



PAYROLL SERVICES DEPARTMENT

University of Louisville
1980 Arthur Street
Louisville, KY 40208-2770

Office: 502-852-2978
Fax: 502-852-4674

April 30, 2016

Dear Resident:

Welcome to the University of Louisville! We feel your stay here in Louisville will be a memorable and rewarding experience. The goal of the Payroll Services Department is to provide you meaningful support and services.

Before your training begins on July 1st, the university needs some payroll information to ensure your stipend is paid in a timely manner. We want to help you with this process and eliminate much of the confusion at orientation on June 30th.

Enclosed you will find several forms which must be completed. These forms are:

- **Personnel Action Notice**—Please check **New Hire** on the form, unless you are currently on the university's payroll. Please enter your name, address, etc., where requested. Answer all the questions you can at this time. If you do not have a new address yet, then leave this space blank. You can fill it in at orientation. Be sure to sign and date the form at the bottom where indicated.
- **University of Louisville Human Resources System-Emergency Contact Address/Phone**—Please enter your name, social security number, etc., on this form. This will be the name of the person you want to be contacted in the event of an emergency.
- **Employment Eligibility Verification (Form I-9)**—*THIS IS A MANDATORY WEB SITE APPLICATION FOR EVERYONE HIRED AFTER MAY 21, 2009. YOU MUST VISIT THE I-9 EXPRESS WEB SITE ON OR BEFORE YOUR EMPLOYMENT DATE OF JUNE 30, 2015.* Please follow the enclosed instructions. The employer code for the University of Louisville is **11443**. Please perform all of the steps indicated in the enclosed material. Bring *original* documents shown in list A, or lists B & C, on the enclosed list of acceptable documents. If a passport is presented, it must contain the unexpired visa and the I-94 arrival/departure record. ***If the appropriate documents are not presented at the time of orientation, you cannot work, the university payroll process cannot be completed, and your first paycheck will be delayed.***

All residents MUST have a valid social security number. If you do not have a SSN or a social security card, please contact your nearest social security office to apply for an original number or a duplicate card. Form SS-5, Application for a Social Security Card, is enclosed with this material. If you must apply for a social security card, please ask for a receipt of your new number to have in case there is a delay in receiving your card. Bring your social security card or receipt for a duplicate card to the new resident orientation enrollment session on June 30th.

- **Federal Employee's Withholding Allowance Certificate, IRS Form W-4—**Enter your name, address, and social security number. Please also indicate single or married filing status and the number of withholding allowances you are claiming. Be sure to sign and date the form. Please review the enclosed Sample Income Tax Calculation for the various tax rates.
- **State Withholding Allowance Certificates—**Complete only one certificate.

Revenue Form K-4 (Kentucky residents)

Form WH-4 (Indiana residents)

Form 42A809 (Illinois, Michigan, Ohio, West Virginia, or Wisconsin residents)

Bring these forms with you to orientation if you are unsure of which form to use.

- **U of L Request for Direct Deposit/Plastic Pay Check Form—**University policy requires anyone starting on or after January 1, 2001 to have their net pay electronically transmitted to an employee-selected checking or savings account. You will have **3 days** from your start date to select a bank and complete this form. If depositing into a checking account, the payroll office will need a copy of a voided check attached to this form to insure accuracy of the deposit. If depositing into a savings account, the payroll office will need bank confirmation of your account number and bank routing number.
- **Foreign National Information Form—**Please complete both sides of this form **only** if you are in the United States on a visa. There will be a separate session at the house staff orientation devoted specifically to this form.
- **Form SS-5, Application for Social Security Card—**Complete this form **only** if a social security number/replacement card is needed. Mail or take this form to your nearest social security administration office. ***Do not mail this form to us.*** Be sure to ask for a receipt from the social security office so you will have that information until you receive your actual social security card.

Please bring this packet to the house staff orientation on June 30th. This will expedite your payroll processing.

Should you have specific questions on completing any of these forms, please call our payroll office at (502)852-2978. We will obtain an answer for you as soon as possible. Again, congratulations and welcome to the University of Louisville. We look forward to working with you during your residency.

Sincerely,

Mary Alexander-Conte, CMA, CFM, MBA
Director, Disbursement Services

NEW EMPLOYEE CHECKLIST

Employee's Name _____

Employee I.D. Number _____

- Personnel Action Notice (PIR)
- Emergency Contact Address / Phone
- Direct Deposit Form / Plastic Paycheck
- Employee Eligibility Verification (I-9):
 - Complete _____ Incomplete _____
 - Document 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 11/02/2015

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
Birth Date: _____
Marital Status ☐ Single ☐ Married

Student Data: ☐ Half-Time Student
Birth Country: _____

EMAIL/PHONE:

Email Type: _____
Phone Type: _____
Phone Type: _____

Email Address: _____
Phone Number: _____
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: _____

EMERGENCY CONTACT ADDRESS / PHONE

Employee's Name _____

Employee I.D. 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 pavroll@louisville.edu.

