

New Employee Checklist

Employee's Name _____

Social Security Number _____

Employee I.D. Number _____

- Personnel Action Notice (PIR)
- Criminal History Background Check Authorization Form
- Human Resources Authorization Usage Agreement
- Emergency Contact Address/Phone
- Direct Deposit Form / Plastic Paycheck
- Employee Eligibility Verification (I-9):
 - _____ Complete _____ IncompleteDocument Needed: _____
- Tax Forms: K-4 _____ W-4 _____ K-4E _____ IND _____
- Appendix A – Foreign National Only
- Appendix B – Temporary Employee Only

Employee Signature Date

Payroll Representative Date

Revised 11/9/2007

Updated: 9/3/2009

PERSONNEL ACTION NOTICE

Last Name: _____ First: _____ Middle: _____

Employee ID: _____

New/rehires should complete all information blocks. For data changes complete only applicable fields.

Please indicate the required personnel action.

_____ **NEW HIRE** _____ **REHIRE** _____ **DATA CHANGE**

US LOCAL STREET ADDRESS:

City: _____

County: _____

State: _____ Zip: _____

MAILING ADDRESS:

City: _____

County: _____

State: _____ Zip: _____

PERSONAL PROFILE:

Gender Male Female Student Data: Half-Time Student

Birth Date: _____ Birth Country: _____

Marital Status Single Married

EMAIL/PHONE:

Email Type: _____ Email Address: _____

Phone Type: _____ Phone Number: _____

Phone Type: _____ Phone Number: _____

EDUCATION LEVEL:

Less than HS Diploma Technical School Some Graduate School Doctorate (Professional)

High School Graduate or Equivalent 2-Year College Degree Master's Level Degree Post Doctorate

Some College Bachelor's Level Degree Doctorate (Academic)

Other: _____

ETHNIC GROUP:

American Indian/Alaskan Native Asian

Native Hawaiian/Other Pacific Islander Hispanic/Latino

Black/African American White

DISABILITY STATUS:

No Disability Disabled Veteran

Disabled

MILITARY STATUS:

Armed Forces Service Metal Veterans Special Medal & Other Veteran

No Military Service Veteran of the Vietnam era

Other Protected Vet Vietnam & Other Protected Vet

Military Discharge Date: _____

I hereby certify that all of the above information is true and correct.

Signature: _____ Date: _____

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION
PLEASE TYPE OR PRINT

I, _____
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work"), **University of Louisville** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **University of Louisville**. **University of Louisville** uses **Acxiom**, a consumer-reporting agency, as an agent to perform its Employment related background investigations. For this type of employment, State law requires a State and National criminal history background check as a condition of employment. With this authorization form, **University of Louisville** is requesting only a state and national criminal history background check (House Bill 3, Section 19, KY GA 2006 session).

Acxiom will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **University of Louisville**, and **Acxiom**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **University of Louisville** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **University of Louisville**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Acxiom**, 6111 Oak tree Blvd., Cleveland, OH 44131. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

_____ Signed		_____ Today's Date	
_____ EmplID		_____ Position Applied For	
_____-_____-_____ Social Security Number	_____/_____/_____ Date of Birth	_____ *Race/Ethnicity	_____ *Gender

*Other names you have used, or are also known as, including maiden name, name changes and any aliases:

PLEASE PROVIDE YOUR MOST CURRENT ADDRESS

Current Address: _____
 Street Apt.# City State Zip Code

*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable, to distinguish you from another in the event we discover adverse information during our background investigation.

**Authorized Use Agreement
For Employee Access To
University Business and Student Information Systems**

**Initial By
Each Item**

1. I understand that information contained within the University of Louisville (“university”) information systems shall NOT be shared with anyone not currently authorized to receive such information.

2. I shall not access, copy, or disseminate university information except to the extent necessary to fulfill my assigned duties and responsibilities and then only to the extent that my access is authorized.

3. I shall take appropriate action to ensure the protection and security of the university’s and other information contained within the information system.

4. I understand that improper access to and/or unauthorized disclosure of University information could be a violation of state and federal laws. Consequently, I may be subject to civil or criminal liability.

