

SHENENDEHOWA CENTRAL SCHOOL
CLIFTON PARK, NEW YORK

TEACHER SUBSTITUTE REQUIREMENTS

CERTIFICATION

All applicants for substitute teaching must possess, at a minimum, a four year college degree. Degree or transcripts showing degree awarded must be presented **at the processing appointment**. **Certified substitutes are called first**. Substitutes without valid certification and who are not working toward certification may render service for **no more than 40 days, and up to 90 days in extreme circumstances**, to a school district in any given school year.

If an applicant is a recent graduate and certification is being processed by the NYS Education Department, the applicant may bring in an original letter from their college stating that they have met all certification requirements, plus a copy of NTE or NYTCE scores.

HAZCOM

All applicants are required to complete an on-line HAZCOM course (Hazardous Materials in the Workplace, Your Right to Know) **before their appointment to be processed as a substitute**, and annually thereafter.

Please visit <http://www.capitalregionboces.org/Risk/OnlineTrainings.cfm> and follow the instructions to complete the training. PLEASE READ THE INSTRUCTIONS THOROUGHLY BEFORE YOU BEGIN.

RESUME

PROOF OF IDENTIFICATION

Please see page 9 of the Instructions for Employment Eligibility Verification (Form I-9), Lists of Acceptable Documents. Please note all documents must be current, no expired documentation can be accepted.

MEASLES

If born on or after January 1, 1957, applicant must show proof of immunization **OR** if born before January 1, 1957, must state whether they had measles or not.

IRS AND NYS WITHHOLDING FORMS

Applicant must complete Federal and NYS income tax withholding forms.

FINGERPRINTING

Applicant will be subject to a fingerprint supported criminal history background check in accordance with SAVE Legislation effective July 1, 2001. If you have already been fingerprinted to receive NYS teacher certification or to work in another NYS school district, you have met the fingerprinting requirement.

PLEASE NOTE: There is a fee of **\$102.00** for the processing of fingerprints, to be paid directly to **MorphoTrust**. This fee will be reimbursed by the District after applicant has substituted for the District for 20 days.

SUBSTITUTE TEACHER PAY RATES

<u>Full Day Per Diem Rates</u>	<u>2016-17</u>
Certified Substitutes	
Up to and including 20 days	\$105.00
After 20 days	\$115.00
Uncertified Substitutes (first work day after July 1, 2012)	
Up to and including 20 days	\$ 85.00
After 20 days	\$ 90.00
<u>Half Day Per Diem Rates</u>	
Certified Substitutes	\$ 67.00
Uncertified Substitutes (first work day after July 1, 2012)	\$ 50.00

APPLICATIONS ARE PROCESSED BY APPOINTMENT ONLY AND MUST BE PRESENTED IN PERSON

Applications are accepted for processing at the Office of Human Resources, 5 Chelsea Place, Clifton Park, New York, **by appointment only**. Please call the Office of Human Resources at 881-0650 to schedule an appointment.

8 CRR-NY 80-5.4NY-CRR

OFFICIAL COMPILATION OF CODES, RULES AND REGULATIONS OF THE STATE OF NEW YORK

TITLE 8. EDUCATION DEPARTMENT CHAPTER II. REGULATIONS OF THE COMMISSIONER SUBCHAPTER C. TEACHERS

PART 80. REQUIREMENTS FOR TEACHERS' CERTIFICATES AND TEACHING PRACTICE SUBPART 80-5. REQUIREMENTS RELATING TO CLASSROOM TEACHING AND EDUCATIONAL LEADERSHIP PRACTICE AND SPECIALIZED CREDENTIALS

8 CRR-NY 80-5.4

8 CRR-NY 80-5.4

80-5.4 Substitute teachers.

(a) Definitions.

As used in this section:

- (1) *Substitute teacher* means one who is employed in place of a regularly appointed teacher who is absent but is expected to return.
- (2) *Long-term basis* means employment for more than 40 days by a school district or board of cooperative educational services in a school year.
- (3) *Itinerant basis* means employment for 40 days or less by a school district or board of cooperative educational services in a school year.

(b) Responsibility.

The responsibility for the employment of appropriately qualified substitutes rests with the chief school officer. Persons employed on a long-term basis shall have the proper certification for the position, except as provided in paragraphs (c)(2) and (3) of this section.

(c) Length of employment.

There shall be three categories of substitutes as follows:

- (1) Substitutes with valid teaching certificates or certificates of qualification. Service may be rendered in any capacity, for any number of days. If employed on more than an itinerant basis, such persons will be employed in an area for which they are certified.
- (2) Substitutes without a valid certificate, but who are completing collegiate study toward certification at the rate of not less than six semester hours per year. Service may be rendered in any capacity, for any number of days, in any number of school districts. If employed on more than an itinerant basis, such persons will be employed in the area for which they are seeking certification.
- (3) Substitutes without a valid certificate and who are not working towards certification. Service may be rendered for no more than 40 days by a school district or board of cooperative educational services in a school year. Provided, however, that in extreme circumstances

where there is an urgent need for a substitute teacher and the district has undertaken a good faith recruitment search for a properly certified candidate, and determined that there are no available certified teachers to perform the duties of such position, a substitute teacher, without a valid teaching certificate and who is not working towards certification, may be employed by the school district or board of cooperative educational services beyond the 40-day limit, for up to an additional 50 days (90 days total in a school year), if the district superintendent (for districts that are a component district of a board of cooperative educational services and boards of cooperative educational services) or the superintendent (for school districts that are not a component district of a board of cooperative educational services) certifies that the district or board of cooperative educational services, as applicable, has conducted a good faith recruitment search and there are no available certified teachers that can perform the duties of such position. In rare circumstances, a district or BOCES may hire a substitute teacher beyond the 90 days, if a district superintendent or superintendent attests that a good faith recruitment search has been conducted and that there are still no available certified teachers who can perform the duties of such position and that a particular substitute teacher is needed to work with a specific class or group of students until the end of the school year.