PERSONAL INFORMATION

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

Employee Name: _____ Date: _____

Employee ID: _____

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 PNC.

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 PNC money machines. Use of non-PNC ATM machines will incur a \$1.75 charge from PNC and a subsequent charge added by the financial institution which manages the non-PNC 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 PNC 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 PNC 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 (866) 453-5071 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.

Options for Individuals Who Are Unable To Have 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 various local financial institutions which may be able to offer products to individuals who may not otherwise have access to banking products.

This 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 the banking product that best meets their 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		
PNC Bank	Tonya Emmitt	502-449-5133
Commonwealth Credit Union	Tracy Coffey	502-564-4775, ext. 5602
Republic Bank	Alex Edelen	502-588-1577
US Bank	Pam Gwinn	502-637-2245

Form W-4 (2016)

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 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	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 \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____

For accuracy, complete all worksheets that apply.

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

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2016	
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, 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)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck		6			
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
Date ▶					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2016 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2016 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 \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
 - 3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet 3 _____
- Note:** If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 Subtract line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. 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 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5				
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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

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

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

THIS FORM IS REQUIRED ONLY FOR KENTUCKY RESIDENTS

Revenue Form K-4
42A804 (4-05)

KENTUCKY DEPARTMENT OF REVENUE
EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE Payroll No. _____

Print Full Name _____
Print Home Address _____
Social Security No. _____

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 "1".
 - (b) If you claim one of these exemptions, enter "2".
 - (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, both of these exemptions, enter "1".
 - (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 Married 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. 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



THIS FORM IS REQUIRED ONLY FOR INDIANA RESIDENTS



Form W-11.4
M-10043
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: _____

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

Instructions for Completing Form W-1-4

Print or type your full name, social security number and home address on the appropriate lines of the Form W-1-4. 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 form. Your county of residence is based on the county where you lived on January 1. If the 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 year. If you move to or work in another county after January 1, your county status will be changed with 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 himself. If a parent or legal guardian claims you on the 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 \$1,400 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 your widow 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 Exemption. An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, daughter, stepchild, stepgrandchild 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 you 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 must file a new Form W-1-4 at any time if the number of exemptions increases. You must file a new Form W-1-4 within 10 days of the number of exemptions previously claimed by you decreases for any of the following reasons:
(a) your divorce (or are legally separated from) your spouse for whom you have been claiming an exemption, or your spouse claims himself on a separate Form W-1-4;
(b) someone else takes over the support of a dependent you claim on; or you no longer provide more than one-half of the person's support for the tax year.
(c) the person who you claim as an exemption will receive more than \$1,400 of income during the tax year.
Penalties are imposed for not willingly supplying false information or information which would reduce the withholding exemption.

THIS FORM IS REQUIRED ONLY FOR ILLINOIS, MICHIGAN, OHIO, WEST VIRGINIA, OR
WISCONSIN RESIDENTS
(NO STATE TAX WILL BE WITHHELD)

42AB09
10-00

COMMONWEALTH OF KENTUCKY, REVENUE CABINET
FRANKFORT, KENTUCKY 40620
CERTIFICATE OF NONRESIDENCE

See Instructions
on Reverse

(Please Print)
Name of employee

Home address

Social Security No.

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 situation.) 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

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.

COMPLETING YOUR ELECTRONIC I-9 EMPLOYEE INSTRUCTIONS

Step 1: Open the I-9 eXpress Web site:

1. Open your Internet Explorer Web browser and type **www.newi9.com** or **http://www.newi9.com** in the address bar and press Enter.
2. On the I-9 eXpress Welcome page, enter 5 digit employer code in the Employer Name or Code field.
3. Click Go.

Step 2: Login.

1. In the Enter the text above field, enter the characters displayed in the picture above the field.
2. Click Continue.
3. EMPLOYER CODE IS 11443

Step 3: Complete the I-9 information.

1. In the fields provided, enter your name, address, date of birth, and Social Security number. Name on the Social security card must match what is entered in the Last, First and Middle Initial field
2. Select the appropriate option, and if required, enter your Alien number, I-94 number, and/or the last day you are eligible to work in the United States.
3. Click Continue.

Note: A message will display with the applicable fields highlighted in green if there are mistakes you to correct.

Step 4: Review your information.

1. Carefully review your information. If any information is incorrect, click the **Change Information** link.
2. Sign your I-9 electronically by selecting the check box.

Note: To change the language to English or Spanish, click the appropriate link.

- 3. Click Continue.**

This information should be reviewed and completed by the employee who prepared the I-9 form.
 After verifying that the information is correct, complete the signature block at the bottom of the page.
 You can make changes to the information by clicking on the link below the information.

