

## SOUTH JEFFERSON CENTRAL SCHOOL DISTRICT Information Sheet for Support Staff Positions

Persons applying for a full-time or substitute support staff position in the South Jefferson Central School District should submit the following information for consideration of their application:

1. A *letter of application* stating your interest in one or more of the following areas:

Cafeteria, Custodial, Teacher Aide, Bus Driver, Transportation Aide, Nurse\*

\*NOTE: Applicants for nursing positions need to submit a copy of their Nursing License, current first aid card, and current CPR card.

2. A *resume* stating education, work experience, and other pertinent information.

3. *Three letters of recommendation* from at least one previous employer and acquaintances that could attest to your ability for the position in which you are applying.

4. *Application forms* (included with this form).

5. *Fingerprinting* - Fingerprinting process:

Call MorphoTrust/IDEMIA at 1-877-472-6915 to make an appointment or visit

<https://uenroll.identogo.com/workflows/14ZGR7>

Service Code for Employee: 14ZGR7

Location: JRC, 380 Gaffney Drive, Watertown, NY

Current Fee: \$100.25

Please submit the above information to:

Michelle Jaques  
Secretary to the Superintendent  
South Jefferson Central School District  
P.O. Box 10  
Adams, New York 13605-0010

-OR-

Drop off information at the District Office  
(located in the basement of the Wilson Elementary School, Adams Center)

If you have any questions, please call 315-583-6104.



**APPLICATION FOR EXAMINATION / EMPLOYMENT**

**Jefferson County Department of Human Resources**

175 Arsenal Street, Watertown, NY 13601

Phone: (315) 785-3147

[www.co.jefferson.ny.us](http://www.co.jefferson.ny.us)

*This application is part of your examination. Answer all questions thoroughly. **Incomplete applications may be disapproved.***  
 Before filling out your application, read carefully the announcement for this examination. When completing your application, be sure to enter the examination title and number which identifies the examination for which you are filing.

<b>Position or Exam Title:</b>		<b>Exam #</b>	
<b>Social Security Number:</b>			
<b>Name and Legal Address:</b> IMMEDIATE notice should be given to this office of any changes in address.			
Last Name		First Name	M.I.
Street	City	State	Zip
<b>Mailing Address:</b> (if different from above)	Street	City	State Zip
<b>Phone Number:</b> ( ) _____	( ) _____	( ) _____	_____
Home	Business	Cell	Email Address

**PLEASE SPECIFY THE FOLLOWING PERTAINING TO YOUR PERMANENT LEGAL RESIDENCE:**

State your permanent legal residence as of the date of this application (**IMPORTANT**) This section will determine what resident list (if any) your name will be certified to. I currently reside (**indicate one of the three**) in the: (1) City of \_\_\_\_\_, **OR** (2) Town of \_\_\_\_\_, **OR** (3) Village of \_\_\_\_\_, in the **School District** of \_\_\_\_\_ located in the **County** of \_\_\_\_\_ in the **State** of \_\_\_\_\_.

**TESTING ACCOMMODATIONS:** We provide reasonable accommodations in testing for persons with disabilities. If you require special arrangements, a written request should be attached to this application describing the type of special arrangements required.

Yes, I need testing accommodations. (Attach description describing accommodation request).

**ALTERNATE TEST DATE:** If you cannot take the test on the announced test date because of any of the following reasons, arrangements may be made for you to take the test on an alternate test date. If applicable, **check** the appropriate box below and attach supporting documentation with this application. In the case of an emergency, please notify the Department of Human Resources on the **next** business day following the exam date. You may be required to submit **documentation** of your emergency.

- A death in the immediate family or household within the week preceding the examination.
- A medical emergency involving you or a member of the immediate family.
- Military Orders.
- Religious Observance.
- Participant or immediate family member of a participant in a religious or civil ceremony (e.g. wedding, graduation, baptism, bar mitzvah).
- Vacation plans for which a non-refundable down payment was made before the exam announcement was issued.
- A required court appearance or grand jury duty.
- A conflicting professional or educational examination.

Civil Service use only: Reviewer \_\_\_\_ Approved  Disapproved  Conditioned  Recv'd By \_\_\_\_\_

Reason/Comments: \_\_\_\_\_ PD  W

Are you 18 years of age or older?  YES  NO If no, you must supply a work permit.

Are you a citizen of the United States?  YES  NO  
 If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.

Do you have a **High School diploma**?  YES  NO  
 If YES, NAME AND LOCATION OF HIGH SCHOOL:

Or, a **High School Equivalency Diploma (GED)**?  YES  NO  
 If YES, GOVERNMENT AUTHORITY (GED) NUMBER:

**EDUCATION:**

Read the exam announcement for educational requirements, if any. If a degree is required, attach a copy of your transcript.