(d) Reporting.

The chief school officer of each school district and the district superintendent of each board of cooperative educational services shall submit an annual report concerning the employment of all uncertified substitute teachers to the commissioner on forms prescribed by the commissioner, which shall include the number of substitute teachers authorized to be employed beyond the 40-day limit for the limited circumstances described in paragraph (c)(3) of this section, with the required certification(s) from the district superintendent or superintendent, as applicable, for each substitute teacher employed beyond the 40-day limit, certifying that a good faith recruitment search was conducted and that there were no available certified teachers that could perform the duties of such position. The annual report shall also include the number of substitute teachers authorized to be employed beyond the 90 days limit for the limited circumstances described in paragraph (c)(3) of this section, with the required certification(s) from the district superintendent or superintendents, as applicable, for each substitute teacher employed beyond the 90-day limit, certifying that a good faith recruitment search was conducted and that there were no available certified teachers that could perform the duties of such position and that a particular substitute teacher is needed to work with a specific class or group of students until the end of the school year.

8 CRR-NY 80-5.4

Current through August 15, 2016

End of Document

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Fingerprinting through MorphoTrust

Current MorphoTrust Fingerprinting Locations:

Albany - Everett Rd	21 Everett Rd Ext, Albany	Mon, Tue, Thu & Fri 8:00am - 4:30pm; Wed 8:00am - 7:00pm; E/O Sat 8:00am - 12:00pm
Glens Falls	88 Broad Street, Glens Falls	Mon, Wed, & Thurs 8:30Am - 4PM
Malta	101 Saratoga Village Blvd, Malta	Mon 8am-12pm & 1pm-5pm
Schenectady- Nott St	1101 Nott St, Schenectady	Mon, Wed & Fri 10:00am - 3:00pm
Schenectady-Hamburg St	2788 Hamburg St, Schenectady	Friday 9am-12pm & 12:30pm-4pm
Troy	1 Fourth St, Troy	Tuesday 8am-12pm & 1pm-5pm

- To schedule a fingerprinting appointment, contact MorphoTrust directly by going to their website at www.identogo.com and clicking on New York State on the map, or by calling (877) 472-6915
- An ORI number/code will be needed in order to schedule an appointment. The ORI code is “**TEACH**”
- The fingerprinting fee of **\$102.00** can be made online at the time of scheduling through a credit card, or onsite at the time of fingerprinting appointment with a check or money order *only*. If you want to pay by credit card, the fee must be paid online at time of scheduling in advance of your appointment. Checks should be made payable to “MorphoTrust USA”.
- You must bring two forms of identification to your appointment. At least one form of identification must contain a photo.

Acceptable Photo Identification Documents:

- U.S. Passport
- Permanent Resident Card
- Alien Registration Receipt Card
- Unexpired Foreign Passport
- Driver’s License or Photo ID Card (issued by U.S. State or Territory)
- U.S. Student ID Card with photo (High School or College)
- Unexpired Employment Authorization with photo (Form I-766, I-688, I-688A or B)
- Photo ID Card issued by Federal State or Local Government



Shenendehowa Central Schools

OFFICE OF HUMAN RESOURCES
5 CHELSEA PLACE
CLIFTON PARK, NY 12065-3240
518-881-0650

SUBSTITUTE TEACHER APPLICATION

PERSONAL INFORMATION

Name: _____

Former Name(s): _____ Home Phone: _____

Present Address: _____ Cell Phone: _____

_____ Email: _____

Permanent Address: _____

(if different from above) _____ TEACH ID: _____

CERTIFICATION/PROFESSIONAL LICENSE

I hold the New York State Teaching/Administrative Certificate(s) described below:

		Area	Date Issued	Exp Date
Initial <input type="checkbox"/>	Professional <input type="checkbox"/>			
Provisional <input type="checkbox"/>	Permanent <input type="checkbox"/>			
Other <input type="checkbox"/>	Type:			

If you do not have a New York State Teaching Certificate, have you made application for one? Yes No

If certified in another state, please list state and area: _____

Please list other licenses held and issuing authority: _____ Exp. Date: _____

NON-CERTIFIED [FOUR (4) YEAR DEGREE MINIMUM]

Degree Major: _____

Are you currently pursuing certification? Yes No

If yes, at the rate of six (6) credit hours per year? Yes No College: _____

RETIREMENT SYSTEM

Are you a member of the NYS Teachers' Retirement System? Yes No Retirement Number: _____