5. I understand that improper access to or unauthorized disclosure of University information could subject me to disciplinary action up to and including termination of my relationship with the university.

6. I understand that the obligation to maintain security of this information continues beyond the termination of my relationship with the university.

By signing this document, I acknowledge this Authorized Use Agreement and agree to abide by it.

Print Employee Name

Employee Signature

User ID

Date

University of Louisville Human Resources System
Hire/Rehire/Personal Information Change
Emergency Contact Address/Phone

Employee Name: _____

Social Security Number: _____

Employee ID Number: _____

Information Items:

Contact Name: _____

Relationship to Employee: _____

Primary Contact: Yes _____ No _____

Same Address/Home Phone as Employee: Yes _____ No _____

Country: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____ County: _____

Phone Number of Emergency Contact: _____

Employee Signature _____

Date: _____

**UNIVERSITY OF LOUISVILLE
REQUEST FOR DIRECT DEPOSIT
/PLASTIC PAY CHECK FORM**

Note
All employees hired after January 1, 2001 must have their net pay electronically deposited as a condition of continued employment.

Instructions:

Please complete the appropriate sections of this form. Incomplete or missing information will delay processing. Please be sure to include a voided check if you are requesting to begin or change your direct deposit. The completed form should be returned to: University of Louisville Payroll Office, 1980 Arthur Street, Louisville, Kentucky 40208-2772. Any questions should be directed to payroll@louisville.edu.

PERSONAL INFORMATION

Direct Deposit _____ Plastic Pay Check _____ (Please initial your choice)

Employee Name: _____ Date: _____

Employee ID: _____ Social Security Number _____

Phone Number: _____ E-mail Address: _____

Home Address _____

City _____ State _____ Zip _____

Home Department Name: _____

Pay Basis: ___ Monthly ___ Biweekly Date of Birth _____

REQUEST TO BEGIN/CHANGE DIRECT DEPOSIT

(A VOIDED CHECK OR XEROX COPY OF CHECK FROM THIS ACCOUNT MUST BE INCLUDED WITH THIS REQUEST)

Bank Name: _____

Account Number: _____ Acct Type: ___ Checking ___ Savings

Routing Number: _____

REQUEST TO STOP OR CHANGE DIRECT DEPOSIT/PLASTIC PAY CHECK

Bank Name: _____

Account Number: _____ Acct Type: ___ Checking ___ Savings

Routing Number: _____

Please initial here _____
to stop plastic paycheck.

ACKNOWLEDGEMENT AND AUTHORIZATION

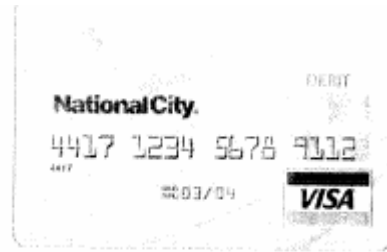
I hereby authorize the University of Louisville, acting as my agent, to deposit my net pay each pay period and until further notice, in the account identified above.

I acknowledge that:

- Provided my respective financial institution has adequate electronic transfer facilities, my net pay will be deposited on the morning of each official university pay day;
- In order to remain eligible for this service, I will notify the Payroll Department of any changes to this authorization at least one complete **pay period prior to the next deposit**; and,
- The university may cancel this service if it is determined that frequent alternations to this agreement are initiated in order specifically to avoid anticipated financial responsibilities.
- I agree and understand that if I need to terminate my direct deposit that I have three (3) business days to provide a new direct deposit form or I will be issued a stored value debit card/plastic paycheck for electronic transfer of my net pay.

Employee Signature: _____ Date: _____

**UNIVERSITY OF LOUISVILLE
REQUEST FOR PAYMENT
OF NET PAY
BY PLASTIC CHECK**



I hereby authorize the University of Louisville, acting as my agent, to provide my net pay each pay period by using a reloadable plastic check managed by National City Bank.

