



# Richard Bland College of WILLIAM & MARY

## Personal Data Form

Check Employee Type:  New Employee  Current Employee Submitting Data Changes

PLEASE TYPE OR PRINT LEGIBLY

R-Number:	Prefix	Employee Legal Name	Suffix
	Prefix	Previous Legal Name	Suffix
Preferred FIRST NAME if different from above:			

**NOTE:** Legal name used must be the name listed with the Social Security Administration. If submitting a legal name change: 1) Insert your current legal name AND your previous legal name in the boxes indicated above. 2) Bring this form AND a copy of your Social Security card with your new legal name to the RBC Office of Human Resources – CSA Building, 2<sup>nd</sup> Floor

### Address Information

Permanent Home Address (i.e. where W-2 is mailed)

Street	Apartment Number	City	State	Zip
Home Phone		Cell Phone	Email Address	

### PERSONAL INFORMATION (PPAIDEN)

Date Of Birth: _____		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>SEX, RACE, ETHNICITY - THIS SECTION IS OPTIONAL.</b> To comply with civil rights laws and regulations (see detailed information in the attached Post-Offer Self Identification form), we invite employees to self-identify their race, ethnicity, sex, veteran status, and disability status. Refusing to provide this information will not result in any adverse treatment. We will use this information only in ways that are consistent with our obligations under affirmative action and equal employment opportunity laws.</p>		
<p><b>Sex</b></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>	<p><b>Veteran Status</b></p> <p>Are you a veteran?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>ETHNICITY:</b> Colleges and universities are asked by many entities, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. To respond to these requests, we ask you to answer the following:</p> <p>1. Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. In addition, select one or more of the following racial categories to describe yourself:</p> <p><input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska</p>

**EMERGENCY CONTACT INFORMATION (PPAIDEN)**

<b>PRIMARY CONTACT NAME</b>	<b>HOME PHONE</b>	<b>CELL PHONE</b>
<b>HOME ADDRESS</b>	<b>CITY &amp; STATE</b>	<b>ZIP CODE</b>
<b>ALTERNATE CONTACT NAME</b>	<b>HOME PHONE</b>	<b>CELL PHONE</b>
<b>HOME ADDRESS</b>	<b>CITY &amp; STATE</b>	<b>ZIP CODE</b>

<b>ALLERGIES:</b>	<b>PREFERENCE OF LOCATION FOR MEDICAL ATTENTION:</b>
<b>ADDITIONAL INFORMATION:</b>	

**RETIREE/TRANSFER STATUS**

ARE YOU A RETIREE FROM RBC OR ANOTHER STATE AGENCY?  Yes  No

IF YES, TYPE OF RETIREMENT:  VRS  ORP  VaLORS      IF YES, DATE OF RETIREMENT: \_\_\_\_\_

ARE YOU A TRANSFER FROM ANOTHER STATE AGENCY? (NO BREAK IN SERVICE)  Yes  No

IF YES, LIST AGENCY NAME & PHONE #: \_\_\_\_\_

**Education Information (PPAGENL)**

<b>EDUCATIONAL LEVEL: CHECK HIGHEST LEVEL ACHIEVED AND YEAR COMPLETED</b>				<b>YR HIGHEST DEGREE REC'D:</b>	<b># OF YRS – HIGHER ED. TEACHING EXPERIENCE</b>
<input type="checkbox"/> 01. NO HIGH SCHOOL <input type="checkbox"/> 02. HIGH SCHOOL DIPLOMA <input type="checkbox"/> 03. TRADE CERTIFICATE <input type="checkbox"/> 04. SOME COLLEGE <input type="checkbox"/> 05. ASSOC/DIP DEGREE <input type="checkbox"/> 06. BACHELOR'S DEGREE <input type="checkbox"/> 07. MASTER'S DEGREE <input type="checkbox"/> 08. PROFSNL DEGREE: MD, DDS, JE, etc. <input type="checkbox"/> 09. PHD OR OTHER DOCTORATE					
<b>DEGREE</b>	<b>DEGREE TYPE (Check One)</b>	<b>YEAR RECEIVED</b>	<b>INSTITUTION</b>	<b>MAJOR</b>	<b>MINOR</b>
	<input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE				
<b>DEGREE</b>	<b>DEGREE TYPE (Check One)</b>	<b>YEAR RECEIVED</b>	<b>INSTITUTION</b>	<b>MAJOR</b>	<b>MINOR</b>
	<input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE				