LIST SUBJECTS YOU ARE CAPABLE OF TEACHING

Secondary Subject: _____ Grade Level: _____

Elementary Special Subjects: _____ Grade Level: _____

TEACHING EXPERIENCE

Dates	Name and Location of School	Subject or Grade Level

Would you be interested in tutoring? Yes No

REFERENCES FAMILIAR WITH YOUR WORK

Name	Address	Phone	How Known

OTHER INFORMATION

Have you ever resigned from a position rather than face disciplinary action?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any disciplinary action been brought against you which resulted in you being discharged from employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you ever receive a discharge from the Armed Forces of the United States which was other than "honorable" or which was issued under other than honorable circumstances?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of any crime (felony or misdemeanor)?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you now under charges for any crime (felony or misdemeanor)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever forfeited bail bond posed to guarantee your appearance in court to answer any charges?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had a teaching credential revoked, suspended or annulled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have disciplinary proceedings ever been initiated against you pursuant to New York State Education Law Section 3020?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered "Yes" to any of the questions above, provide, on a separate sheet, the specifics or an explanation for the response. None of the above circumstances represents an automatic bar to certification or employment.

*Submit official copies of the court record, including disposition of case.

Signature of Applicant: _____ Date: _____

Shenendehowa Central School does not discriminate on the basis of race, color, national origin, age, handicapping conditions or sex in its education programs or employment.



Employee New Hire/Change Form

EMPLOYEE PROFILE

Employee Name: _____ Gender: Male Female

Social Security #: _____ Ethnicity: _____

Date of Birth: _____ Teach ID: _____

Phone #: _____ TRS/ERS Retirement # _____

Current Address
(Street, City,
State & Zip): _____

Personal Email: _____ Title/Position: _____

Department: _____ Building: _____

Emergency Contact: Name: _____ Relationship: _____

Phone: _____ Alt Phone: _____

FOR DISTRICT OFFICE USE ONLY

Change	Current Information	New Information
# of Hours: <input type="checkbox"/>	# of Hours: _____	# of Hours: _____
Location: <input type="checkbox"/>	Location: _____	Location: _____
Title: <input type="checkbox"/>	Title: _____	Title: _____

Processed By: Human Resources Payroll Benefits Date of Board Approval: _____

Effective Date: _____ Original Date of Hire: _____ Replacing: _____

Dual Position: Yes No

10mo 12mo _____ hrs./day Term Hire _____ to _____

Paid Benefits: _____ Sick _____ Family Sick _____ Personal _____ Vacation _____ Professional Development



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>	
<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)
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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






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 - Section 2 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 Shenendehowa Central Schools	
Employer's Business or Organization Address (Street Number and Name) 5 Chelsea Place		City or Town Clifton Park	State NY	ZIP Code 12065

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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Shenendehowa Central Schools

Office of Human Resources

5 Chelsea Place
Clifton Park, NY 12065
Phone: (518) 881-0650
Fax: (518) 881-0658

Dear New Employee:

In the past, our District has encountered situations pertaining to an outbreak of measles. This has sometimes caused a disruption to the educational programs available to the students at Shenendehowa and has necessitated an employee(s) exclusion from employment for a period of time.

Due to a recommended guideline from the New York State Department of Health and to avoid a disruption to our educational program in the event of an outbreak, we are requesting your cooperation in the completion of the form found at the bottom of this page.

Please return this form, with any required documentation, to the Office of the Assistant Superintendent for Human Resources as soon as possible. Thank you.

Name of Employee _____
(Please Print)

Date of Birth _____

A. I hereby certify that I was born prior to January 1, 1957 and recall that I did/did not (circle one) have a case of measles.

(Signature of Employee)

(Date)

OR

B. Employees born after January 1, 1957 must provide written documentation in one of the following categories which are acceptable proofs of immunity to measles.

1. Live virus measles* vaccine administered after January 1, 1967 in an individual one year of age or older, OR
2. Physician-diagnosed history of clinical measles, written by the physician who actually saw and diagnosed the disease, OR
3. Serologic (blood) evidence of previous measles infection.

*Either as single measles shot or combined with rubella (MR) or with rubella and mumps (MMR).

Thank you for your cooperation in this most important matter.

Sincerely,

Anthony Marinello, M.D.
Anthony Marinello, M.D., Ph.D.
Chief School Physician



Retirement System Information

This is to advise you that Governor Cuomo signed into Law Chapter 878 of the Laws of 1986. This enactment, which took effect August 2, 1986, provides that individuals eligible for membership in the New York State Employees' Retirement System, MUST acknowledge the fact that employers have advised them of the right to join the system.

Please read the following statement, then sign and date below:

I hereby acknowledge that I have been informed by Shenendehowa Central School, my employer, that as a classified and/or substitute employee, I may, as a matter of right, join the New York State Employees' Retirement System. I further acknowledge that I understand under present law if I elect to join the New York State Employees' Retirement System, I MUST COMPLETE A MEMBERSHIP APPLICATION WHICH MUST BE FILED WITH THE RETIREMENT SYSTEM. I WILL BE REQUIRED TO CONTRIBUTE A SPECIFIC PERCENTAGE OF MY SALARY TO SAID RETIREMENT SYSTEM.*

Name: _____

Date: _____

Signature: _____

*Percentage information is available by contacting the NYS Employees' Retirement System at www.osc.state.ny.us/retire or (518) 474-7736.