I understand:

- My net pay will be automatically loaded onto my plastic paycheck every payday morning. The net pay for subsequent payroll cycles will be added to the existing balance on my plastic paycheck.
- I have free unlimited around-the-clock use of National City money machines. Use of non-National City ATM machines will incur a \$1.75 charge from National City and a subsequent charge added by the financial institution which manages the non-National City ATM equipment.
- I will receive one free transaction **per pay period** which can be used during an “in bank” visit to “cash out” my plastic paycheck balance at a National City bank. A second “in bank” visit between paydays will incur a \$3.50 charge.
- An actual bank account **has not** been established for me. An “in bank” withdrawal requires me to indicate to the bank teller the specific amount to be deducted from my plastic paycheck. The Payroll Office and National City Bank tellers do not have access to my plastic paycheck information; consequently, before I make a total “in bank” withdrawal, I must personally obtain my existing account balance by on-line computer access or through an ATM/money machine balance inquiry.
- My plastic paycheck may be used, without charge, anywhere a Visa card is accepted. Each time the card is used, the amount that is spent will be deducted automatically from the balance remaining on my card.
- I can freely purchase goods and services at point-of-sale terminals within stores (including cash back options). These transactions will be either “Debit” or “Credit” depending upon the merchant’s sales terminal equipment.
- My plastic paycheck is based upon my employment and is not transferable. I understand it is my responsibility to call (888) 595-0501 to report a lost or stolen card and order a replacement. Replacement of a lost plastic paycheck will cost \$10.00 and 10 to 14 calendar days are required for the bank to replace my plastic paycheck.

Information for Individuals Who Believe They Are Unable To Have Access to a Traditional Bank Account

For a variety of reasons, there are a small number of people who have not participated in the Direct Deposit Program because they are unable to secure an account at a bank or other financial institution. The University of Louisville has surveyed area financial institutions which may be able to offer products to individuals who may otherwise not have access to banking products.

The list may not represent all financial institutions which may have products for individuals who otherwise cannot use traditional banking products. Employees may identify additional financial institutions not on this list which may meet their banking needs and which will allow them to participate in the Direct Deposit program. Employees should contact the financial institutions listed below (or others they have identified) to determine if whether a banking product best meets the employees needs. The university does not warrant or guarantee any product offered by the banking institutions listed below. The university has provided this list as a service and convenience to employees.

Financial Institution	Contact	Phone
Bank One 312 S. 4 th Street Louisville, Kentucky 40202	Michelle Culwell	566-2721
Kentucky Telco University Center Belknap Parking Garage 2126 South Floyd Street, Ste. 200 Louisville, KY 40208-2771	Frankie Boone or Terona Huff	852-6711
Republic Bank 601 West Market Street Louisville, Kentucky 40202	Kenneth B. Fox	588-1035

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C.** If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1.** Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
 - 2.** Record the document title, document number, and expiration date (if any) in Block C; and
 - 3.** Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Form I-9, Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City		State	Zip Code
			Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	5. Native American tribal document
	10. School record or report card	6. U.S. Citizen ID Card (Form I-197)
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	
		8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form W-4 (2010)

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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

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 2010. 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: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<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 _____
{	<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. 	}			
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 \$1,800 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.) ▶	H _____			
	For accuracy, complete all worksheets that apply. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <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 \$18,000 (\$32,000 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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<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 \$18,000 (\$32,000 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. 	}	
{	<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 \$18,000 (\$32,000 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. 	}			

----- 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;">2010</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 \$	
7 I claim exemption from withholding for 2010, 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 (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 2010 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:

{	\$11,400 if married filing jointly or qualifying widow(er) \$8,400 if head of household \$5,700 if single or married filing separately	}	2	\$ _____
---	--	---	-----------	----------	----------
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4** Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) **5** \$ _____
- 6** Enter an estimate of your 2010 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 \$3,650 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 4–9 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 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. 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 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - 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 using it 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.

KENTUCKY DEPARTMENT OF REVENUE
EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Payroll No. _____

Print Full Name _____

Social Security No. _____

Print Home Address _____

EMPLOYEE:

File this form with your employer. Otherwise, Kentucky income tax must be withheld from your wages.