DEGREE	DEGREE TYPE (Check One)	YEAR RECEIVED	INSTITUTION	MAJOR	MINOR
	<input type="checkbox"/> UNDERGRADUATE				
	<input type="checkbox"/> GRADUATE				

**PROFESSIONAL LICENSURE INFORMATION (PPACERT)**

LICENSE/CERTIFICATE (# and board)	YEAR RECEIVED	EXPIRES [MO/DAY/YR]	LICENSE/CERTIFICATE (# and board)	YEAR RECEIVED	EXPIRES [MO/DAY/YR]

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_



# Richard Bland College of WILLIAM & MARY

**Employee Self-Identification Form**

Richard Bland College is required to collect data on race and ethnicity from its employees to comply with federal record keeping and reporting requirements. The information obtained will be kept confidential and will be used for summary federal reporting purposes and to support institutional affirmative action efforts. **Providing this information is voluntary.**

**Ethnicity and Heritage Code**

Ethnicity is considered Hispanic/Latino if a person is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Is your ethnicity Hispanic/Latino?  Yes  No

Please identify yourself as one or more of the following races:

**Black or African American**

A person having origins in any of the black racial groups of Africa

**Asian**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native**

A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

**White**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Native Hawaiian or other Pacific Islander**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Voluntary Self-Identification of Disability**

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017

**Why are you being asked to complete this form?**

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

**How do I know if I have a disability?**

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

**Disabilities include, but are not limited to:**

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

---

<sup>4</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

# Form W-4 (2019)

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

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

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

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

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

## General Instructions

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

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

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

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

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

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

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

## Specific Instructions

### Personal Allowances Worksheet

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

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

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

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

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2019</span>	
<b>1</b> Your first name and middle initial			Last name		<b>2</b> Your social security number
Home address (number and street or rural route)			<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
<b>5</b>	Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				<b>5</b>
<b>6</b>	Additional amount, if any, you want withheld from each paycheck . . . . .				<b>6</b> \$
<b>7</b>	I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . <b>7</b>				
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.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶					<b>Date</b> ▶
<b>8</b> Employer's name and address ( <b>Employer:</b> Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			<b>9</b> First date of employment	<b>10</b> Employer identification number (EIN)	

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

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

### Deductions, Adjustments, and Additional Income Worksheet

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

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

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

### Two-Earners/Multiple Jobs Worksheet

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

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

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

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

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

### Instructions for Employer

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

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

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

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

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

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

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

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

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b>	<u>        </u>
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b>	<u>        </u>
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b>	<u>        </u>
<b>D</b>	Enter "1" if: { • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>D</b>	<u>        </u>
<b>E</b>	<b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .	<b>E</b>	<u>        </u>
<b>F</b>	<b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .	<b>F</b>	<u>        </u>
<b>G</b>	<b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .	<b>G</b>	<u>        </u>
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b>	<u>        </u>

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

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

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

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

<b>1</b>	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .	<b>1</b>	\$ <u>        </u>
<b>2</b>	Enter: { \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately } . . . . .	<b>2</b>	\$ <u>        </u>
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ <u>        </u>
<b>4</b>	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .	<b>4</b>	\$ <u>        </u>
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total . . . . .	<b>5</b>	\$ <u>        </u>
<b>6</b>	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .	<b>6</b>	\$ <u>        </u>
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	<b>7</b>	\$ <u>        </u>
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	<b>8</b>	<u>        </u>
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, above . . . . .	<b>9</b>	<u>        </u>
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 of that worksheet on page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	<u>        </u>



### Two-Earners/Multiple Jobs Worksheet

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

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" 2 \_\_\_\_\_
  - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet. 3 \_\_\_\_\_
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet 5 \_\_\_\_\_
  - 6 **Subtract** line 5 from line 4 6 \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ \_\_\_\_\_
  - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ \_\_\_\_\_
  - 9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ \_\_\_\_\_

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**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 aren't required to provide the information requested on a form that's 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.