CURRENT MEMBERSHIP:

I am a current member of the retirement system and my retirement information is as follows:

TRS: Number _____ Tier _____ Date Joined _____

Print Name: _____ Date: _____

Signature: _____

~ OR ~

RETIRED MEMBER from: (NYSTRS or NYSERS or NYSPF or NYCTRS or NYCERS or NYCPF) Please circle one if you have already retired through any of the above retirement systems.

Print Name: _____ Date: _____

Signature: _____



Shenendehowa
Central Schools

Declination of Retirement Benefits

I am not currently a member of the Teachers' Retirement System.

I understand that I have a right to join the Teachers' Retirement System.

I understand that part time employment (i.e. less than a full day, every day school is in session for the Teachers' Retirement System) does not require that I join the Retirement System.

NOTE: Any employee who is eligible to join the Teachers' Retirement System and is hired during the school year full-time through June 30, or the last day school is in session, **must** join the Teachers' Retirement System. (Section 503-1 Education Law)

I elect **not** to join at this time. If I choose to join in the future, I will notify the Human Resources Office.

Print Name: _____ Date: _____

Signature: _____



Shenendehowa Central Schools

403(b) UNIVERSAL AVAILABILITY NOTICE

This notice is to inform you that as an employee of the Shenendehowa Central School District, you are eligible to participate in the District-sponsored 403(b) retirement plan.

Who is eligible?

Shenendehowa Central School District's 403(b) Plan allows for all full-time, part-time, and substitute employees to participate in the Plan. If you are currently not a contributing member and wish to become one, you must first open an account with one of the District's approved Investment Service Providers. You may only select an Investment Service Provider that has been approved by Shenendehowa CSD.

Who is an Approved Investment Service Provider?

The OMNI Group is the designated 403(b) Plan Third-Party Administrator (TPA). A list of the Plan's participating investment providers may be viewed on OMNI's website (www.omni403b.com) after submitting your Employer's name and state (Shenendehowa CSD, NY).

How Can I Participate?

You can participate in the Plan with pre-tax contributions by submitting a Salary Reduction Agreement ("SRA") online via OMNI's website or by submitting a completed SRA form, found on the same website, to OMNI either by facsimile to (585) 672-6194 or by mail to 1099 Jay Street, Building F, Rochester, NY 14611. Prior to contributing you must open an account with an investment provider participating in the Plan.

What If I Do Not Want To Contribute?

If you do not want to take advantage of this program, simply submit an SRA with the option "I do not wish to participate at this time" selected. See directions above for on-line and paper submission options.

Questions?

If you have any questions, please contact The OMNI Group at 877-544-6664. We recommend that all employees view a brief, 3 minute video presentations called '403(b). Why me?' explaining a 403(b) plan, and how to contribute. The video can be viewed on OMNI's website at www.omni403b.com.

Confirmation of Notice

I, _____, as an employee of the Shenendehowa Central School District, was offered the option to participate in the District-sponsored 403(b) retirement plan.

(Employee's Signature)

(Date)



Authorization Agreement for Direct Deposit

I hereby authorize Shenendehowa CSD to initiate credit entries to my checking and/or savings account (select one or both) at the depository named below.

Employee Name _____

Building _____

Employee Signature _____

Date _____

A copy of a voided check or any pre-printed document from your checking account with appropriate bank information, including employee name, bank name, account number and routing number must be attached.

CHECKING SAVINGS NEW CHANGE ADD TO EXISTING CANCEL

DEPOSITORY/BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

FLAT AMOUNT OR % OF NET PAY: _____

CHECKING SAVINGS NEW CHANGE ADD TO EXISTING CANCEL

DEPOSITORY/BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

FLAT AMOUNT OR % OF NET PAY: _____

CHECKING SAVINGS NEW CHANGE ADD TO EXISTING CANCEL

DEPOSITORY/BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

FLAT AMOUNT OR % OF NET PAY: _____

CHECKING SAVINGS NEW CHANGE ADD TO EXISTING CANCEL

DEPOSITORY/BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

FLAT AMOUNT OR % OF NET PAY: _____

This authorization is to remain in effect until Shenendehowa CSD has received written notification from me of its termination to afford Shenendehowa CSD and DEPOSITORY a reasonable opportunity to act on it.

****The first two pay periods after set up, a pre-note process is initiated, where information regarding your account is sent to the financial institution, but no monies are sent. The next period, the monies will be sent electronically. If you are making a change to the flat dollar amount only, no pre-note will be necessary and no delay in electronic deposits will occur. ****

For Payroll office use only
Prenote Checkdate #1: _____ Prenote Checkdate #2: _____ Live Deposit Checkdate: _____

Form W-4 (2017)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

The exceptions don't apply to supplemental wages greater than \$1,000,000.

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, 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	<u> </u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G	<u> </u>
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	<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, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2017
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. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2017, 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 ▶ <u> </u>		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)
Shenendehowa Central School District, 5 Chelsea Place, Clifton Park, NY 12065		14-6003956



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

IT-2104

New York State • New York City • Yonkers

First name and middle initial		Last name		Your social security number	
Permanent home address (number and street or rural route)			Apartment number		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office			State	ZIP code	Married, but withhold at higher single rate <input type="checkbox"/>
Note: If married but legally separated, mark an X in the Single or Head of household box.					
Are you a resident of New York City? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Complete the worksheet on page 3 before making any entries.					
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 17)				1	
2 Total number of allowances for New York City (from line 28)				2	
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.					
3 New York State amount				3	
4 New York City amount				4	
5 Yonkers amount				5	

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
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Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep a copy for your records.