INDICATE COLLEGE, UNIVERSITY, PROFESSIONAL, or TECHNICAL SCHOOLS(S) IN SPACE BELOW:	TOTAL CREDITS EARNED	TYPE OF DEGREE EARNED	MAJOR SUBJECT OR COURSE	DID YOU Graduate	DEGREE EXPECTED
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NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO YR /
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Address (City, State):

NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO YR /
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Address (City, State):

**LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE OR PROFESSION:**

Skill, Trade or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)	License Dates (Mo/Day/Yr)		Permanent	
			From	To	From	To

**Driver's License** (Complete only if the position for which you are applying requires one.) Number: \_\_\_\_\_ State \_\_\_\_\_  
 Date of Expiration: \_\_\_\_\_ Class of License: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Restrictions: \_\_\_\_\_

**COMPLETE ALL QUESTIONS:**

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Did you ever resign from any employment rather than face discharge?   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you ever been convicted of any crime(s) (felony or misdemeanor)?   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you now under charges for any crime(s)?   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you an Exempt Volunteer Firefighter?  |
|                              |                             | If yes, indicate years of service:  |

If you answered (YES) to any of these questions, provide full details on a separate 8 1/2 x 11 sheet of paper attached to this application. Your failure to answer any of these questions or to provide sufficient details will significantly delay a determination concerning your qualifications and may deprive you of potential employment opportunities.

**EXPERIENCE:** Begin with the most recent employment. List all employment or military service that shows you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. You are responsible for an accurate and clear description of your experience. **DO NOT SUBSTITUTE A RESUME.** Under "DUTIES" describe the nature of work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision. Part-time experience will be prorated unless otherwise stated on the announcement. If more space is needed, attach 8 1/2 x 11 sheets of paper. Sheets must contain all information as requested on this form. (E.g. number of hours worked per week, dates of employment, etc...)

<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
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HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
---	-----------------	----------------	------------------------------

HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
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HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
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HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

## INSTRUCTIONS AND INFORMATION

**ADMISSION TO EXAMINATION:** Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements. Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time, those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test will NOT be notified of their score. Telephone this agency immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

**ADDITIONAL EXAMINATION CREDITS PURSUANT TO CIVIL SERVICE LAW SECTION 85-A:** If you are a child of a police officer or firefighter who was killed in the line of duty in the service of the municipality for which you are applying for employment, you may be entitled for additional examination credits pursuant to Civil Service Law Section 85-a. For further information, please contact this office.

### **EXTRA CREDIT FOR WAR TIME VETERANS:**

Answering these questions means that you are requesting the extra credits. Do not answer the questions if you are not a war time active duty member of the armed forces or a War Time Veteran or if you do not want to request the extra credits. If you are currently in the Armed Forces on full-time active duty (other than for training) or if you are a War Time Veteran or Disabled Veteran, you are eligible for extra credits added to your exam score if you pass. These extra credits can be used only once for any permanent government employment in New York State. If you want to have these extra credits added to your exam score, you must answer the questions now. You can waive the extra credits later if you wish. At the time of application, you will be required to produce the documentation, such as discharge papers, to prove that you are eligible for the extra credits.

### **DO NOT COMPLETE THIS SECTION UNLESS YOU:**

1. Wish to claim War Time Veterans Credits, AND
2. Have NOT used veterans credits for appointment to a position in New York State or Local Government employment since January 1, 1951.

### **EXTRA CREDIT FOR WAR TIME VETERANS YOUR ANSWERS MUST BE "YES" TO BE ELIGIBLE FOR ADDITIONAL CREDITS.**

YES  NO I received, or expect to receive, a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. (The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by law on a **full-time active duty basis other than active duty for training purposes.**)

YES  NO I served, or am serving, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods:

**In the Armed Forces:** Aug. 2, 1990 to the date when the Persian Gulf hostilities ends: Dec. 22, 1961 to May 7, 1975; June 27, 1950 to Jan. 31, 1955; Dec. 7, 1941 to Dec. 31, 1946;

**or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in:** \*(Panama) Dec. 20, 1989 to Jan. 31, 1990; \*(Lebanon) June 1, 1983 to Dec. 1, 1987; \*(Grenada) Oct. 23, 1983 to Nov. 21, 1983;

**or in the U.S. Public Health Service:**  
June 26, 1950 to July 3, 1952; July 29, 1945 to Sept. 2, 1945

### **To claim additional credits as a Disabled Veteran, you must also answer YES to this question:**

YES  NO I have a service-connected disability rated at 10% or more incurred during a "Time of War" period listed above.

