

WALDWICK PUBLIC SCHOOL DISTRICT

155 SUMMIT AVENUE
WALDWICK, NEW JERSEY 07463

Paul D. Casarico, Ed. D.
Superintendent of Schools

Phone 201-445-3131
Fax 201-445-0584
casaricop@waldwickschools.org

To The Applicant:

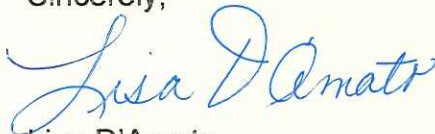
The Waldwick Board of Education requires that the following forms be completed by you prior to employment:

- a) Employment Eligibility Verification (Form 1-9)
- b) State of New Jersey New Hire Reporting Forms
- c) Direct Deposit
- d) W-4 Form Employee's Withholding Allowance Certificate
- e) Doculivity Quick-Start Guide

Please return paperwork as soon as possible to Mrs. Virginia Calero, Manager, Payroll Manager. No paychecks can be issued until all paperwork is complete. ***Paychecks are sent on the 15th of the month for work performed in the previous month.*** If you have any questions, please call Mrs. Calero at (201) 445-3340 ext. 4107.

Thank you for your cooperation in expediting this matter.

Sincerely,



Lisa D'Amato
Executive Secretary to the Superintendent

Attachments

subpay

New Jersey New Hire Reporting Form

Federal and state legislation (N.J.S.A. 2A:17-56.61) requires all New Jersey employers, both public and private, to report to the state of New Jersey all newly hired, contracted, rehired, or returning to work employees. Information about new hire reporting and online reporting is available on our website: www.nj-newhire.com.

Send completed forms to:
New Jersey New Hire Directory
PO Box 4654
Trenton, NJ 08650-4654
Toll-free fax: 1 (800) 304-4901

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C	1	2	3
---	---	---	---	---	---

EMPLOYER INFORMATION

Federal Employer ID Number (FEIN) (Please enter the same FEIN used to report the employee's quarterly wages.):

2	2	-	6	0	0	2	3	6	4
---	---	---	---	---	---	---	---	---	---

Employer Name:

W	A	L	D	W	I	C	K		B	D		O	F		E	D	U	C	A	T	I	O	N
---	---	---	---	---	---	---	---	--	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---

Employer Payroll Address:

1	5	5		S	U	M	M	I	T		A	V	E	N	U	E							

Employer City:

W	A	L	D	W	I	C	K								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Employer State:

N	J
---	---

Zip Code (5 digit):

0	7	4	6	3
---	---	---	---	---

Employer Phone (optional):

--	--	--	--	--	--	--	--	--	--

Extension:

--	--	--	--	--

Employer Fax (optional):

--	--	--	--	--	--	--	--	--	--

Email Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

			-			-			
--	--	--	---	--	--	---	--	--	--

Is this employee an Independent Contractor?

Yes ☐ No ☐

Employee First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Initial:

--

Employee Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employee Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employee City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employee State:

--	--

Zip Code (5 digit):

--	--	--	--	--

Date of Hire (MMDDYY):*

--	--	--	--	--	--

Date of Birth (MMDDYY):

--	--	--	--	--	--

* The Date of Hire is defined as the date an employee first performed services for pay.

Reports must be submitted within 20 days of date of hire or rehire. Failure to report could result in a fine.

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call us at (609) 631-0330 or toll-free 1 (877) NJ -HIRES

Rev (11/08)

**WALDWICK BOARD OF EDUCATION
OFFICE OF THE SUPERINTENDENT
MEMORANDUM**

TO: NEW STAFF MEMBER
FROM: LISA D'AMATO
SUBJECT: STATE REPORT INFORMATION

The following information is needed for our State Reports. We are only transmitting their criteria. If you have any questions please call me on ext. 4103. Thank you.

1. **Name** _____

2. **Ethnicity** *(Please check this box if you are of Spanish heritage. If not, leave it blank.)*
Spanish ☐

3. **Race** – *(must check at least one if Hispanic is not checked)*

American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>

4. **Additional Language Spoken:** _____



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>QR 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
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

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		<div>Additional Information</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title		<div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

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

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

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)
----------------	-----------------	---------------------------------------

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

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 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 		<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 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 	<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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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 (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	_____
B	Enter "1" if: <div><div>• You're single and have only one job; or</div><div>• You're married, have only one job, and your spouse doesn't work; or</div><div>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div>	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____
(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)			
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	_____
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	_____
For accuracy, complete all worksheets that apply. <div><div>• 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.</div><div>• 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.</div><div>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</div></div>			

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		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2017	
► 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.					
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, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____	
7 I claim exemption from withholding for 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				7 <input type="checkbox"/> Exempt	
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 lines 8 and 10 only if sending to the IRS.)				9 Office code (optional)	
				10 Employer identification number (EIN)	

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

- 1 Enter an estimate of your 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.