Employer: Keep this certificate with your records.

Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS A

B Employee is a new hire or a rehire ... B First date employee performed services for pay (mm-dd-yyyy) (see instr.):

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
Shenendehowa C.S.D., 5 Chelsea Place, Clifton Park, NY 12065	14-6003956

Instructions

Changes effective for 2017

Form IT-2104 has been revised for tax year 2017. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2017 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim

is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.
- The total income of you and your spouse has increased to \$107,650 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.

- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

Exemption from withholding

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you must file Form IT-2104-E, *Certificate of Exemption from Withholding*, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, and you are over 65 years of age, under 18, or a full-time student under 25. You may also claim exemption from withholding if you are a military spouse and meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,100.

Withholding allowances

You may not claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute in Part 1 and Part 3 on page 3 of this form. If you want more tax withheld, you may claim fewer allowances. If you claim more than 14 allowances, your employer must send a copy of your Form IT-2104 to the New York State Tax Department. You may then be asked to verify your allowances. If you arrive at negative allowances (less than zero) on lines 1 or 2 and your employer cannot accommodate negative allowances, enter 0 and see *Additional dollar amount(s)* below.

Income from sources other than wages – If you have more than \$1,000 of income from sources other than wages (such as interest, dividends, or alimony received), reduce the number of allowances claimed on line 1 and line 2 (if applicable) of the IT-2104 certificate by one for each \$1,000 of nonwage income. If you arrive at negative allowances (less than zero), see *Withholding allowances* above. You may also consider filing estimated tax, especially if you have significant amounts of nonwage income. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for Form IT-2105, *Estimated Tax Payment Voucher for Individuals*, or see *Need help?* on page 6.

Other credits (Worksheet line 13) – If you will be eligible to claim any credits other than the credits listed in the worksheet, such as an investment tax credit, you may claim additional allowances.

Find your filing status and your New York adjusted gross income (NYAGI) in the chart below, and divide the amount of the expected credit by the number indicated. Enter the result (rounded to the nearest whole number) on line 13.

Single and NYAGI is:	Head of household and NYAGI is:	Married and NYAGI is:	Divide amount of expected credit by:
Less than \$215,400	Less than \$269,300	Less than \$323,200	66
Between \$215,400 and \$1,077,550	Between \$269,300 and \$1,616,450	Between \$323,200 and \$2,155,350	68
Over \$1,077,550	Over \$1,616,450	Over \$2,155,350	88

Example: You are married and expect your New York adjusted gross income to be less than \$323,200. In addition, you expect to receive a flow-through of an investment tax credit from the S corporation of which you are a shareholder. The investment tax credit will be \$160. Divide the expected credit by 66. $160/66 = 2.4242$. The additional withholding allowance(s) would be 2. Enter 2 on line 13.

Married couples with both spouses working – If you and your spouse both work, you should each file a separate IT-2104 certificate with your respective employers. Your withholding will better match your total tax if the higher wage-earning spouse claims all of the couple's allowances and the lower wage-earning spouse claims zero allowances. Do not claim more total allowances than you are entitled to. If your combined wages are:

- less than \$107,650, you should each mark an X in the box *Married, but withhold at higher single rate* on the certificate front, and divide the

total number of allowances that you compute on line 17 and line 28 (if applicable) between you and your working spouse.

- \$107,650 or more, use the chart(s) in Part 4 and enter the additional withholding dollar amount on line 3.

Taxpayers with more than one job – If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to. Your withholding will better match your total tax if you claim all of your allowances at your higher-paying job and zero allowances at the lower-paying job. In addition, to make sure that you have enough tax withheld, if you are a single taxpayer or head of household with two or more jobs, and your combined wages from all jobs are under \$107,650, reduce the number of allowances by seven on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see *Withholding allowances* above.

If you are a single or a head of household taxpayer, and your combined wages from all of your jobs are between \$107,650 and \$2,263,265, use the chart(s) in Part 5 and enter the additional withholding dollar amount from the chart on line 3.

If you are a married taxpayer, and your combined wages from all of your jobs are \$107,650 or more, use the chart(s) in Part 4 and enter the additional withholding dollar amount from the chart on line 3 (Substitute the words *Higher-paying job for Higher earner's wages* within the chart).

Dependents – If you are a dependent of another taxpayer and expect your income to exceed \$3,100, you should reduce your withholding allowances by one for each \$1,000 of income over \$2,500. This will ensure that your employer withholds enough tax.

Following the above instructions will help to ensure that you will not owe additional tax when you file your return.

Heads of households with only one job – If you will use the head-of-household filing status on your state income tax return, mark the *Single or Head of household* box on the front of the certificate. If you have only one job, you may also wish to claim two additional withholding allowances on line 14.

Additional dollar amount(s)

You may ask your employer to withhold an additional dollar amount each pay period by completing lines 3, 4, and 5 on Form IT-2104. In most instances, if you compute a negative number of allowances and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional \$1.85 of tax withheld per week for New York State withholding on line 3, and an additional \$0.80 of tax withheld per week for New York City withholding on line 4. Yonkers residents should use 16.75% (.1675) of the New York State amount for additional withholding for Yonkers on line 5.

