Are you ready to begin studentemployment?

Please use the following Instructions to ensure proper paperwork completion.

Until further notice, we are requesting that student employment forms be retrieved electronically at https://www.juniata.edu/offices/finance-administration/payroll/students/index.php and submitted to Human Resources via a secure email at HR@juniata.edu.

Prior to working on campus you will need to complete ALL of the following <u>at least one day prior</u> to beginning work on campus:

- Blue Card Student Authorization for Employment (complete online) (Only for non-stipend positions)
- Local Earned Income Tax Residency Certification Form (complete online)
- Direct Deposit Form
- o W-4 Form
- I-9 Form with 2 forms of ID

REMEMBER TO USE YOUR PERMANENT ADDRESS (NOT YOUR CAMPUS ADDRESS) ON ALL FORMS.

These forms can be accessed on the Arch under Student Employment.

The Attached forms:

- Direct Deposit- Students are required, as a condition of employment, to have their pay directly deposited into a bank account of their choice within the USA. Direct Deposit bank account information should include a voided check (for checking accounts) or a deposit slip (for savings accounts).
- ▶ W-4 This form instructs Payroll how to tax your wages for federal tax purposes. All employees MUST complete steps one and five. The address you put on the form should be your permanent address, not your campus address. Complete Steps 2-4 only if they apply to you. Additional guidance on completion of the forms is below:

International Students: Step 1(c) - MUST check Single or Married filing separately. Below Step 4(c) - Write "nonresident alien" or "NRA" in the space below Step 4(c). If you would like to have an additional amount withheld, enter the amount in Step 4(c). Refer to IRS Notice 1392 (Supplemental Form W-4 Instructions for Nonresident Aliens) if you believe additional fields on the form apply to you.

<u>US Students</u>: Step 2 "multiple jobs" is for more than one job outside of Juniata College. Exemption from Federal Tax Withholding - employees may claim exemption from withholding if they meet both of the following qualifications: (1) owed no federal tax in prior year, and (2) expect to owe no federal income tax in current year. Employees may certify meeting both qualifications by writing "Exempt" in the space below Step 4(c) in addition to completing steps one and five. You will need to submit a new Form W-4 annually, generally, by February 15 each year.

▶ I-9 – This form is required to prove employee's identity and employment eligibility. Use your permanent address, not your campus address. At this time, copies of required ID's should be submitted via secure email along with the I-9 Form to HR@juniata.edu. Please refer to Page 3 of the I-9 for a listing of documents you may use. You MUST bring either one document form List A or one document from BOTH List B and C. Instructions for completing the 1-9 can be found online at: https://www.uscis.gov/i-9

Please Remember to sign and date all forms. Submit forms via secure email to HR@juniata.edu.

Once your employment forms are processed by Human Resources and Payroll, you will receive an email notification indicating you may begin working on campus along with your registration and training for ADP. ADP is where you will log hour worked (for non-stipend positions) and view your pay statements.

DIRECT DEPOSIT AUTHORIZATION FORM

	Employee Name	:		
Juniata Colle	ge Social Security N	Tumber:		
I hereby authorize the direct d by my employer into the accor- on each succeeding payday for agreement in writing to my er to follow this Authorization b become effective following red funds erroneously into my acc amount of the credit.	unt(s) and financial institu payroll and as needed for nployer. If this is a change y adding or changing my a ceipt, after a reasonable op	tion(s) indicated below accounts payable, unle to a previous Authoriccount information. Aportunity to act on it.	y. Direct deposess I choose to to zation, I give many such notification. In the event the	it will be effective will occur cerminate or change this ny permission to my employer cation to my employer shall at my employer deposits
Initial Authorization □	New Account (Close Pr	evious Account) 🗆	Add Addit	ional Account 🗆
Name and Address of Financial	Transit Routing Number	Account Number	Type of	Deposit Amount
Institution			Account	
			Checking □	
			Savings □	Net Check
Please Note: Accounts Payable				will serve as your main direct \$25.00) to below.
			Checking \square	
		ž.	Savings 🗆	Set Amount \$
			Checking	
			Savings	Set Amount \$
Please attach a voided check for Signature:	checking account or deposit	t slip for savings accoun	t to this form.	
Please cut on line above and ko (statements). Pay statements provided withi				

PLEASE NOTE: Payroll verifies all new accounts with the bank before they become active for deposits. Therefore, your first pay will be in the form of a check instead of direct deposit. Student check distribution will occur on pay day to their campus mailbox.

page or under the Myself/Pay menu.

Accounts payable provides advices via e-mail using your Juniata College email address.

Employee's Withholding Certificate

► Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

► Give Form W-4 to your employer.

► Your withholding is subject to review by the IRS.

