144
CODE ENFORCEMENT PERMIT FEES						0.00	0.00	01-40-54-4141
CODE ENFORCEMENT ZONING FINES						0.00	0.00	01-40-54-4142
DEPARTMENT TOTAL							0.00	
BUILDING DEPARTMENT								
PERMIT FEES						0.00		
						0.00	0.00	01-40-51-4141
BUILDING PERMITS						0.00		
						0.00	0.00	01-40-51-4143
PLAN REVIEW FEES						0.00		
						0.00	0.00	01-40-51-4140
ENGINEER PLAN REVIEW FEES						0.00		
						0.00	0.00	01-40-40-4140
FIRE INSPECTION FEES						0.00		
						0.00	0.00	01-00-00-2410
GENERAL GOVERNMENT IMPACT FEES						0.00		
						0.00	0.00	16-40-01-4145
POLICE SERVICES IMPACT FEES						0.00		
						0.00	0.00	16-40-02-4145
LIBRARY IMPACT FEES						0.00		
						0.00	0.00	16-40-03-4145

PARKS & RECREATION IMPACT FEES						0.00		
						0.00	0.00	16-40-04-4145
DEPARTMENT TOTAL							0.00	
CAMP VERDE MARSHALS OFFICE								
REPORTS						0.00	0.00	01-40-60-4100
FINGERPRINTING						0.00	0.00	01-40-60-4150
YAVAPAI-APACHE DISPATCH CONTRACT						0.00	0.00	01-40-60-4400
MISCELLANEOUS REVENUES						0.00	0.00	01-40-60-4800
9-1-1 DISTRIBUTIONS						0.00	0.00	10-40-20-4016
PANT REIMBURSEMENT						0.00	0.00	08-44-28-4335
SCHOOL RESOURCE OFFICER						0.00	0.00	06-41-19-4335
UNCLAIMED PROPERTY						0.00	0.00	01-00-00-2420
DEPARTMENT TOTAL							0.00	
ANIMAL CONTROL								
DOG LICENSES						0.00	0.00	01-40-61-4160
IMPOUND FEES						0.00	0.00	01-40-61-4161
ADOPTION FEES						0.00	0.00	01-40-61-4162
VACCINATION FEES						0.00	0.00	01-40-61-4163
DEPARTMENT TOTAL							0.00	
LIBRARY								
FEES/FINES						0.00	0.00	01-40-70-4130
COPIES						0.00	0.00	01-40-70-4100
BEAVER CREEK LIBRARY REIMBS-YAV COUNTY						0.00	0.00	01-40-71-4350
BEAVER CREEK LIBRARY FEES/FINES						0.00	0.00	01-40-71-4130
BEAVER CREEK LIBRARY COPIES						0.00	0.00	01-40-71-4100
LIBRARY DISTRICT						0.00	0.00	01-43-70-4025
DEPARTMENT TOTAL							0.00	
PARKS AND RECREATION REVENUES								
START BANK REDEPOSIT						0.00	0.00	01-00-00-1061
CHILDREN'S RECREATIONAL PROGRAMS						0.00	0.00	01-40-83-4210
SUMMER PROGRAM						0.00	0.00	01-40-83-4215
CHILDREN'S RECREATION SPONSORSHIPS						0.00	0.00	01-40-83-4230
ADULT RECREATIONAL PROGRAMS						0.00	0.00	01-40-84-4210
ADULT RECREATION SPONSORSHIPS						0.00	0.00	01-40-84-4230
COMMUNITY PROGRAMS						0.00	0.00	01-40-86-4210
COMMUNITY PROGRAM SPONSORSHIPS						0.00	0.00	01-40-86-4230
DEPARTMENT TOTAL							0.00	
POOL REVENUES								
POOL USER FEES						0.00	0.00	01-40-82-4170
CONCESSION SALES						0.00	0.00	01-40-82-4820
SWIM TEAM						0.00	0.00	30-40-01-9999
DEPARTMENT TOTAL							0.00	
FRANCHISE FEES								
CAMP VERDE WATER SYSTEM						0.00	0.00	01-40-00-4182
NPG CABLE COMPANY						0.00	0.00	01-40-00-4183
UNS GAS, INC.						0.00	0.00	01-40-00-4184

**Camp Verde
Shift Balance Report**

Shift 1 _____ Beginning Cash _____ "X" Total _____ Total _____ Total Cash _____ Total Checks _____ Minus Beg. Cash _____ Total Deposit _____ Over/(Short) _____	Shift 2 _____ Beginning Cash _____ "X" Total _____ Total _____ Total Cash _____ Total Checks _____ Minus Beg. Cash _____ Total Deposit _____ Over/(Short) _____
--	--