Note: If you are requesting your employer to withhold an additional dollar amount on lines 3, 4, or 5 of this allowance certificate, the additional dollar amount, as determined by these instructions or by using the chart(s) in Part 4 or Part 5, is accurate for a weekly payroll. Therefore, if you are not paid on a weekly basis, you will need to adjust the dollar amount(s) that you compute. For example, if you are paid biweekly, you must double the dollar amount(s) computed.

Avoid underwithholding

Form IT-2104, together with your employer's withholding tables, is designed to ensure that the correct amount of tax is withheld from your pay. If you fail to have enough tax withheld during the entire year, you may owe a large tax liability when you file your return. The Tax Department must assess interest and may impose penalties in certain situations in addition to the tax liability. Even if you do not file a return, we may determine that you owe personal income tax, and we may assess interest and penalties on the amount of tax that you should have paid during the year.

(continued)

Employers

Box A – If you are required to submit a copy of an employee's Form IT-2104 to the Tax Department because the employee claimed more than 14 allowances, mark an X in box A and send a copy of Form IT-2104 to: NYS Tax Department, Income Tax Audit Administrator, Withholding Certificate Coordinator, W A Harriman Campus, Albany NY 12227-0865. If the employee is also a new hire or rehire, see **Box B** instructions. See Publication 55, *Designated Private Delivery Services*, if not using U.S. Mail.

Due dates for sending certificates received from employees claiming more than 14 allowances are:

Quarter	Due date	Quarter	Due date
January – March	April 30	July – September	October 31
April – June	July 31	October – December	January 31

Box B – If you are submitting a copy of this form to comply with New York State's New Hire Reporting Program, mark an X in box B. Enter the first day any services are performed for which the employee will be paid wages, commissions, tips and any other type of compensation. For services based solely on commissions, this is the first day an employee working for commissions is eligible to earn commissions. Also, mark an X in the Yes or No box indicating if dependent health insurance benefits are available to this employee. If Yes, enter the date the employee qualifies for coverage. Mail the completed form, within 20 days of hiring, to: NYS Tax Department, New Hire Notification, PO Box 15119, Albany NY 12212-5119. To report newly-hired or rehired employees online instead of submitting this form, go to www.nynewhire.com.

Worksheet

See the instructions before completing this worksheet.

Part 1 – Complete this part to compute your withholding allowances for New York State and Yonkers (line 1).

6	Enter the number of dependents that you will claim on your state return (<i>do not include yourself or, if married, your spouse</i>)	6	_____
For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.			
7	College tuition credit	7	_____
8	New York State household credit	8	_____
9	Real property tax credit	9	_____
For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.			
10	Child and dependent care credit	10	_____
11	Earned income credit	11	_____
12	Empire State child credit	12	_____
13	Other credits (<i>see instructions</i>)	13	_____
14	Head of household status and only one job (<i>enter 2 if the situation applies</i>)	14	_____
15	Enter an estimate of your federal adjustments to income, such as alimony you will pay for the tax year and deductible IRA contributions you will make for the tax year. Total estimate \$ _____ Divide this estimate by \$1,000. Drop any fraction and enter the number	15	_____
16	If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 25. All others enter 0	16	_____
17	Add lines 6 through 16. Enter the result here and on line 1. If you have more than one job, or if you and your spouse both work, see instructions for <i>Taxpayers with more than one job</i> or <i>Married couples with both spouses working</i>	17	_____

Part 2 – Complete this part only if you expect to itemize deductions on your state return.

18	Enter your estimated federal itemized deductions for the tax year	18	_____
19	Enter your estimated state, local, and foreign income taxes or state and local general sales taxes included on line 18	19	_____
20	Subtract line 19 from line 18	20	_____
21	Enter your estimated college tuition itemized deduction	21	_____
22	Add lines 20 and 21	22	_____
23	Based on your federal filing status, enter the applicable amount from the table below	23	_____
Standard deduction table			
Single (cannot be claimed as a dependent) ... \$ 8,000		Qualifying widow(er) \$16,050	
Single (can be claimed as a dependent) \$ 3,100		Married filing jointly \$16,050	
Head of household \$11,200		Married filing separate returns \$ 8,000	
24	Subtract line 23 from line 22 (<i>if line 23 is larger than line 22, enter 0 here and on line 16 above</i>)	24	_____
25	Divide line 24 by \$1,000. Drop any fraction and enter the result here and on line 16 above	25	_____

Part 3 – Complete this part to compute your withholding allowances for New York City (line 2).