OMB No. 1545-0074

Internal Revenue Ser	ce Four withhold	ing is subject to review by the	no.		
Step 1:	(a) First name and middle initial	Last name		(b) So	cial security number
Enter Personal Information	Address			name o	your name match the on your social security f not, to ensure you get
momation	City or town, state, and ZIP code				or your earnings, contact 800-772-1213 or go to a.gov.
	(c) Single or Married filing separately				
	 Married filing jointly (or Qualifying widow(er)) Head of household (Check only if you're unmage) 		of keeping up a home for yo	ourself and	d a qualifying individual.)
	os 2–4 ONLY if they apply to you; otherw n from withholding, when to use the online		2 for more information	on on e	ach step, who can
Step 2: Multiple Jobs	Complete this step if you (1) hold malso works. The correct amount of w				
or Spouse	Do only one of the following.				
Works	(a) Use the estimator at www.irs.gov	//W4App for most accurate wi	thholding for this steរុ	o (and S	steps 3-4); or
	(b) Use the Multiple Jobs Worksheet or				
	(c) If there are only two jobs total, yo is accurate for jobs with similar pa				
	TIP: To be accurate, submit a 2020 income, including as an independent			se) have	e self-employment
	os 3–4(b) on Form W-4 for only ONE of the if you complete Steps 3–4(b) on the Form			obs. (Yo	ur withholding will
Step 3:	If your income will be \$200,000 or le	ss (\$400,000 or less if married	filing jointly):		
Claim Dependents	Multiply the number of qualifying o	hildren under age 17 by \$2,000	\$	-	
	Multiply the number of other dep	endents by \$500	▶ \$	-	4,
	Add the amounts above and enter th	e total here	* * * * * * * *	3	\$
Step 4 (optional):	(a) Other income (not from jobs). If this year that won't have withhold include interest, dividends, and ret	ing, enter the amount of other			\$
Other	moldde mterest, dividends, and ret			1(4)	ļ .
Adjustments	(b) Deductions. If you expect to clause and want to reduce your withhole enter the result here	aim deductions other than th ding, use the Deductions Wor	e standard deduction ksheet on page 3 and	d 4(b)	S
	enter the result here			4(6)	
	(c) Extra withholding. Enter any add	ditional tax you want withheld	each pay period .	4(c)	\$
Step 5:	Under penalties of perjury, I declare that this cer	tificate, to the best of my knowled	dge and belief, is true, c	orrect, a	nd complete.
Sign Here					
- 1000 0	Employee's signature (This form is not	valid unless you sign it.)	/ D	ate	
Employers Only	Employer's name and address		First date of employment	Employe number	er identification (EIN)

Cat. No. 10220Q

Form W-4 (2020) Page **2**

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

- 1. Expect to work only part of the year;
- 2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
- 3. Have self-employment income (see below); or
- 4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) - Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1	Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3	1	\$
2	Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.		
	a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a	2a	\$
	b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount	2b	\$
	on line 2b	20	Ψ
	c Add the amounts from lines 2a and 2b and enter the result on line 2c	2c	\$
3	Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc	3	
4	Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)	4	\$
	Step 4(b) — Deductions Worksheet (Keep for your records.)		
1	Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may 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	1	\$
2	Enter: * \$24,800 if you're married filing jointly or qualifying widow(er) * \$18,650 if you're head of household * \$12,400 if you're single or married filing separately	2	\$
	• \$12,400 if you're single or married filing separately		
3	If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"	3	\$
4	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information	4	\$
F	Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4	5	\$
J	Auu mes o and 4. Litter the result here and in otop t(b) or rolling to the transfer to the tra	_	т

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 with no other entries on the form; 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.

