



Adjunct Faculty Hiring Checklist & Authorization Form

For the New Hire, Secretary, Chair, Coordinator, Dean and the Office of Adjunct Administration

Instructor: _____ **Discipline:** _____ **Degree:** _____ **Start Date:** _____

New Instructors receive a copy of this form from the Department as a guide to provide the documents listed below. Department Secretaries collect the documents and check boxes to ensure completion.

Submit only complete applications to the Office of Adjunct Administration, C107

Complete File:

- ☐ Demographic Form
- ☐ Employment Application
- ☐ Original Official Transcripts or eScrip for ***all higher education degrees obtained.***
Acceptable transcripts: U.S. accredited higher education institutions, licenses, certifications. International degrees evaluated by WES or other credentialing organizations. ***Originals should be sent to Department Secretary.***
(No Transcript Copies, except for WES, licenses, certificates)
- ☐ W-4 Form
- ☐ Direct Deposit Form
- ☐ Resume/Curriculum Vitae
- ☐ 3 Letters of Professional Reference
- ☐ Teaching Philosophy Statement
- ☐ I-9 (Employment Eligibility Verification) ***To be filled out at the Office of Adjunct Administration, C107***
- ☐ Appropriate *Unexpired* Identification Documents according to I-9 List

Hiring Authorization for Assigning Courses:

Sign off only on complete applications

Chair/Coordinator Name: _____ **Signature:** _____

Comments: _____ **Date:** _____

Academic Dean Name: _____ **Signature:** _____

Comments: _____ **Date:** _____



Department of Human Resources
New Hire Employee Demographic Data Form

Instructions:

1. Please complete the Part 1 thru 6.
2. Forward the completed form to the HR department for processing.

Part 1 Employee Identification

Employee's Name (Last Name, First Name, MI) as they appear on your Social Security Card. For Name Changes use the Status Change Form.	Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> _____	Suffix: <input type="checkbox"/> W <input type="checkbox"/> Sr. <input type="checkbox"/> III <input type="checkbox"/> _____ <input type="checkbox"/> Jr.
BCC Colleague ID#:	Social Security Number:	

Part 2 Employee Contact Information

Permanent Address:	City/County:	State/Zip:
Mailing Address (if different):	City/County:	State/Zip:
Phone:	Cell Phone:	Fax:
Email Address:	Employment Status: <input type="checkbox"/> Part Time (Temp/Perm) <input type="checkbox"/> Full Time	

Part 3 Affirmative Action Information

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Domestic Partner / Civil Union	Employee's Birth Date (MM/DD/YYYY): Please indicate your permission to share your birthday month and day on our Bergen Community College announcements. <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnic code: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander	Citizenship Status: Birth Country: _____ <input type="checkbox"/> US Citizen Birth (Native) <input type="checkbox"/> US Citizen Naturalized <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non Resident Alien Visa Type: _____ Exp. Date: _____	
Military Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran	Disability (Optional): <input type="checkbox"/> None <input type="checkbox"/> Learning <input type="checkbox"/> Blind <input type="checkbox"/> Mobility <input type="checkbox"/> Multiple Impairments <input type="checkbox"/> Other	Have you ever applied or attended BCC as a student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now or have you ever been employed by a New Jersey State Agency or State college/university of New Jersey? <input type="checkbox"/> Yes <input type="checkbox"/> No		Retired Public Employee: Are you a retiree of any public employer in the State of New Jersey? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Name of Agency / Institution: Start Dt. (MM/DD/YYYY) _____ End Dt. (MM/DD/YYYY) _____		

Part 4 Education (list the highest diploma/degree you have attained)

Diploma/Degree:	Year Earned:	Major:
School, University or College:	School Address (City, State, Country):	

Part 5 Emergency Contact

Contact Name (Last, First):	Contact Phone Number:	Relationship to Employee:
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Part 6 Certification

I certify the information, which I have provided, is complete and accurate to the best of my knowledge.	
Employee Signature:	Date:



400 Paramus Road, Paramus, New Jersey 07652
201-447-7100 • www.bergen.edu

FACULTY

Employment Application

Please PRINT all information

Today's Date: _____ ☐ Full Time ☐ Part Time (Temporary)

Position(s) / Job Code Applying for:

1. _____ 2. _____

Date available to start: _____ Salary Expectation: _____

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____

Home Phone (____) _____ Alternate Phone: (____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Have you ever worked under a different name? ☐ Yes ☐ No If yes, please state all other names or nicknames necessary for the College to verify your employment or education: _____

Are you authorized to work in the United States in the job for which you are applying? ☐ Yes ☐ No
(All employees are required to complete form I-9 within three (3) business days of hire)

Do you currently or at anytime need sponsorship to work in the United States? ☐ Yes ☐ No