26	Enter the amount from line 6 above	26	_____
27	Add lines 14 through 16 above and enter total here	27	_____
28	Add lines 26 and 27. Enter the result here and on line 2	28	_____

		Combined wages between \$1,185,400 and \$1,724,299									
Higher earner's wages		\$1,185,400	\$1,239,250	\$1,293,200	\$1,347,050	\$1,400,950	\$1,454,850	\$1,508,700	\$1,562,550	\$1,616,450	\$1,670,400
		\$1,239,249	\$1,293,199	\$1,347,049	\$1,400,949	\$1,454,849	\$1,508,699	\$1,562,549	\$1,616,449	\$1,670,399	\$1,724,299
\$592,650	\$646,499	\$14	\$17								
\$646,500	\$700,399	\$14	\$17	\$21	\$24						
\$700,400	\$754,299	\$14	\$17	\$21	\$24	\$27	\$30				
\$754,300	\$808,199	\$14	\$17	\$21	\$24	\$27	\$30	\$33	\$36		
\$808,200	\$862,049	\$14	\$17	\$21	\$24	\$27	\$30	\$33	\$36	\$39	\$42
\$862,050	\$915,949	\$23	\$17	\$21	\$24	\$27	\$30	\$33	\$36	\$39	\$42
\$915,950	\$969,899	\$21	\$26	\$21	\$24	\$27	\$30	\$33	\$36	\$39	\$42
\$969,900	\$1,023,749	\$18	\$24	\$29	\$24	\$27	\$30	\$33	\$36	\$39	\$42
\$1,023,750	\$1,077,549	\$25	\$22	\$27	\$32	\$27	\$30	\$33	\$36	\$39	\$42
\$1,077,550	\$1,131,499	\$29	\$28	\$23	\$28	\$34	\$28	\$31	\$35	\$38	\$41
\$1,131,500	\$1,185,399	\$19	\$29	\$28	\$23	\$28	\$34	\$28	\$31	\$35	\$38
\$1,185,400	\$1,239,249	\$9	\$19	\$29	\$28	\$23	\$28	\$34	\$28	\$31	\$35
\$1,239,250	\$1,293,199		\$9	\$19	\$29	\$28	\$23	\$28	\$34	\$28	\$31
\$1,293,200	\$1,347,049			\$9	\$19	\$29	\$28	\$23	\$28	\$34	\$28
\$1,347,050	\$1,400,949				\$9	\$19	\$29	\$28	\$23	\$28	\$34
\$1,400,950	\$1,454,849					\$9	\$19	\$29	\$28	\$23	\$28
\$1,454,850	\$1,508,699						\$9	\$19	\$29	\$28	\$23
\$1,508,700	\$1,562,549							\$9	\$19	\$29	\$28
\$1,562,550	\$1,616,449								\$9	\$19	\$29
\$1,616,450	\$1,670,399									\$9	\$19
\$1,670,400	\$1,724,299										\$9

		Combined wages between \$1,724,300 and \$2,263,265									
Higher earner's wages		\$1,724,300	\$1,778,150	\$1,832,050	\$1,885,950	\$1,939,800	\$1,993,700	\$2,047,600	\$2,101,500	\$2,155,350	\$2,209,300
		\$1,778,149	\$1,832,049	\$1,885,949	\$1,939,799	\$1,993,699	\$2,047,599	\$2,101,499	\$2,155,349	\$2,209,299	\$2,263,265
\$862,050	\$915,949	\$45	\$49								
\$915,950	\$969,899	\$45	\$49	\$52	\$55						
\$969,900	\$1,023,749	\$45	\$49	\$52	\$55	\$58	\$61				
\$1,023,750	\$1,077,549	\$45	\$49	\$52	\$55	\$58	\$61	\$64	\$67		
\$1,077,550	\$1,131,499	\$44	\$47	\$50	\$53	\$56	\$59	\$63	\$66	\$484	\$917
\$1,131,500	\$1,185,399	\$41	\$44	\$47	\$50	\$53	\$56	\$59	\$63	\$481	\$916
\$1,185,400	\$1,239,249	\$38	\$41	\$44	\$47	\$50	\$53	\$56	\$59	\$478	\$913
\$1,239,250	\$1,293,199	\$35	\$38	\$41	\$44	\$47	\$50	\$53	\$56	\$475	\$910
\$1,293,200	\$1,347,049	\$31	\$35	\$38	\$41	\$44	\$47	\$50	\$53	\$472	\$907
\$1,347,050	\$1,400,949	\$28	\$31	\$35	\$38	\$41	\$44	\$47	\$50	\$468	\$904
\$1,400,950	\$1,454,849	\$34	\$28	\$31	\$35	\$38	\$41	\$44	\$47	\$465	\$901
\$1,454,850	\$1,508,699	\$28	\$34	\$28	\$31	\$35	\$38	\$41	\$44	\$462	\$898
\$1,508,700	\$1,562,549	\$23	\$28	\$34	\$28	\$31	\$35	\$38	\$41	\$459	\$895
\$1,562,550	\$1,616,449	\$28	\$23	\$28	\$34	\$28	\$31	\$35	\$38	\$456	\$892
\$1,616,450	\$1,670,399	\$29	\$28	\$23	\$28	\$34	\$28	\$31	\$35	\$453	\$888
\$1,670,400	\$1,724,299	\$19	\$29	\$28	\$23	\$28	\$34	\$28	\$31	\$450	\$885
\$1,724,300	\$1,778,149	\$9	\$19	\$29	\$28	\$23	\$28	\$34	\$28	\$447	\$882
\$1,778,150	\$1,832,049		\$9	\$19	\$29	\$28	\$23	\$28	\$34	\$444	\$879
\$1,832,050	\$1,885,949			\$9	\$19	\$29	\$28	\$23	\$28	\$449	\$876
\$1,885,950	\$1,939,799				\$9	\$19	\$29	\$28	\$23	\$444	\$881
\$1,939,800	\$1,993,699					\$9	\$19	\$29	\$28	\$439	\$876
\$1,993,700	\$2,047,599						\$9	\$19	\$29	\$443	\$871
\$2,047,600	\$2,101,499							\$9	\$19	\$444	\$875
\$2,101,500	\$2,155,349								\$9	\$434	\$877
\$2,155,350	\$2,209,299									\$219	\$467
\$2,209,300	\$2,263,265										\$14