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				Marri			or Qualif			Poloni			
Higher Pay					T		Job Annua				400.000	4400 000	4440,000
Annual Ta Wage & S		\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 -	9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 -	19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 -	29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 -	39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 -	49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 -	59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 -	69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 -	79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 -		1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 -		1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 2	100	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 2		2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 2		2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 2		2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370 21,970	21,370 22,970
\$300,000 - 3 \$320,000 - 3		2,040	4,440	6,470	8,200 10,950	10,320 13,070	12,320 15,070	14,320 17,070	16,320 19,070	18,320 21,290	20,320	25,540	26,840
\$365,000 - 3		2,720 2,970	5,920 6,470	8,750 9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 ar		3,140	6,840	10,170	12,100	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650
φ323,000 ai	id over	3,140	0,840				d Filing S			20,000	20,000	1 00,100	01,000
Higher Pay	ing Joh						Job Annua			Salary			
Annual Ta		\$0 -	\$10,000 -	\$20,000 -	\$30,000 -	\$40,000 -	\$50,000 -	\$60,000 -	\$70,000 -	\$80,000 -	\$90,000 -	\$100,000 -	\$110,000 -
Wage & S		9,999	19,999	29,999	39,999	49,999	59,999	69,999	79,999	89,999	99,999	109,999	120,000
\$0 -	9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 -	19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 -	29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 -	39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 -	59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 -	79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 -		2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 -	A	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 -		2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 -		2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 -		2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 2		2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930 21,930
\$250,000 - 3		2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440 18,450	19,730 19,940	20,830 21,240	22,540
\$400,000 - 4		2,970	5,860	8,240	10,540	12,840 13,810	14,540 15,710	15,840 17,210	17,140 18,710	20,210	21,700	23,000	24,300
\$450,000 ar	na over	3,140	6,230	8,810	11,310		Househo		10,710	20,210	21,700	23,000	24,000
Higher Pay	ing Joh						Job Annua		Wage & S	Salarv			
Annual Ta		\$0 -	\$10,000 -	\$20,000 -	\$30,000 -	\$40,000 -	\$50,000 -	\$60,000 -	\$70,000 -	\$80,000 -	\$90,000 -	\$100,000 -	\$110,000 -
Wage & S		9,999	19,999	29,999	39,999	49,999	59,999	69,999	79,999	89,999	99,999	109,999	120,000
\$0 -	9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 -	19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 -	29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 -	39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 -	59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 -	79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 -	2	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 -	124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 -		2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 -		2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 -		2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 2		2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 3		2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 4		2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 ar	nd over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

▶ 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.

documentation presented has a future expirati	on date may also constit	lute illega	oiscrimina	ion.			
Section 1. Employee Information than the first day of employment, but n				st complete an	d sign Se	ection 1 o	f Form I-9 no later
Last Name (Family Name)	First Name (Given N	lame)		Middle Initial	Other L	ast Names	s Used (if any)
Address (Street Number and Name)	Apt. Numbe	er City	or Town			State	ZIP Code
Date of Birth (mm/dd/yyyy) U.S. Social S	Eı	nployee's	Telephone Number				
I am aware that federal law provides f connection with the completion of thi	s form.				or use of	false do	cuments in
I attest, under penalty of perjury, that	I am (check one of t	the follo	wing boxe	es): 			
1. A citizen of the United States				9#0			
2. A noncitizen national of the United State	es (See instructions)						
3. A lawful permanent resident (Alien R	egistration Number/US	CIS Numb	oer):				
4. An alien authorized to work until (exp. Some aliens may write "N/A" in the exp.			-		_		
Aliens authorized to work must provide only An Alien Registration Number/USCIS Numb 1. Alien Registration Number/USCIS Numbe OR 2. Form I-94 Admission Number:	er OR Form I-94 Admiss	eument nu sion Num	imbers to co ber OR Ford	omplete Form I-9 eign Passport Nu —	: umber.		R Code - Section 1 of Write In This Space
OR							
3. Foreign Passport Number:				_			
Country of Issuance:				_			
Signature of Employee				Today's Dat	e (mm/dd/	'yyyy)	
Preparer and/or Translator Cert I did not use a preparer or translator. (Fields below must be completed and signature of perjury, that knowledge the information is true and	A preparer(s) and/or med when preparers I have assisted in th	translator and/or tr	anslators	assist an empl	oyee in c	ompleting	Section 1.)
Signature of Preparer or Translator					Today's D	ate (mm/c	id/yyyy)
Last Name (Family Name)			First Name	e (Given Name)			
Address (Street Number and Name)		City o	r Town			State	ZIP Code
						1	1