EMPLOYER:

Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If SINGLE, and you claim an exemption, enter "1"; if you do not, enter "0".
2. If MARRIED, one exemption each for you and spouse if not claimed on another certificate.
 - (a) If you claim both of these exemptions, enter "2"
 - (b) If you claim one of these exemptions, enter "1"
 - (c) If you claim neither of these exemptions, enter "0"
3. Exemptions for age and blindness (applicable only to you and your spouse but not to dependents):
 - (a) If you or your spouse will be 65 years of age or older at the end of the year, and you claim this exemption, enter "2"; if both will be 65 or older, and you claim both of these exemptions, enter "4"
 - (b) If you or your spouse are blind, and you claim this exemption, enter "2"; if both are blind, and you claim both of these exemptions, enter "4"
4. If you claim exemptions for one or more dependents, enter the number of such exemptions
5. National Guard exemption (see instruction 1)
6. Exemptions for Excess Itemized Deductions (Form K-4A)
7. Add the number of exemptions which you have claimed above and enter the total
8. Additional withholding per pay period under agreement with employer. See instruction 1. \$

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date _____

Signed _____

INSTRUCTIONS

1. NUMBER OF EXEMPTIONS- Do not claim more than the correct number of exemptions. However, if you have unusually large amounts of itemized deductions, you may claim additional exemptions to avoid excess withholding. You may also claim an additional exemption if you will be a member of the Kentucky National Guard at the end of the year. If you expect to owe more income tax for the year than will be withheld, you may increase the withholding by claiming a smaller number of exemptions or you may enter into an agreement with your employer to have additional amounts withheld. If you claim more than 10 exemptions this information is sent to the Department of Revenue.

2. CHANGES IN EXEMPTIONS- You may file a new certificate at any time if the number of your exemptions **INCREASES**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **DECREASES** for any of the following reasons.

(a) You are divorced or legally separated from your spouse for whom you have been claiming an exemption or your spouse claims his or her own exemption on a separate certificate.

(b) The support of a dependent for whom you claimed exemption is taken over by someone else, so that you no longer expect to furnish more than half the support for the year.

(c) Your itemized deductions substantially decrease and a Form K-4A has previously been filed.

OTHER DECREASES in exemption, such as the death of a spouse or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

3. DEPENDENTS- To qualify as your dependent (line 4 on reverse), a person (a) must receive more than one-half of his or her support from you for the year, and (b) must not be claimed as an exemption by such person's spouse, and (c) must be a citizen of the United States, or a resident of the United States, Canada, or Mexico, or (d) must have lived with you for the entire year as a member of your household or be related to you as follows:

- your child, stepchild, legally adopted child, foster child (if he lived in your home as a member of the family for the entire year), grandchild, son-in-law, or daughter-in-law;
- your father, mother, or ancestor of either, stepfather, stepmother, father-in-law, or mother-in-law;
- your brother, sister, stepbrother, stepsister, brother-in-law, or sister-in-law;
- your uncle, aunt, nephew, or niece (but only if related by blood).

4. PENALTIES- Penalties are imposed for willfully supplying false information or willful failure to supply information which would reduce the withholding exemption.



www.revenue.ky.gov



Form WH-4
SF 48845
Revised 7-99

State of Indiana
Employee's Withholding Exemption and County Status Certificate

This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip Code _____

Indiana County of Residence as of January 1: _____ (See instructions)

Indiana County of Principal Employment as of January 1: _____ (See instructions)

How to Claim Your Withholding Exemptions

1. Each taxpayer is entitled to one exemption. If you wish to claim the exemption, enter "1"
2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1"
3. You are allowed one (1) exemption for each dependent. Enter number claimed . Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or (b) if you and/or your spouse are legally blind. Check box(es) for additional exemptions: You are 65 or older or blind Spouse is 65 or older or blind Number of boxes checked . (See instructions) Enter the total number of exemptions.....
4. Add lines 1, 2, and 3. Enter the total here.....
5. You are entitled to claim an additional exemption for each qualifying dependent (see instructions).....
6. Enter the amount of additional state withholding (if any) you want withheld each pay period..... \$ _____
I hereby declare that to the best of my knowledge the above statements are true.