Have you ever been employed at Bergen Community College? ☐ Yes ☐ No

If yes, please list position, department, dates and reason for leaving: _____

Are you currently a Bergen Community College student enrolled in more than 6 credits? ☐ Yes ☐ No

Please list any relatives currently employed at Bergen Community College: _____

How were you referred to Bergen Community College? (Please check or provide source)

<input type="checkbox"/> Bergen Record <input type="checkbox"/> Star Ledger <input type="checkbox"/> NY Times <input type="checkbox"/> Chronicle of Higher Ed <input type="checkbox"/> Diverse Issues in Higher Ed <input type="checkbox"/> Hispanic Outlook	<input type="checkbox"/> College Website <input type="checkbox"/> HigherEdJobs.com <input type="checkbox"/> Monster.com <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative	<input type="checkbox"/> Walk-in <input type="checkbox"/> Other (please describe): _____ <input type="checkbox"/> Employee referral (please provide name): _____
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Education Background

	Name /Location	Dates of Attendance	Degree/Diploma Attained	Course of Study	Academics Honors/GPA
High/Prep School:	_____	_____	_____	_____	_____
College/University:	_____	_____	_____	_____	_____
Graduate School:	_____	_____	_____	_____	_____
Additional School:	_____	_____	_____	_____	_____
Specialized Training:	_____	_____	_____	_____	_____

Bergen Community College is an Equal Opportunity/ NJ First Act Employer

Military Record Service

Have you been a member of the Armed Services of the United States?

☐ Yes☐ No

Rank at Discharge: _____

Branch: _____

Dates: _____

Employment HistoryComplete this section even if resume is attached; list most recent first.☐ Check if resume has been attached to application.**FULL TIME EMPLOYMENT ONLY – (Professional, educational, research, technical or commercial)**

Employment Dates (Month/Year)	Organization or Institution Name/Address/Phone#	Department/ Supervisor (Name/Title)	May we Contact?	Position Title	Ending Annual Salary	Description of Duties	Reason for Leaving

PART TIME EMPLOYMENT ONLY – (example: Adjunct, any paid employment hours worked below full time status)

Employment Dates (Month/Year)	Organization or Institution Name/Address/Phone#	Department/ Supervisor (Name/Title)	May we Contact?	Position Title	Ending Annual Salary	Description of Duties	Reason for Leaving

Bergen Community College is an Equal Opportunity/ NJ First Act Employer

Title of Master's Thesis and/or Doctoral Dissertation:

Master's Thesis:

Doctoral Dissertation:

Academic and Professional Honors: (Scholarships, fellowships, awards, etc.)

Licensure/Certifications

Please list all professional/technical licenses or certifications (e.g., HVAC, CET, CDH, RN, MD, BLS, CRT, RRT, etc.) you have acquired (copies of license/certification required).

Type	State	Licensure/Certification#	Expiration Date	Pending

If you are applying for a position requiring a License (clinical, driving, etc.), has such license ever been suspended or revoked or have you ever been otherwise disciplined by the licensing authorities? ☐ Yes ☐ No

If yes, provide details:

Publications or Original/Creative Work

Please list all publications or other original or creative work. Please provide complete bibliographical data, title, publisher, journal, volume, date pages, etc. In addition, if available submit any reprints.

Membership in Learned or Professional Societies

Organization/Society	Type of Service	Position Held	Dates of Membership	Professional Awards

Special Training

Typing (WPM): _____ Foreign Languages: ☐ Speak _____ ☐ Read _____ ☐ Write _____

Please list other applicable experiences, skills, training or qualifications (professional, technical and/or mechanical)

With or without reasonable accommodation, do you have the ability to perform the essential functions of the job you are applying for: ☐ Yes ☐ No

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Required Submission: *Please attach a statement outlining your concept of a successful teacher.*

Employment Application Consent Release

I hereby certify that the facts set forth in the completed employment application are true and complete to the best of my knowledge. I understand that any misrepresentation or false statements in this application will be considered grounds for immediate dismissal.

This college does not discriminate in hiring or any other decision on the basis of race, sex, sexual orientation, citizenship, national origin, ancestry, Vietnam era veteran status or on the basis of age, physical/mental disability unrelated to ability to perform the work required.

I authorize the investigation of all statements contained herein as a condition of employment. I authorize Bergen Community College and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history, motor vehicle driving records, and salary verifications. I release all persons, schools, colleges/universities, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

In addition, as a part of the College's hiring process and in conjunction with collective bargaining unit agreement, certain positions are considered safety-sensitive and are subject to a drug screening test. After an offer of employment and prior to reporting to my workstation, I understand that if I am hired into a safety-sensitive position, I agree to submit to a drug screening test.

I also understand that my potential employment is contingent upon receipt of completed transcripts, verification of degrees awarded, satisfactory references, background checks, and approval by the Board of Trustees. If hired, I understand I must be willing to teach both day and evening classes, as well as accept assignments at any of Bergen's locations.