Name: John A Smith
 Maiden Name:
 Social Security #: 123-45-6789
 Birth Date: 09/05/1970
 Address: 123 Main St.
 Upper, MI 48146
 Employment Date: 08/31/2008
 Work Status: a Citizen or national of the United States
 Alien #: 1-94 #:
 Work Expiration Date:

[Change Information](#)

Employee Electronic Signature (Required)

☐ By checking this checkbox I am aware that Federal law provides for imprisonment and/or fines for the statement or use of false documents in connection with the completion of the form.

Back Cancel Continue

Step 5: Logout.

1. Review your information in the **Employee Summary** section.
2. Review the list of employment eligibility documents you will be asked to present on your first day of work.

Note: The list of documents varies according to the citizenship status you entered in Section 1 of the I-9.

- ### 3. Click Logout.

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Step 6: Close the Internet Explorer Web browser.

1. When this page opens, close the Internet Explorer Web browser to ensure your information is cleared from the browser's memory.
2. Notify the hiring manager you have completed your I-9 information or if you are unable to complete your I9.

Thank you for using i-9 express. You have successfully ended your online session. To log back in, click [here](#).

To completely clear your activity from your Internet browser's memory, we recommend that you close this window. Closing the window is especially important if you use a shared or public computer.

[Account Login](#)

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR 1. U S. Passport or U S. Passport Card 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 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport, and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form 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	AND 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U S. Military card or draft record 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 For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 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 5. Native American tribal document 6. U S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 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).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

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
☐ J-1 Exchange Visitor
☐ J-2 Spouse or Child of Exchange Visitor

- ☐ F-1 Student
☐ H-1 Temporary Employee
☐ Other: _____

(12) IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? CHECK ONE:

- ☐ 01 Student
☐ 02 Short Term Scholar
☐ 03 Professor

- ☐ Research Scholar
☐ Other: _____

(13) WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? CHECK ONE:

- ☐ 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

(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
___/___/___	___/___/___	_____	_____	_____	<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:

- Name: List full name
- 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.
- ID#: Enter your Employee/Student/Faculty Identification number
- Local Street Address: List your local U.S. address
- Residence: List your non-U.S. address
- Country of Citizenship(s)
- Country that Issued Passport: List country in which you were issued your passport.
- Passport #: Enter your passport number
- Visa#: Enter your Visa number
- 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.
- 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.
- Immigration Status for J-1: Check appropriate J-1 subtype.
- Actual Primary Activity: Check one activity.
- Actual Entry Date into the U.S.: Must include month, day, and year. Approximate if you don't know.
- Start date: Must include month, day, and year. Approximate if you don't know.
- End Date: Must include month, day, and year. Approximate if you don't know.
- Occupation: Describe in general the service you will perform
- Check the appropriate box.
- Is your spouse in the U.S.? Check the appropriate box. Give number of other dependents in the U.S.
- Consultants/Self-Employed Individuals: Check the appropriate box. This includes any office at the location specifically identified with you.
- Tax residence is where you last paid as a resident and can be different from legal residence. Do not include the U.S.

Documents Needed by the Payroll Department to Substantiate Tax Withholdings and Work Authorization for Foreign Nationals

Visa Type	Tax Withholdings	Tax Withholdings	Work Authorization	Specific Work Restrictions
J1	Visa	I-94	DS-2019	Moonlighting not allowed
Legal Permanent Resident	Card or I-551 stamped in passport			If someone has applied for an LPR, proof of filing plus Employment Authorization Document is needed
Conditional Permanent Resident	Card or I-551 stamped in passport			Must revivify employment authorization when card expires. If someone has applied for a CPR, proof of filing plus Employment Authorization Document is needed
Asylee or Refugee	Passport showing status or I-94 showing status	I-94	Employment Authorization Document could be on their I-94	
Parolee	Passport showing status or I-94 showing status	I-94	Employment Authorization Document	

All other Visa types		See Linda Lynch or Evangelene Holt (Payroll Practitioners Sr.) 852-2978
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SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

IMPORTANT: You **MUST** provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at www.socialsecurity.gov.

Original Social Security Card

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

Replacement Social Security Card

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

Changing Information on Your Social Security Record

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

IF YOU HAVE ANY QUESTIONS

If you have any questions about this form or about the evidence documents you must provide, please visit our website at www.socialsecurity.gov for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

IMPORTANT : If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) and/or physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

HOW TO COMPLETE THIS APPLICATION

Complete and sign this application **LEGIBLY** using **ONLY** black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4 8.25" x 11.7") paper.

GENERAL: Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.
5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. **NOTE:** Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.
- 6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.
- 9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you **MUST** show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.
13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.
16. Show an address where you can receive your card 7 to 14 days from now.
17. **WHO CAN SIGN THE APPLICATION?** If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp> to find the Social Security office or Social Security Card Center that serves your area.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

PRIVACY ACT STATEMENT Collection and Use of Personal Information

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

Form Approved
OMB No. 0960-0066

Form 95-5 (04-2011) e/ (08-2011)