Signature _____ Date: _____

Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, social security number and home address on the appropriate lines of the Form WH-4. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you did not live or work in Indiana on January 1 of the current year, enter "not applicable" on the line(s). Your county tax withholding is based first on the county where you lived on January 1. If that county has adopted a county income tax, then you are subject to that county's resident tax rate on your earnings for the rest of the year or until you are no longer an Indiana resident. If the county in which you lived has not adopted a county income tax, then you are subject to the nonresident tax rate of the county in which you were employed on January 1 of the current tax year. If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Line 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state and federal guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than \$1,000 gross income during the tax year (unless the person is your child and is under age 19 or under age 24 and a full-time student at least during 5 months of the tax year at a qualified educational institution). Additional Exemptions: You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind up to a maximum of four (4) additional exemptions. Enter the total number of dependents and additional exemptions claimed on the line provided.

Line 4 - Add the total of exemptions claimed on lines 1, 2, and 3. Enter the total in the box provided.

Line 5 - Additional Dependent Exemption: An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter and/or foster child. Enter the total in the box provided.

Line 6 - If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. **NOTE:** An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions **increases**. You must file a new Form WH-4 within 10 days if the number of exemptions previously claimed by you **decreases** for any of the following reasons:

- (a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4;
- (b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person's support for the tax year; or
- (c) the person who you claim as an exemption will receive more than \$1,000 of income during the tax year.

Penalties are imposed for willfully supplying false information or information which would reduce the withholding exemption.

Form **K-4E**

42A804-E (2-00)

Commonwealth of Kentucky
REVENUE CABINET

Special Withholding Exemption Certificate

(For use by employees who anticipate no tax liability for the current year.)

Date _____

Type or Print Full Name _____

Social Security Number _____

Expires (see instructions) _____

Home Address (Number and Street) _____

City, State and ZIP Code _____

Employee- File this certificate with your employer. Otherwise Kentucky income tax must be withheld from your wages.

Employer- Keep this certificate with your records. This certificate may be used instead of Form K-4 by those employees qualified to claim the exemption.

Employee's Certification- I certify under the penalties of perjury that I anticipate no Kentucky income tax liability for the year indicated above.

Signature _____

Date _____



INSTRUCTIONS

Who May Claim the Exemption from Withholding of Income Tax- The employee may be entitled to claim the exemption from the withholding of Kentucky income tax if no income tax liability is anticipated for the current year and the employee meets the income requirements as shown below. If the employee is eligible to claim this exemption, the employer will not withhold Kentucky income tax from wages.

Liability for Estimated Tax- If the employer does not withhold income tax from wages and an income tax liability occurs, an estimated tax may be required. The penalty will be applicable if the estimated tax is not paid.

Income Requirements- A single person having an adjusted gross income of \$5,000 or less for the year, or a married person whose adjusted gross income combined with the adjusted gross income of his or her spouse is \$5,000 or less may claim

the exemption by filing the certificate. **If the anticipated income will exceed these requirements, this certificate must not be filed.**

Multiple Employers- An employee, employed by more than one employer, may claim the exemption from withholding with each employer, provided that the total of the anticipated income will not cause the employee to incur any liability for Kentucky income tax for the current taxable year.

Expiration and Requirement of Revocation of the Exemption- This certificate will expire on the last day of the fourth month following the close of the taxable year. This exemption certificate must be revoked within 10 days if it is reasonable to anticipate that a Kentucky income tax liability will occur. If this exemption certificate is discontinued or revoked, a new Employee's Withholding Exemption Certificate (Form K-4) must be filed with the employer.

42A809
10-00

COMMONWEALTH OF KENTUCKY, REVENUE CABINET
FRANKFORT, KENTUCKY 40620

See Instructions
on Reverse

CERTIFICATE OF NONRESIDENCE

(Please Type or Print)
Name of employee _____ Social Security No. _____

Home address _____ Number and street or rural route _____ City, town, or post office _____ State _____ ZIP Code _____

I have not been a resident of Kentucky during the year. (Check block in front of applicable statement.) I work in Kentucky and reside in:

- Illinois, Indiana, Michigan, Ohio, West Virginia, Wisconsin, or
- Virginia and commute daily to my place of employment in Kentucky. (*Must commute daily to apply.*)

I hereby certify that the above information is true and complete. I further certify that at any time I change my status as a resident of _____, I will notify my employer of such fact within ten days from date of change.