Shift 3 _____ Beginning Cash _____ "X" Total _____ Total _____ Total Cash _____ Total Checks _____ Minus Beg. Cash _____ Total Deposit _____ Over/(Short) _____	Shift 4 _____ Beginning Cash _____ "X" Total _____ Total _____ Total Cash _____ Total Checks _____ Minus Beg. Cash _____ Total Deposit _____ Over/(Short) _____
--	--

Daily Total Cash Receipts

	Cash	Checks	Totals
Shift 1	_____	_____	_____
Shift 2	_____	_____	_____
Shift 3	_____	_____	_____
Shift 4	_____	_____	_____
Daily Totals	_____	_____	_____
Z Total	_____	_____	_____
Signature _____			Date _____

Event _____ Date _____

Area of Use _____ Starting Bank \$ _____

Cash Box number _____

Starting Ticket Number _____ Ending Ticket Number _____

Ones	\$	Twenties	\$
Fives	\$	Quarters	\$
Tens	\$	Dimes	\$

Total Cash	\$
------------	----

Parks & Recreation Verification

Employee Signature Employee Signature

Cash Box Pick-Up Verification

Volunteer/Staff Signature Employee Signature

Event _____ Date _____

Area of Use _____ Starting Bank \$ _____

Cash Box number _____

Starting Ticket Number _____ Ending Ticket Number _____

Ones	\$	Twenties	\$
Fives	\$	Quarters	\$
Tens	\$	Dimes	\$

Total Cash	\$
------------	----

Parks & Recreation Verification

Employee Signature Employee Signature

Cash Box Pick-Up Verification

Volunteer/Staff Signature Employee Signature

Cash Count Sheet

Event:

Date:

Day of week:

Ones				
Fives				
Tens				
Twenties				
Fifties				
Hundreds				

Quarters				
Dimes				
Nickles				
Pennies				

SubTotal				
Minus starting bank				
Total				

Total Cash

Total Checks

Total # of Checks

Employee Verification

PURCHASE ORDER
Town of Camp Verde
P O. Box 710 • Camp Verde, Arizona 86322 **NO. 14128**
(928) 567-6631

TO:

Vendor Number _____
 Date _____ 20 _____
 TERMS _____
 Deliver on or before _____
 Fund _____ Acct. No. _____
 Deliver To _____

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	Subtotal:		
	Tax		
	Total		

FOR FINANCE DEPARTMENT ONLY

AUDITED BY	INVOICE NO.	VOUCHER NO.	FUND	DEPT.	ACCOUNT NO.	AMOUNT	P.O. NO.
					TOTAL		

Instructions to Vendors:

1. Purchase order number **MUST** appear on invoice.
2. Submit invoices for each purchase order.
3. Prepay all transportation charges and add to invoice total.

Originating Department _____

_____ Date Department Head Authorization

RECEIVED

Date _____

By _____

Approved for pmt. by _____

Accounting Department approval as to
 availability of funds _____

Town Manager Approval

WHITE: Vendor

YELLOW: Originating Dept.

PINK: Finance



Town of Camp Verde Check Request Form

Vendor Number: _____ Vendor Name: _____

Invoice Date: _____ Invoice Number: _____ Invoice Total: \$ _____

Description: _____

Account Number: _____ Amount: \$ _____

Account Number: _____ Amount: \$ _____

Department Head Approval: _____ Date: _____



Town of Camp Verde Check Request Form

Vendor Number: _____ Vendor Name: _____

Invoice Date: _____ Invoice Number: _____ Invoice Total: \$ _____

Description: _____

Account Number: _____ Amount: \$ _____

Account Number: _____ Amount: \$ _____

Department Head Approval: _____ Date: _____

**TOWN OF CAMP VERDE
CREDIT CARD USE FORM**

Wells Fargo Mastercard _____
Other Credit Card _____

_____ (Credit Card Company if not Mastercard)	
Card Issued to: Town of Camp Verde	
To Be Used by (employee name): _____	
Department: _____	Card Number _____ <small>(Last 4 Digits)</small>
Date Issued: _____	Date Returned: _____

Place(s) of Purchase:

Description:

For Department Head to Complete:	
Account Codes: _____	Amount: _____
_____	_____
_____	_____
_____	_____

PLEASE ATTACH RECEIPTS FROM THIS TRANSACTION AND RETURN WITH CREDIT CARD TO THE FINANCE DEPARTMENT.

DEPT. HEAD PRE-APPROVAL _____ **DATE** _____

DEPT. HEAD POST-APPROVAL _____ **DATE** _____

Request for Town of Camp Verde Credit Card

To: Finance Department

From: _____ Department

Subject: Request for Credit Card

I request that the following employee be issued a Town of Camp Verde Credit Card.

