



PAYROLL SERVICES DEPARTMENT

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

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

April 5, 2011

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 JULY 1, 2011.** 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. Make a copy of your original social security card and driver's license (for U.S. citizens), or any documents shown in list A 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, the university payroll process cannot be completed and your first paycheck will be delayed.***

All residents MUST have a valid social security card indicating their assigned social security number (SSN). 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,

A handwritten signature in black ink that reads "Robert Cochran". The signature is written in a cursive style with a large, prominent "R" at the beginning.

Robert L. Cochran
Director, Payroll Services

New Employee Checklist

UofL

Employee's Name _____

Social Security Number _____

Employee I.D. Number _____

- Employee Eligibility Verification (I-9):
_____ Complete _____ Incomplete:

Document needed: _____

- Any changes in Visa status or expiration date?
(Notify Human Resources immediately)
- Personnel Action Notice (PIR)
- Emergency Contact Address/Phone
- Tax Forms: K-4 ___ W-4 ___ K-4E ___ W-4E ___ IND ___
- Direct Deposit Form

Employee Signature Date

Payroll Representative 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 **AbsoluteHire**, 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).

AbsoluteHire 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 **AbsoluteHire**.

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: **AbsoluteHire**, 3009 Douglas Blvd., 3rd Floor, Roseville, CA 95661. 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	
_____ EmpIID		_____ 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.

PERSONNEL ACTION NOTICE

Last Name: _____ First: _____ Middle: _____

Social Security #: _____ 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 <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date: _____ Student Data: <input type="checkbox"/> Half-Time Student Birth Country: _____

EMAIL/PHONE: Email Type: _____ Email Address: _____ Phone Type: _____ Phone Number: _____ Phone Type: _____ Phone Number: _____

EDUCATION LEVEL: <input type="checkbox"/> Less than HS Diploma <input type="checkbox"/> Technical School <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Doctorate (Professional) <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> 2-Year College Degree <input type="checkbox"/> Master's Level Degree <input type="checkbox"/> Post Doctorate <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Level Degree <input type="checkbox"/> Doctorate (Academic) <input type="checkbox"/> Other: _____
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ETHNIC GROUP: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> White
--

DISABILITY STATUS: <input type="checkbox"/> No Disability <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled
--

MILITARY STATUS: <input type="checkbox"/> Active Reserve <input type="checkbox"/> Not A Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Retired Military <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Veteran Vet <input type="checkbox"/> Veteran of the Vietnam Era
--

<u>I hereby certify that all of the above information is true and correct.</u>	
Signature: _____	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: _____

**SAMPLE INCOME TAX CALCULATION
POST GRADUATE LEVEL 1**

Annual Salary: \$47,796.00
Monthly Salary: \$3,983.00

Social Security Tax: 4.20% \$167.29

Medicare Tax: 1.45% \$57.75

Local Tax

Resident Rate: 2.20% \$87.63
or Nonresident Rate: 1.45% \$57.75

Federal Tax	Withholding Exemptions	Single Status	Married Status
	00	\$629.10	\$427.90
	01	\$552.02	\$381.65
	02	\$474.94	\$335.40
	03	\$397.85	\$289.15
	04	\$350.80	\$242.90
	05	\$304.55	\$196.65
	06	\$258.30	\$150.40
	07	\$212.05	\$116.67
	08	\$165.80	\$85.84
	09	\$119.55	\$55.00
	10	\$73.31	\$24.17
	11	\$41.64	\$0.00

State Tax:	Withholding Exemptions	Kentucky	Indiana
	00	\$205.10	\$135.42
	01	\$203.43	\$131.17
	02	\$201.76	\$126.92
	03	\$200.10	\$122.67
	04	\$198.43	\$118.42
	05	\$196.76	\$114.17
	06	\$195.10	\$109.92
	07	\$193.43	\$105.67
	08	\$191.76	\$101.42
	09	\$190.10	\$97.17
	10	\$188.43	\$92.92
	11	\$186.76	\$88.67
	12	\$185.10	\$84.42

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • 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 _____	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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- 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		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2011	
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)		5 _____			
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____			
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption.					
• 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 ►					
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►			Date ►		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

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

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

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

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

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

Table 1

Table 2

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

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

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

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

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

THIS FORM IS REQUIRED ONLY FOR KENTUCKY RESIDENTS

Revenue Form K-4
42AB04 (4-05)

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



THIS FORM IS REQUIRED ONLY FOR INDIANA RESIDENTS



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 himself). 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.