Name of current state of residence _____

Signature of employee _____

Date _____

INSTRUCTIONS
To Be Filed With Employer

To The Employee:

You are exempt from income taxes on wages or salaries earned in Kentucky if: (1) You have not been a resident of Kentucky during the taxable year and you reside in Illinois, Indiana, Michigan, Ohio, West Virginia, or Wisconsin or (2) you reside in Virginia and commute *daily* to your place of employment in Kentucky.

If you meet one of the above qualifications and are therefore exempt, your employer may cease withholding Kentucky income taxes. However, you must complete the front of this form and file it with your employer before he can stop withholding.

To The Employer:

Upon receipt of this form, properly completed, you are authorized to discontinue the withholding of Kentucky income tax from the wages of (1) an employee who resides in Illinois, Indiana, Michigan, Ohio, West Virginia, or Wisconsin, and has not resided in Kentucky during the taxable year, or (2) an employee who resides in Virginia and commutes *daily* to his place of employment in Kentucky. The completed form is to be retained in *your* file. If the employee moves or otherwise changes his residence to a state other than those mentioned above, begin withholding Kentucky income tax, as required by KRS 141.310, with the first payroll period ending after you receive notice of status change from the employee.

Appendix A:

Foreign National Employees

FOREIGN NATIONAL INFORMATION FORM (page 1)

The Foreign National Information Form must be completed before you can receive any kind of payment.

All applicable questions below must be answered. A copy of both sides of your I-94 Form "Arrival and Departure Record," copy of your U.S. Visa from your passport, and I-20 or IAP66 must be attached to this form. This form must be returned before any check can be issued by the Payroll or Accounts Payable Department and must also be completed by anyone receiving tuition remission/scholarship.

(1) Last or Family Name: _____ First: _____ Middle: _____

(2) Social Security #: _____ Employee ID: _____

(4) US LOCAL STREET ADDRESS: _____

(4) Address Line 2: _____
(4) Address Line 3: _____
(4) City: _____
(4) State: _____ Zip: _____

(5) FOREIGN RESIDENCE ADDRESS: _____

(5) Address Line 2: _____
(5) Address Line 3/City: _____
(5) Postal Code: _____ Province/Region: _____
(5) Foreign Country: _____

(6) Country of Citizenship: _____ (7) Country that Issued Passport: _____

(8) Passport #: _____ (9) Visa #: _____

(10) Have you ever had another immigration status in the U.S.? Yes No If yes, see page 2.

(11) IMMIGRATION STATUS:
 U.S. Immigrant/Permanent Resident F-1 Student
 J-1 Exchange Visitor H-1 Temporary Employee
 J-2 Spouse or Child of Exchange Visitor Other: _____

(12) IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? CHECK ONE:
 01 Student Research Scholar
 02 Short Term Scholar Other: _____
 03 Professor

(13) WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? CHECK ONE:
 Studying in a Degree Program Lecturing Conducting Research Clinical Activities
 Studying in a Non-Degree Program Observing Training Temporary Employee
 Teaching Consulting Demonstrating Special Skills Here with Spouse
 Other: _____

(14) WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES?
____/____/____
month day year

(15) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?
____/____/____
month day year

(16) WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION PRIMARY ACTIVITY?
____/____/____
month day year

(17) INCOME PROVIDING ACTIVITY (e.g., professor of chemistry)

(18) WHAT TYPE OF STUDENT?
 Undergraduate
 Masters
 Doctoral
 Other: _____

(19) SPOUSE IN U.S.A?
 Yes No
Number of Dependents: _____

(20) FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS:
Do you/will you have an office (fixed base) in the USA?
 Yes No If yes, how many days in this tax year did you/will you have an office? _____ days

(21) COUNTRY OF TAX RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS:
Did tax residency end? Yes No
If yes, when? ____/____/____
month day year

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on this Form I must submit a new Foreign National Form to the Payroll Department.
Signature: _____ Local Phone Number: (____) _____ Date: _____

FOREIGN NATIONAL INFORMATION FORM (page 2)

The Foreign National Information Form must be completed before you can receive any kind of payment.