# FORM VA-4

## COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1" .....
2. If you are married and your spouse is not claimed on his or her own certificate, write "1" .....
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
  - (a) If you will be 65 or older on January 1, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1" .....
6. Exemptions for blindness
  - (a) If you are legally blind, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1" .....
7. Subtotal exemptions for age and blindness (add lines 5 through 6).....
8. Total of Exemptions - add line 4 and line 7 .....

Detach here and give the certificate to your employer. Keep the top portion for your records

### FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name	
Street Address		
City	State	Zip Code

**COMPLETE THE APPLICABLE LINES BELOW**

1. If subject to withholding, enter the number of exemptions claimed on
  - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
  - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet .....
  - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions ..... (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act ..... (check here)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
**EMPLOYER:** Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR)

## FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

### PERSONAL EXEMPTION WORKSHEET

**You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.**

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

**NOTE:** A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

### FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

- (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
- (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	\$7,000	\$11,250	\$11,650	\$11,950
Married	\$14,000	\$22,500	\$23,300	\$23,900
Married, filing a separate return	\$7,000	\$11,250	\$11,650	\$11,950

(c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.

(d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

Line 4. Under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Virginia income tax on your wages if (i) your spouse is a member of the armed forces present in Virginia in compliance with military orders; (ii) you are present in Virginia solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA check the box on Line 4 and attach a copy of your spousal military identification card to Form VA-4.

**\*\*\*\*\*PLEASE ATTACH A VOIDED CHECK\*\*\*\*\***  
**EMPLOYEE DIRECT DEPOSIT AUTHORIZATION** Agency Name: \_\_\_\_\_

Print Employee Full Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

I wish to have my employer deposit my net pay and/or travel reimbursements and/or a fixed amount(s) each payday directly to my account(s) as indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take; that I am responsible for any resulting bank fees incurred, and that my employer can not issue the payroll funds to me until the funds are returned to my employer by my financial institution.

As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform my employing agency immediately.

Please note that, due to timing differences, new or changed direct deposits may result in one paper check after this form has been submitted. Please do not close your account(s) without giving your payroll office two weeks prior notice.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHECKING ACCOUNTS.** Attach a voided check for each account. If a voided check is not attached, this section should be completed by your financial institution's representative including name and signature in the section below\*\*.

NET Direct Deposit to the following CHECKING account:

_____	_____	_____	NET	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Checking Account Number	Amount	<input type="checkbox"/> Change
				<input type="checkbox"/> Stop

FIXED Amount to the following CHECKING account(s):

_____	_____	_____	Amount	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Checking Account Number		<input type="checkbox"/> Change
				<input type="checkbox"/> Stop

_____	_____	_____	Amount	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Checking Account Number		<input type="checkbox"/> Change
				<input type="checkbox"/> Stop

_____	_____	_____	Amount	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Checking Account Number		<input type="checkbox"/> Change
				<input type="checkbox"/> Stop

\*\*Print name of Financial Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*Signature of Financial Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**SAVINGS ACCOUNTS.** Deposit slips can NOT be used. This section and the routing and account numbers below should be completed by your financial institution's representative including name and signature in the section above\*\*.