I understand that this application is not, nor is it intended to be, a contract of employment. I agree to abide by all rules and regulations of Bergen Community College.

Applicant's Signature: _____

Date: _____

Applicant Printed Name: _____

Bergen Community College is an Equal Opportunity/ NJ First Act Employer



Direct Deposit Authorization Form Part/Full Time Employee

Instructions:

1. Please complete the Authorization Agreement and Bank Information sections of this form.
2. For a **checking account**, include a blank voided check or statement from your bank indicating the ACH routing number and account number.
3. For a **savings account**, obtain a statement from your bank indicating the ACH routing number and account number.
4. A deposit form will not be accepted as proof of routing number or account number.
5. A maximum of three accounts can be setup. You may elect to have designated funds be deposited into the account of your choice with the remainder deposited into the latter.
6. Direct deposits are made on a semi monthly basis. Full time employees are paid on real time, however part time employees are paid two weeks in arrears. Please allow two pay periods from the date of submission for the direct deposit to be activated.
7. Return this completed form and appropriate attachments to Payroll Dept., 400 Paramus Rd, Rm. A228, Paramus, NJ 07652.

Please check one box:

☐

Initial Enrollment

☐

Change Bank Info

☐

Cancellation

Section I: Employee Information

Name _____

BCCID# _____

Email _____

Phone _____

Section II: Financial Institution Information

Bank Name:	City/State/Zip:	Branch Name:	Telephone#
_____	_____	_____	_____
Transit Routing #/ABA: (9 Digits)	Account Number:	Type of Account:	Amt:
1. _____	1. _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ _____
2. _____	2. _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ _____
3. _____	3. _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ _____

Section III: Authorization Agreement and Signature

I authorize Bergen Community College to make electronic deposits of payments as indicated above to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize the College to direct the financial institution to return said funds. Or I can authorize Bergen Community College to discontinue my service for direct deposit with the above financial institution effective immediately. I understand I must give advance notice to allow reasonable time for my instructions to be executed.

I understand that it is my responsibility to verify that payments have been credited to my account and the College assumes no liability for overdrafts for any reason. I understand in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take, the College cannot issue funds to me until the funds are returned to the College by my financial institution.

I understand this authorization will override any previous authorization and will remain in effect until a) revoked thru the above signed cancellation process; b) immediately following my termination from employment with the College; or c) 120 days after my last paycheck was issued.

I understand I must immediately notify the Payroll Department before I close my account listed above while this authorization is in effect.

Employee Signature _____ Date _____

Section IV: Payroll Office Only

Rcvd/Initialed By Payroll: _____ Payroll Rep: _____ Date Direct Deposit Initiated/Cancelled by Payroll: _____



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 (<i>See instructions</i>)
<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. (<i>See instructions</i>)
<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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>OR Code - Section 1 Do Not Write In This Space</p>

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
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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		QR 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 Bergen Community College	
Employer's Business or Organization Address (Street Number and Name) 400 Paramus Road		City or Town Paramus	State NJ	ZIP Code 07652

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
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)
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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
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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	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
For persons under age 18 who are unable to present a document listed above:				
10. School record or report card				
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. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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.

Form W-4 (2018)

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.

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 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 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 2018 expires February 15, 2019. 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 2018 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 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 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 2018. 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 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, 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 Other Income Worksheet on page 3 or the calculator at 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 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 can 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 might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. 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, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. 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 income includes all of

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.)					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

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

- 1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

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

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not use the rest of this worksheet** 3 _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. 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

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$7,000	0	\$0 - \$8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A _____
B	Enter "1" if you will file as married filing jointly	B _____
C	Enter "1" if you will file as head of household	C _____
D	Enter "1" if: <ul style="list-style-type: none"> • 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. 	D _____
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$175,551 to \$200,000 (\$339,001 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-" 	E _____
F	Credit for other dependents. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 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 \$175,550 (\$339,000 if married filing jointly), enter "-0-" 	F _____
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here	G _____
H	Add lines A through G and enter the total here	H _____

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 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 \$52,000 (\$24,000 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.

1	Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details	1 \$ _____
2	Enter: <ul style="list-style-type: none"> \$24,000 if you're married filing jointly or qualifying widow(er) \$18,000 if you're head of household \$12,000 if you're single or married filing separately 	2 \$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3 \$ _____
4	Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4 \$ _____
5	Add lines 3 and 4 and enter the total	5 \$ _____
6	Enter an estimate of your 2018 nonwage income (such as dividends or interest)	6 \$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7 \$ _____
8	Divide the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8 _____
9	Enter the number from the Personal Allowances Worksheet , line H above	9 _____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10 _____

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 2018. 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 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

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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.

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