LIST ANY VISA IMMIGRATION ACTIVITY IN THE LAST THREE CALENDAR YEARS AND ALL F, J, M OR Q VISAS SINCE 01/01/85:

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Any Treaty Benefits?	
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VISA IMMIGRATION STATUS:

- U.S. Immigrant/Permanent Resident
- J-1 Exchange Visitor
- J-2 Spouse or Child of Exchange Visitor
- F-1 Student
- H-1 Temporary Employee
- Other: _____

J-1 SUBTYPE:

- 01 Student
- 02 Short Term Scholar
- 03 Professor
- Research Scholar
- Other: _____

PRIMARY ACTIVITY:

- Studying in a Degree Program
- Studying in a Non-Degree Program
- Teaching
- Other: _____
- Lecturing
- Observing
- Consulting
- Conducting Research
- Training
- Demonstrating Special Skills
- Clinical Activities
- Temporary Employee
- Here with Spouse

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on this Form, I must submit a new Foreign National Form to the Payroll Department.

Signature: _____ Local Phone Number: (____) _____ Date: _____

HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM:

1. Name: List full name
2. Social Security Number: Enter U.S. Social Security Number issued by the U.S. Social Security Administration. All employees must have a social security number in order to work. If none, enter your ITIN issued by the IRS.
3. ID#: Enter your Employee/Student/Faculty Identification number
4. Local Street Address: List your local U.S. address
5. Residence: List your non-U.S. address
6. Country of Citizenship(s)
7. Country that Issued Passport: List country in which you were issued your passport.
8. Passport #: Enter your passport number
9. Visa#: Enter your Visa number
10. Immigration Status: Check yes or no. If yes, complete the form for the time you were present in the U.S. Approximate if you don't know.
11. Immigration Stats: Check the type of immigration status that you Currently hold. If you check Immigrant/Permanent Resident, holder of a "green card," you may proceed to bottom of form. Sign and date.
12. Immigration Status for J-1: Check appropriate J-1 subtype.
13. Actual Primary Activity: Check one activity.
14. Actual Entry Date into the U.S.: Must include month, day, and year. Approximate if you don't know.
15. Start date: Must include month, day, and year. Approximate if you don't know.
16. End Date: Must include month, day, and year. Approximate if you don't know.
17. Occupation: Describe in general the service you will perform
18. Check the appropriate box.
19. Is your spouse in the U.S.? Check the appropriate box. Give number of other dependents in the U.S.
20. Consultants/Self-Employed Individuals: Check the appropriate box. This includes any office at the location specifically identified with you.
21. Tax residence is where you last paid as a resident and can be different from legal residence. Do not include the U.S.

Appendix B:

Temporary Employees only

University of Louisville

Temporary Appointment Agreement

(Required for all non-student employees)

Date _____

I understand that my appointment to the University of Louisville is as a temporary employee. Should the position to which I am appointed change and become a regular position I may be a candidate for the position through the regular application process. I understand that the candidate search for a regular position will be competitive and that my temporary experience does not guarantee an automatic placement.

I ALSO UNDERSTAND THAT AS A TEMPORARY EMPLOYEE, I AM NOT ELIGIBLE FOR BENEFITS SUCH AS SICK LEAVE, HOLIDAY PAY, VACATION, GROUP INSURANCE, ETC.

EMPLOYEE NAME _____

(Please Type or Print)

Employment
Beginning Date: _____

Employment
Ending Date: _____

Employee
Signature: _____

.....
Regular career opportunities at the University of Louisville are available to interested applicants and the University welcomes your participation. Interested individuals should complete an online employment application (<http://www.louisville.edu/admin/humanr/>). Access to the online application is provided at the Human Resources Department, University of Louisville, 1980 Arthur Street, Louisville, KY 40208