State of New Jersey - Division of Taxation
Employee's Withholding Allowance Certificate

1. SS# Name Address <table style="width:100%;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip</td> </tr> </table>			City	State	Zip	2. Filing Status: (Check only one box) 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married/Civil Union Couple Joint 3. <input type="checkbox"/> Married/Civil Union Partner Separate 4. <input type="checkbox"/> Head of Household 5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner	
City	State	Zip					
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here			3.				
4. Total number of allowances you are claiming (see instructions)			4.				
5. Additional amount you want deducted from each pay			5. \$				
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here ...			6.				
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.							
Employee's Signature			Date				
Employer's Name and Address			Employer Identification Number				

BASIC INSTRUCTIONS

Line 1 Enter your name, address and social security number in the spaces provided.

Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.

Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.

Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.

Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.

Line 5 Enter the amount of additional withholdings you want deducted from each pay.

Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:

- Your filing status is **SINGLE** or **MARRIED/CIVIL UNION PARTNER SEPARATE** and your wages plus your taxable nonwage income will be \$10,000 or less for the current year.
- Your filing status is **MARRIED/CIVIL UNION COUPLE JOINT**, and your wages combined with your spouse's/civil union partner's wages plus your taxable non wage income will be \$20,000 or less for the current year.
- Your filing status is **HEAD OF HOUSEHOLD** or **QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable nonwage income will be \$20,000 or less for the current year.

Your exemption is good for **ONE** year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. **It is not intended to provide withholding for other income or wages.** If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(er)/surviving civil union partner. **Single individuals or married/civil union partners filing separate returns do not need to use this chart.** If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount).

HOW TO USE THE CHART

- 1) Find the amount of your wages in the left-hand column.
- 2) Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.
- 3) Follow along the row that contains your wages until you come to the column that contains the other wages.
- 4) This meeting point indicates the Withholding Table that best reflects your income situation.
- 5) If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

THIS FORM MAY BE REPRODUCED

		WAGE CHART									
Total of All Other Wages		0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
YOUR WAGES	0 10,000	B	B	B	B	B	B	B	B	B	B
	10,001 20,000	B	B	B	B	C	C	C	C	C	C
	20,001 30,000	B	B	B	A	A	D	D	D	D	D
	30,001 40,000	B	B	A	A	A	A	A	E	E	E
	40,001 50,000	B	C	A	A	A	A	A	E	E	E
	50,001 60,000	B	C	D	A	A	A	E	E	E	E
	60,001 70,000	B	C	D	A	A	E	E	E	E	E
	70,001 80,000	B	C	D	E	E	E	E	E	E	E
	80,001 90,000	B	C	D	E	E	E	E	E	E	E
	over 90,000	B	C	D	E	E	E	E	E	E	E

RATE TABLES FOR WAGE CHART

The rate tables listed below correspond to the letters in the Wage Chart on the front page. Use these to estimate the amount of withholding that will occur if you choose to use the wage chart. Compare this to your estimated income tax liability for your New Jersey Income Tax return to see if this is the correct amount of withholding that you should have.

RATE 'A'

WEEKLY PAYROLL PERIOD (Allowance \$19.20)				ANNUAL PAYROLL PERIOD (Allowance \$1,000)			
If the amount of taxable wages is:		The amount of income tax to be withheld is:		If the amount of taxable wages is:		The amount of income tax to be withheld is:	
Over	But Not Over		Of Excess Over	Over	But Not Over		Of Excess Over
\$ 0	\$ 384		\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 384	\$ 673	\$ 5.76 + 2.0%	\$ 384	\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%	\$ 20,000
\$ 673	\$ 769	\$ 11.54 + 3.9%	\$ 673	\$ 35,000	\$ 40,000	\$ 600.00 + 3.9%	\$ 35,000
\$ 769	\$ 1,442	\$ 15.28 + 6.1%	\$ 769	\$ 40,000	\$ 75,000	\$ 795.00 + 6.1%	\$ 40,000
\$ 1,442		\$ 56.34 + 7.0%	\$ 1,442	\$ 75,000		\$ 2,930.00 + 7.0%	\$ 75,000
\$ 9,615		\$ 628.45 + 9.9%	\$ 9,615	\$ 500,000		\$ 32,680.00 + 9.9%	\$ 500,000

RATE 'B'

WEEKLY PAYROLL PERIOD (Allowance \$19.20)				ANNUAL PAYROLL PERIOD (Allowance \$1,000)			
If the amount of taxable wages is:		The amount of income tax to be withheld is:		If the amount of taxable wages is:		The amount of income tax to be withheld is:	
Over	But Not Over		Of Excess Over	Over	But Not Over		Of Excess Over
\$ 0	\$ 384		\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 384	\$ 961	\$ 5.76 + 2.0%	\$ 384	\$ 20,000	\$ 50,000	\$ 300.00 + 2.0%	\$ 20,000
\$ 961	\$ 1,346	\$ 17.30 + 2.7%	\$ 961	\$ 50,000	\$ 70,000	\$ 900.00 + 2.7%	\$ 50,000
\$ 1,346	\$ 1,538	\$ 27.70 + 3.9%	\$ 1,346	\$ 70,000	\$ 80,000	\$ 1,440.00 + 3.9%	\$ 70,000
\$ 1,538	2,884	\$ 35.18 + 6.1%	\$ 1,538	\$ 80,000	\$ 150,000	\$ 1,830.00 + 6.1%	\$ 80,000
\$ 2,884		\$ 117.29 + 7.0%	\$ 2,884	\$ 150,000		\$ 6,100.00 + 7.0%	\$ 150,000
\$ 9,615		\$ 588.46 + 9.9%	\$ 9,615	\$ 500,000		\$ 30,600.00 + 9.9%	\$ 500,000