NET Direct Deposit to the following SAVINGS account:

_____	_____	_____	NET	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Savings Account Number	Amount	<input type="checkbox"/> Change
				<input type="checkbox"/> Stop

FIXED Amount to the following SAVINGS account(s):

_____	_____	_____	Amount	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Savings Account Number		<input type="checkbox"/> Change
				<input type="checkbox"/> Stop

_____	_____	_____	Amount	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Savings Account Number		<input type="checkbox"/> Change
				<input type="checkbox"/> Stop

_____	_____	_____	Amount	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Savings Account Number		<input type="checkbox"/> Change
				<input type="checkbox"/> Stop

To be completed by the Agency Payroll Section:

Checking deduction numbers: fixed 159, 163, 167 Net checking 169 Savings deduction numbers: fixed 160, 164, 168 Net savings 170

CIPPS Updated by: \_\_\_\_\_ Date \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_



# Richard Bland College of WILLIAM & MARY

## CHILD SUPPORT DISCLOSURE FORM

### CONFIDENTIAL

As required by the Code of Virginia, § 60.2-114.1,1\* agencies must verify whether each new employee has an income withholding order for child support payments.

Are you under an income withholding order for child support?  Yes  No

If you checked "Yes," a copy of this form must be submitted to the Payroll Services Bureau for coordination with the Virginia Department of Social Services to ensure appropriate salary garnishment.

\_\_\_\_\_  
Employee name (please print)

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\*Code citation: § 60.2-114.1.

Notification of withholding order. When an individual is hired for employment, the employer shall, at the time of the initial hiring, request that the employee disclose whether he has an income withholding order pursuant to § 20-79.1 or § 63.1-250.3. When an employee discloses that he owes child support that is required to be withheld, the employer shall begin withholding according to the terms of the order. Information disclosed under this section shall not be divulged except to the extent necessary for the administration of the child support enforcement program or when otherwise authorized by law.



**Commonwealth of Virginia  
Richard Bland College of William & Mary  
Selective Service Compliance Form**

Applicant's Name: \_\_\_\_\_

**Pursuant to Section 2.2-2804 of the Code of Virginia, Any person who has failed to meet the federal requirement to register for the Selective Service shall be ineligible for employment by or service for the Commonwealth, or a political subdivision of the Commonwealth, including all boards and commissions, departments, agencies, institutions, and instrumentalities. A person shall not be denied employment under this section by reason of failure to present himself for and submit to the federal registration requirement if: (i) the requirement for the person to so register has terminated or become inapplicable to the person and (ii) the person shows by a preponderance of the evidence that the failure of the person to register was not a knowing and willful failure to register.**

- I have registered for Selective Service.
- I was born on or between the dates of March 29, 1957 and December 31, 1959, and I am exempt from the requirement to register for Selective Service.
- I have been admitted to the United States on a nonimmigrant Visa and I am exempt from the requirement to register for Selective Service.
- I have not registered for Selective Service and have attached documentation from the Selective Service Agency verifying my exemption.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information about selective service requirements, go to the Selective Service System website at [www.sss.gov](http://www.sss.gov).



# Richard Bland College of WILLIAM & MARY

*Office of Human Resources*

## **Certificate of Receipt**

The following policies will help you understand the college and your role and responsibilities as an employee:

1. Summary of the Commonwealth of Virginia's Policy on Alcohol and Other Drugs (DHRM Policies and Procedures Manual policy #1.05)
2. Richard Bland College's Alcohol and Drug Policy
3. Richard Bland College's Discrimination, Harassment, Sexual Misconduct, & Retaliation Policy
4. Richard Bland College's Discrimination Complaint Procedure
5. Richard Bland College's Acceptable Use of Information Technology Policy
6. Richard Bland College's Criminal Background Check Policy
7. Richard Bland College's Ethics Policy

These policies are available online at <http://www.rbc.edu/wp-content/uploads/2016/03/RBC-Policy-Manual-approved-1.11.2017.pdf>.

---

*Your signature below indicates your receipt of the policies listed above. Your signature is intended only to acknowledge receipt and it does not imply agreement or disagreement with any or all of the policies. If you refuse to sign this certificate of receipt, a Human Resources representative will be asked to initial this form indicating that a copy of the policies has been given to you. This Certificate of Receipt will be filed in your Personnel Record in the Office of Human Resources.*

Employee Name (please print) \_\_\_\_\_

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



**RBC ALERT NOTIFICATION FORM – FACULTY & STAFF**

I, the undersigned, do hereby agree to opt-in for the Richard Bland College's Emergency Notification System, **RBC Alert**. I authorize the Richard Bland College Police Department to use my personal information that I provided below for **RBC Alert**.