Temporary Issue: _____ Length of Time: _____ Permanent Issue: _____

Employee Name: _____

Employee Title: _____

Reason for request:

Approved: _____ Disapproved: _____

Employee Signature

Department Head Signature

Town Manager Signature

Finance Director Signature

Credit Card User Agreement

1. I understand that I am making a financial commitment on behalf of the Town of Camp Verde and will strive to obtain the best value for the Town.
2. I understand that under NO circumstance will I use the Credit Card to make personal purchases, either for others or myself.
3. I will follow the established Credit Card policy. I understand that failure to do so may result in either loss of privileges or other disciplinary actions, including termination of employment.
4. I agree that should I willfully violate the term of this Agreement, I will reimburse the Town of Camp Verde for all incurred charges and any fees related to the collection of those charges.
5. All receipts received when making a Credit Card purchase, will promptly be forwarded to the Finance Department for monthly reconciliation and payment.
6. I understand that I am restricted to specific limits when using the Credit Card for purchases.
7. I agree that should I leave Town of Camp Verde employment, I will return my Credit Card and all appropriate documentation to the Finance Department.
8. I will use the Town of Camp Verde Credit Cards with the highest degree of personal and professional integrity and ethics, recognizing my responsibility to the public and the Town organization.
9. I agree to contact the Finance Director promptly if I lose, misplace, or have my credit card stolen.

I have received, read, understand, and agree to comply with the Town of Camp Verde Credit Card User Policy.

Employee Name (Print)

Employee Signature

Date

Petty Cash Withdrawal Request

Requested by: _____ Date: _____

Purpose: _____

Approved by: _____ Date: _____

Amount Disbursed: _____

Petty Cash Custodian: _____ Date Disbursed: _____

Employee Signature, upon disbursement _____

Receipt Date: _____ Sales receipt amount: \$ _____ Changed Returned: \$ _____

Date Returned: _____ Expense Account Number: _____

Petty Cash Custodian Signature, upon return: _____

Employee Signature, upon return: _____

Petty Cash Withdrawal Request

Requested by: _____ Date: _____

Purpose: _____

Approved by: _____ Date: _____

Amount Disbursed: _____

Petty Cash Custodian: _____ Date Disbursed: _____

Employee Signature, upon disbursement _____

Receipt Date: _____ Sales receipt amount: \$ _____ Changed Returned: \$ _____

Date Returned: _____ Expense Account Number: _____

Petty Cash Custodian Signature, upon return: _____

Employee Signature, upon return: _____

Public | Surplus®

Please fill in the information below for each of your inventory items.

Overall Title: _____

Year: _____

Make/Manufacturer: _____

Model: _____

Mileage / Hours: _____

VIN #: _____

Running Condition: Runs Well Runs Doesn't Run Unknown

Engine Make, Size, & Gas Type: _____

Transmission Type: _____

Brakes: _____

Hydraulics Condition (if any): _____

Body Style (if applicable): _____

Tires: _____

General Description: _____

Digital Picture # (no limit on qty): _____

Inventory #: _____

Storage Address (pickup location): _____

Public | Surplus®

Please fill in the information below for each of your inventory items.

Overall Title: _____

Year: _____

Make/Brand: _____

Model: _____

Quantity: _____

Description: _____

Features: _____

Digital Picture # (no limit on qty): _____

Condition: Excellent Good Fair Poor Unknown

Inventory # (item code): _____

Storage Address (pickup location): _____

**TOWN OF CAMP VERDE
CELLULAR TELEPHONE USER AGREEMENT**

- 1. I understand that I am using communication equipment that has been issued to me by the Town of Camp Verde in order to make my work easier and more productive.**
- 2. I will follow the established Cellular Telephone policy. I understand that failure to do so may result in loss of privileges and, if I am a Town employee, disciplinary action, including termination of employment.**
- 3. I agree that if I violate the terms of this Agreement, I will reimburse the Town of Camp Verde for all incurred charges and any fees related to the collection of those charges.**
- 4. I agree that if I leave the Town of Camp Verde's employment or Public office, I will return my Cellular Telephone and all appropriate documentation to my supervisor or to the Town Manager, as may be appropriate.**
- 5. I will use the Town issued Cellular Telephone with the highest degree of personal and professional integrity and ethics, recognizing my responsibility to the public and the Town organization.**
- 6. Upon termination of my employment with the Town of Camp Verde I agree to return the cellular phone the Town provided to me. If I fail to return the cellular phone the cost of replacing the cellular phone will be my responsibility.**

I have received, read, understand and agree to comply with the Town of Camp Verde Cellular Telephone User Agreement.

Employee/Official's Name (Print)

Signature

Date

9/24/2008