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

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.

**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@gwise.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: _____

Documents Needed by 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 stamp 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 stamp in passport			Must reverify 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 Wilson during payroll processing			

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
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VISA IMMIGRATION STATUS:

- | | |
|--|---|
| <input type="checkbox"/> U.S. Immigrant/Permanent Resident | <input type="checkbox"/> F-1 Student |
| <input type="checkbox"/> J-1 Exchange Visitor | <input type="checkbox"/> H-1 Temporary Employee |
| <input type="checkbox"/> J-2 Spouse or Child of Exchange Visitor | <input type="checkbox"/> Other: _____ |

J-1 SUBTYPE:

- | | |
|--|---|
| <input type="checkbox"/> 01 Student | <input type="checkbox"/> Research Scholar |
| <input type="checkbox"/> 02 Short Term Scholar | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 03 Professor | |

PRIMARY ACTIVITY:

- | | | | |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> Studying in a Degree Program | <input type="checkbox"/> Lecturing | <input type="checkbox"/> Conducting Research | <input type="checkbox"/> Clinical Activities |
| <input type="checkbox"/> Studying in a Non-Degree Program | <input type="checkbox"/> Observing | <input type="checkbox"/> Training | <input type="checkbox"/> Temporary Employee |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Consulting | <input type="checkbox"/> Demonstrating Special Skills | <input type="checkbox"/> Here with Spouse |
| <input type="checkbox"/> Other: _____ | | | |

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.

**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.

User Signature

User ID

Date

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, I-688B, 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 mother's and father's Social Security numbers unless the mother and/or father 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.**

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME → <small>TO BE SHOWN ON CARD</small>	First	Full Middle Name	Last
	FULL NAME AT BIRTH <small>IF OTHER THAN ABOVE</small>	First	Full Middle Name	Last
	OTHER NAMES USED ON YOUR SOCIAL SECURITY CARD			

2 Social Security number previously assigned to the person listed in item 1 → --

3	PLACE OF BIRTH → <small>(Do Not Abbreviate)</small> City	State or Foreign Country	Office Use Only	4	DATE OF BIRTH	MM/DD/YYYY
			FCI			

5 **CITIZENSHIP** →
(Check One)

U.S. Citizen Legal Alien Allowed To Work Legal Alien **Not** Allowed To Work (See Instructions On Page 3) Other (See Instructions On Page 3)

6	ETHNICITY Are You Hispanic or Latino? <small>(Your Response is Voluntary)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	7	RACE Select One or More <small>(Your Response is Voluntary)</small>	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other Pacific Islander
				<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White
				<input type="checkbox"/> Asian		

8 **SEX** →

Male Female

9 **A. MOTHER'S NAME AT HER BIRTH** →

First Full Middle Name Last Name At Her Birth

B. MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3) → -- Unknown

10 **A. FATHER'S NAME** →

First Full Middle Name Last

B. FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3) → -- Unknown

11 Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before?

Yes (If "yes" answer questions 12-13) No Don't Know (If "don't know," skip to question 14.)

12 Name shown on the most recent Social Security card issued for the person listed in item 1 →

First Full Middle Name Last Name

13 Enter any different date of birth if used on an earlier application for a card → MM/DD/YYYY

14 **TODAY'S DATE** MM/DD/YYYY **15** **DAYTIME PHONE NUMBER** Area Code Number

16 **MAILING ADDRESS** →
(Do Not Abbreviate)

City Street Address, Apt. No., PO Box, Rural Route No. State/Foreign Country ZIP Code

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best to my knowledge.

17 **YOUR SIGNATURE** → **18** **YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:**

Self Natural Or Adoptive Parent Legal Guardian Other Specify _____

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)

NPN	DOC	NTI	CAN	ITV
PBC	EVI	EVA	EVC	PRA
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
			DATE	
			DCL	
			DATE	