I understand that should I chose to opt-out or if any changes and/or updates need to be made with my contact information that I must contact RBC Police Department and provide details of the change and/or update needed so that Police Department personnel can make the necessary change/update.

**PLEASE PRINT CAEFFULLY AND LEGIBLY**

I want to receive messages at the following telephone number(s) in the method(s) selected;

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Voice Text Mobile Home Work Other  
(Circle ALL that apply)

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Voice Text Mobile Home Work Other  
(Circle ALL that apply)

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Voice Text Mobile Home Work Other  
(Circle ALL that apply)

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Voice Text Mobile Home Work Other  
(Circle ALL that apply)

I wish to also include the following email address(es), it is recommended that you include your RBC email address at minimum;

\_\_\_\_\_ @ rbc.edu \_\_\_\_\_ @ \_\_\_\_\_  
\_\_\_\_\_ @ \_\_\_\_\_ @ \_\_\_\_\_

My "R" Number is: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\* Upon completion please submit this form to RBC Police Department \*\***

**Richard Bland College Police Department**

8311 Halifax Road, Petersburg, Virginia 23805-7100

PHONE: (804) 863-4085 • FAX: (804) 863-4086 • [www.jbc.edu](http://www.jbc.edu)

RBC PD

Date: 09/03/2015





**Richard Bland College**  
*of WILLIAM & MARY*

## Confidentiality Statement

I acknowledge and understand that I may have access to confidential information regarding employees, students, or the public, or to proprietary or other confidential business information belonging to Richard Bland College (RBC). This information is to remain confidential and may be disclosed only in strict accordance with federal or state law and/or college regulations and policy.

I agree that I will not:

- Access data that is unrelated to my job duties at RBC; or
- Disclose to any other person who does not have a business "need to know," or allow any other person access to, any information related to RBC that is proprietary or confidential. Disclosure of information includes, but is not limited to, verbal discussions, FAX transmissions, electronic mail messages, voice mail communication, written documentation, "loaning" computer access codes and/or any other transmission or sharing of data.

I understand that RBC and its employees, students, or others may suffer irreparable harm by disclosure of confidential or proprietary information and that RBC may seek legal remedies available to it should such disclosure occur.

I understand that failure to comply with applicable policies, procedures and regulations may result in a loss of resources and that RBC may seek legal remedies available to it should such losses occur.

Further, I understand that violations of this agreement may result in disciplinary action up to and including termination of my affiliation with the college.

Name (print): \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTACHMENT A**

**Use of Electronic Communications and Social Media**

***CERTIFICATE OF RECEIPT***

I have been given a copy of Department of Human Resource Management Policy 1.75, "Use of Electronic Communications and Social Media" and I understand that it is my responsibility to read and abide by this policy, even if I do not agree with it. If I have any questions about the policy, I understand that I need to ask my supervisor or the agency/institution Human Resource Officer for clarification.

I understand that no user shall have any expectation of privacy in any message, file, image or data created, sent, retrieved, received, or posted in the use of the Commonwealth's equipment and/or access. Agencies have a right to monitor any and all aspects of electronic communications and social media usage. Such monitoring may occur at any time, without notice, and without the user's permission.

In addition, except for exemptions under the Act, electronic records may be subject to the Freedom of Information Act (FOIA) and, therefore, available for public distribution.

If I refuse to sign this certificate of receipt, my supervisor will review this statement with me and will be asked to initial this form indicating that a copy has been given to me and that this statement has been read to me.

Employee's Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number) _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write in This Space         </div>	

Signature of Employee _____	Today's Date (mm/dd/yyyy) _____
-----------------------------	---------------------------------

**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator _____		Today's Date (mm/dd/yyyy) _____	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		OR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ *(See instructions for exemptions)*

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

**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	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following <ol style="list-style-type: none"> <li>(1) The same name as the passport, and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p align="center"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions. <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**