### **To claim conditional credits, please check:**

YES  NO I am currently on active duty in the Armed Forces and wish to apply for veterans credits.

### **EQUAL OPPORTUNITY EMPLOYMENT**

It is the policy of Jefferson County to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination on the basis of age, sex, race, creed, color, national origin, sexual orientation, disability, military status, marital status, predisposing genetic characteristics, domestic violence victim status, or criminal record in connection with employment.

### **THIS AFFIRMATION MUST BE COMPLETED**

I affirm that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. Any false statements made in this application are punishable as a class A misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Please print any other name by which you have been known.

SOUTH JEFFERSON CENTRAL SCHOOL DISTRICT  
Support Staff Substitute Questionnaire

Name \_\_\_\_\_ SS# \_\_\_\_\_

Any other name by which you have been known \_\_\_\_\_

Have you been employed by South Jefferson CSD previously? (Yes/No) If yes, when? \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

In Emergency, Notify \_\_\_\_\_ Telephone # \_\_\_\_\_

Support staff areas interested in: \_\_\_\_\_

I (do/do not) wish to be included on the 2018-2019 substitute support staff list.

Do you wish to be considered for full-time employment? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, please indicate full or part time \_\_\_\_\_

Are you a member of the NYS Employees Retirement System? \_\_\_\_\_

*Very Important* - If yes, retirement number \_\_\_\_\_

When are you not available for substitute work? \_\_\_\_\_

Are you available for assignments at all schools in the District? \_\_\_\_\_

If not, explain \_\_\_\_\_

Are you available upon short notice (1 or 2 hours)? \_\_\_\_\_

If not, explain \_\_\_\_\_

Will you have any transportation problems in reporting to work? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Please list names and complete addresses for three (3) references:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand and agree to notify the Superintendent of Schools of the South Jefferson Central School District if any of the above conditions change.

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Date

SOUTH JEFFERSON CENTRAL SCHOOL DISTRICT  
Retirement Membership Data

Name \_\_\_\_\_

SS# \_\_\_\_\_

1. Have you ever been a member of any public retirement system?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

2. If you have a current active membership, please list the registration number:

NYS Employees Retirement # \_\_\_\_\_

NYS Teachers Retirement # \_\_\_\_\_

3. If the employment position you are entering mandates membership into the appropriate retirement system, you are required to complete the membership application.

4. If not currently an active member or not entering a position which mandates membership in the appropriate retirement system, would you like to join at this time?

Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby acknowledge that as a result of joining the retirement system, I will be required to contribute 3 percent of my salary to the retirement system. If I elect not to join at this time, I realize I have been advised of the availability of membership into the appropriate retirement system.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2019</span>	
1 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 filing separately, check "Married, but withhold at higher Single rate."			
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 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .		5 _____		6 \$ _____	
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 _____		7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption.	
• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b>		• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.		If you meet both conditions, write "Exempt" here . . . . . <input type="checkbox"/>	
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 _____ Date _____			
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment _____		10 Employer identification number (EIN) _____	



income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

### **Deductions, Adjustments, and Additional Income Worksheet**

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### **Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### **Instructions for Employer**

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).

**Personal Allowances Worksheet (Keep for your records.)**

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b>	<u>        </u>
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b>	<u>        </u>
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b>	<u>        </u>
<b>D</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one job; or</li> <li>• You're married filing jointly, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span>	<b>D</b>	<u>        </u>
<b>E</b>	<b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>E</b>	<u>        </u>
<b>F</b>	<b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>F</b>	<u>        </u>
<b>G</b>	<b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .	<b>G</b>	<u>        </u>
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b>	<u>        </u>

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

<b>1</b>	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .		<b>1</b>	\$ <u>        </u>
<b>2</b>	Enter: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>\$24,400 if you're married filing jointly or qualifying widow(er)</li> <li>\$18,350 if you're head of household</li> <li>\$12,200 if you're single or married filing separately</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span> . . . . .		<b>2</b>	\$ <u>        </u>
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .		<b>3</b>	\$ <u>        </u>
<b>4</b>	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .		<b>4</b>	\$ <u>        </u>
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total . . . . .		<b>5</b>	\$ <u>        </u>
<b>6</b>	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .		<b>6</b>	\$ <u>        </u>
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .		<b>7</b>	\$ <u>        </u>
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .		<b>8</b>	<u>        </u>
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, above . . . . .		<b>9</b>	<u>        </u>
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 of that worksheet on page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .		<b>10</b>	<u>        </u>

### Two-Earners/Multiple Jobs Worksheet

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. 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 <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

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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.

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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.