Note: These charts do not account for additional withholding in the following instances:

- a married couple with both spouses working, where one spouse's wages are more than \$1,131,632 but less than \$2,263,265, and the other spouse's wages are also more than \$1,131,632 but less than \$2,263,265;
- married taxpayers with only one spouse working, and that spouse works more than one job, with wages from each job under \$2,263,265, but combined wages from all jobs is over \$2,263,265.

If you are in one of these situations and you would like to request an additional dollar amount of withholding from your wages, please contact the Tax Department for assistance (see *Need help?* on page 6).

Part 5 – These charts are only for single taxpayers and head of household taxpayers with more than one job, and whose combined wages are between \$107,650 and \$2,263,265.

Enter the additional withholding dollar amount on line 3.

The additional dollar amount, as shown below, is accurate for a weekly payroll. If you are not paid on a weekly basis, you will need to adjust these dollar amount(s). For example, if you are paid biweekly, you must double the dollar amount(s) computed.

		Combined wages between \$107,650 and \$538,749										
Higher wage		\$107,650 \$129,249	\$129,250 \$150,749	\$150,750 \$172,299	\$172,300 \$193,849	\$193,850 \$236,949	\$236,950 \$280,099	\$280,100 \$323,199	\$323,200 \$377,099	\$377,100 \$430,949	\$430,950 \$484,899	\$484,900 \$538,749
\$53,800	\$75,299	\$13	\$18									
\$75,300	\$96,799	\$13	\$19	\$26	\$25							
\$96,800	\$118,399	\$8	\$17	\$23	\$26	\$28						
\$118,400	\$129,249	\$2	\$11	\$18	\$21	\$25	\$28					
\$129,250	\$139,999		\$4	\$15	\$18	\$22	\$28					
\$140,000	\$150,749		\$2	\$11	\$14	\$19	\$28	\$26				
\$150,750	\$161,549			\$4	\$11	\$15	\$28	\$24				
\$161,550	\$172,499			\$2	\$8	\$13	\$27	\$25	\$21			
\$172,500	\$193,849				\$3	\$11	\$25	\$28	\$22	\$24		
\$193,850	\$236,949					\$8	\$21	\$30	\$27	\$24	\$18	
\$236,950	\$280,099						\$8	\$16	\$24	\$19	\$18	\$13
\$280,100	\$323,199							\$7	\$15	\$22	\$15	\$16
\$323,200	\$377,099								\$8	\$16	\$22	\$15
\$377,100	\$430,949									\$8	\$16	\$22
\$430,950	\$484,899										\$8	\$16
\$484,900	\$538,749											\$8

		Combined wages between \$538,750 and \$1,185,399											
Higher wage		\$538,750 \$592,649	\$592,650 \$646,499	\$646,500 \$700,399	\$700,400 \$754,299	\$754,300 \$808,199	\$808,200 \$862,049	\$862,050 \$915,949	\$915,950 \$969,899	\$969,900 \$1,023,749	\$1,023,750 \$1,077,549	\$1,077,550 \$1,131,499	\$1,131,500 \$1,185,399
\$236,950	\$280,099	\$9											
\$280,100	\$323,199	\$9	\$8										
\$323,200	\$377,099	\$17	\$8	\$8	\$8								
\$377,100	\$430,949	\$15	\$17	\$8	\$8	\$8	\$8						
\$430,950	\$484,899	\$22	\$15	\$17	\$8	\$8	\$8	\$8	\$8				
\$484,900	\$538,749	\$16	\$22	\$15	\$17	\$8	\$8	\$8	\$8	\$8	\$8		
\$538,750	\$592,649	\$8	\$16	\$22	\$15	\$17	\$8	\$8	\$8	\$8	\$8	\$226	\$452
\$592,650	\$646,499		\$8	\$16	\$22	\$15	\$17	\$8	\$8	\$8	\$8	\$226	\$452
\$646,500	\$700,399			\$8	\$16	\$22	\$15	\$17	\$8	\$8	\$8	\$226	\$452
\$700,400	\$754,299				\$8	\$16	\$22	\$15	\$17	\$8	\$8	\$226	\$452
\$754,300	\$808,199					\$8	\$16	\$22	\$15	\$17	\$8	\$226	\$452
\$808,200	\$862,049						\$8	\$16	\$22	\$15	\$17	\$226	\$452
\$862,050	\$915,949							\$8	\$16	\$22	\$15	\$234	\$452
\$915,950	\$969,899								\$8	\$16	\$22	\$232	\$461
\$969,900	\$1,023,749									\$8	\$16	\$239	\$458
\$1,023,750	\$1,077,549										\$8	\$233	\$466
\$1,077,550	\$1,131,499											\$115	\$247
\$1,131,500	\$1,185,399												\$14

(Part 5 continued on page 7)

Privacy notification

See our website or Publication 54, *Privacy Notification*.

Need help?



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Telephone assistance

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