Employer Completes Next Page





Employment Eligibility Verification

Department of Homeland Security

USCIS Form I-9 OMB No. 1615-0047 Expires 10/31/2022

U.S. Citizenship and Immigration Services

Employee Info from Section 1	Last Nam	e (Fam	ily Name)		First Na	me <i>(Given Na</i>	ame)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Au	thorization	OR		Lis ^a Iden			AND		List C Employment Authorization
Document Title		1	Document T	Title			Docur	nent Titl	
Issuing Authority			ssuing Auth	nority			Issuin	g Autho	rity
Document Number		-	Document N	lumber			Docur	nent Nu	mber
Expiration Date (if any) (mm/dd/yy	<i>'YY</i>)	E	Expiration D	ate (if any) (mm/dd/yy	vy)	Expira	tion Dat	e (if any) (mm/dd/yyyy)
Document Title		- The state of							
ssuing Authority			Additional	Informatio	n				QR Code - Sections 2 & 3 Do Not Write in This Space
Document Number		1							
Expiration Date (if any) (mm/dd/yy	yy)								
Oocument Title		7 (0.1)							
ssuing Authority		111							
ocument Number		73							
xpiration Date (if any) (mm/dd/yyy	<i>(y)</i>								
ertification: I attest, under pe	nalty of no	riury	that (1) I h						
) the above-listed document(s nployee is authorized to work	s) appear to in the Unit	be ge ted Sta	enuine and ates.	d to relate t	ed the d	ployee nam	ned, and (3) to th	ne above-named employee, ne best of my knowledge the exemptions)
of the above-listed document(s nployee is authorized to work the employee's first day of el	s) appear to in the Unit mploymen	be ge ted Sta at <i>(mm</i>	enuine and ates. a/dd/yyyy)	d to relate t	o the em	ployee nam	ned, and (3) to th	e best of my knowledge the
t) the above-listed document(s inployee is authorized to work the employee's first day of en ignature of Employer or Authorized ast Name of Employer or Authorized R	s) appear to in the Unit mploymen	ted State of (mm	enuine and ates. a/dd/yyyy)	d to relate t	o the em	ployee nam	ned, and (instruction of Employ	3) to th	e best of my knowledge the exemptions)
in the above-listed document(s in ployee is authorized to work he employee's first day of eignature of Employer or Authorized Rathame or Employer or Authorized Rathame of Employer or Authorized Rathame or Employer or Employer or Authorized Rathame or Employer or E	s) appear to t in the Unit mploymen d Represent	be geted State (mm	enuine and ates. a/dd/yyyy) 7 st Name of E	d to relate t	o the em	ployee nam (See j yyy) Title epresentative	ned, and (instruction of Employ	3) to th	e best of my knowledge the exemptions) uthorized Representative siness or Organization Name
or the above-listed document(s inployee is authorized to work the employee's first day of en gnature of Employer or Authorized that Name of Employer or Authorized R inployer's Business or Organizatio	s) appear to in the Unit mploymen d Represent Representative in Address (3	b be goted State (mm) attive Fire	enuine and ates. a/dd/yyyy) st Name of E Number and	d to relate to r	e (mm/dd/y uthorized Ro	ployee nam (See if (yyy) Title epresentative	e of Employ	ons for yer or Alere's Bus	exemptions) uthorized Representative siness or Organization Name
in the above-listed document(simployee is authorized to work the employee's first day of ending and the employer or Authorized Rest Name of Employer or Authorized Rest Name (If applicable)	s) appear to in the Unit mploymen d Represent Representative in Address (3	b be goted State (mm) attive Fire	enuine and ates. a/dd/yyyy) st Name of E Number and	d to relate to r	e (mm/dd/y uthorized Ro	ployee nam (See if (yyy) Title epresentative	e of Employ Employ	3) to the ons for yer or Arrer's Bus	exemptions) uthorized Representative siness or Organization Name ZIP Code
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the above-listed document(simployee is authorized to work the employee's first day of engrature of Employer or Authorized ist Name of Employer or Authorized Right Name of Employer or Authorized Ri	appear to in the Unit mploymen d Representative an Address (Sand Rehiral Firs	b be goted State (mm) ative First Street I t Name	enuine and ates. n/dd/yyyy) st Name of E Number and be completed (Given Name of Section Nam	d to relate t Foday's Date Imployer or Au Id Name) Gleted and s	co the em continuity ithorized Records City or Tove	ployee nam (See in the sepresentative semployer of the se	Employ To authorize B. Date on	3) to the ons for yer or Aler's Bus State Red rep of Rehiren/dd/yyy	exemptions) uthorized Representative siness or Organization Name ZIP Code resentative.) (if applicable)
in the above-listed document(symployee is authorized to work the employee's first day of elignature of Employer or Authorized	appear to in the Unit mploymen d Representative an Address (Sand Rehiral Firs	b be goted State (mm) ative First Street I t Name	enuine and ates. n/dd/yyyy) st Name of E Number and be completed (Given Name of Section Nam	d to relate t Foday's Date Imployer or Au Id Name) Gleted and s	co the em continued (mm/dd/y uthorized Ro City or Tov igned by Mid rovide the	ployee nam (See in the sepresentative semployer of the se	Employ To authorize B. Date on	state of Rehire	exemptions) uthorized Representative siness or Organization Name ZIP Code resentative.) (if applicable)
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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	ID	LIST C Documents that Establish Employment Authorization
3.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document			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 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,	2.	
5.	that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status:	The state of the state of	4.	gender, height, eye color, and address School ID card with a photograph Voter's registration card	3.	by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or
	 a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: The same name as the passport; 		5.6.7.	U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card	4.	territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197)
	(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has					Identification Card for Use of Resident Citizen in the United States (Form I-179)
	not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		F	or persons under age 18 who are unable to present a document listed above:	7.	Employment authorization document issued by the Department of Homeland Security
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		11.	School record or report card Clinic, doctor, or hospital record Day-care or nursery school record		

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

Refer to the instructions for more information about acceptable receipts.