RATE 'C'

WEEKLY PAYROLL PERIOD (Allowance \$19.20)				ANNUAL PAYROLL PERIOD (Allowance \$1,000)			
If the amount of taxable wages is:		The amount of income tax to be withheld is:		If the amount of taxable wages is:		The amount of income tax to be withheld is:	
Over	But Not Over		Of Excess Over	Over	But Not Over		Of Excess Over
\$ 0	\$ 384		\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 384	\$ 769	\$ 5.76 + 2.3%	\$ 384	\$ 20,000	\$ 40,000	\$ 300.00 + 2.3%	\$ 20,000
\$ 769	\$ 961	\$ 14.62 + 2.8%	\$ 769	\$ 40,000	\$ 50,000	\$ 760.00 + 2.8%	\$ 40,000
\$ 961	\$ 1,153	\$ 19.99 + 3.5%	\$ 961	\$ 50,000	\$ 60,000	\$ 1,040.00 + 3.5%	\$ 50,000
\$ 1,153	\$ 2,884	\$ 26.71 + 5.6%	\$ 1,153	\$ 60,000	\$ 150,000	\$ 1,390.00 + 5.6%	\$ 60,000
\$ 2,884		\$ 123.65 + 6.6%	\$ 2,884	\$ 150,000		\$ 6,430.00 + 6.6%	\$ 150,000
\$ 9,615		\$ 567.90 + 9.9%	\$ 9,615	\$ 500,000		\$ 29,530.00 + 9.9%	\$ 500,000

RATE 'D'

WEEKLY PAYROLL PERIOD (Allowance \$19.20)				ANNUAL PAYROLL PERIOD (Allowance \$1,000)			
If the amount of taxable wages is:		The amount of income tax to be withheld is:		If the amount of taxable wages is:		The amount of income tax to be withheld is:	
Over	But Not Over		Of Excess Over	Over	But Not Over		Of Excess Over
\$ 0	\$ 384		\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 384	\$ 769	\$ 5.76 + 2.7%	\$ 384	\$ 20,000	\$ 40,000	\$ 300.00 + 2.7%	\$ 20,000
\$ 769	\$ 961	\$ 16.16 + 3.4%	\$ 769	\$ 40,000	\$ 50,000	\$ 840.00 + 3.4%	\$ 40,000
\$ 961	\$ 1,153	\$ 22.68 + 4.3%	\$ 961	\$ 50,000	\$ 60,000	\$ 1,180.00 + 4.3%	\$ 50,000
\$ 1,153	\$ 2,884	\$ 30.94 + 5.6%	\$ 1,153	\$ 60,000	\$ 150,000	\$ 1,610.00 + 5.6%	\$ 60,000
\$ 2,884		\$ 127.88 + 6.5%	\$ 2,884	\$ 150,000		\$ 6,650.00 + 6.5%	\$ 150,000
\$ 9,615		\$ 565.40 + 9.9%	\$ 9,615	\$ 500,000		\$ 29,400.00 + 9.9%	\$ 500,000

RATE 'E'

WEEKLY PAYROLL PERIOD (Allowance \$19.20)				ANNUAL PAYROLL PERIOD (Allowance \$1,000)			
If the amount of taxable wages is:		The amount of income tax to be withheld is:		If the amount of taxable wages is:		The amount of income tax to be withheld is:	
Over	But Not Over		Of Excess Over	Over	But Not Over		Of Excess Over
\$ 0	\$ 384		\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 384	\$ 673	\$ 5.76 + 2.0%	\$ 384	\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%	\$ 20,000
\$ 673	\$ 1,923	\$ 11.54 + 5.8%	\$ 673	\$ 35,000	\$ 100,000	\$ 600.00 + 5.8%	\$ 35,000
\$ 1,923		\$ 84.04 + 6.5%	\$ 1,923	\$ 100,000		\$ 4,370.00 + 6.5%	\$ 100,000
\$ 9,615		\$ 584.20 + 9.9%	\$ 9,615	\$ 500,000		\$ 30,370.00 + 9.9%	\$ 500,000

DIRECT DEPOSIT OF PAYCHECK AUTHORIZATION

Waldwick Board of Education	
Company Name	Employee Name

I authorize the Waldwick Board of Education each payday to deposit my entire paycheck directly into the bank account(s) designated below. This authority will remain in effect until I give the Payroll Department written notification that I have changed it.

I understand that I must give the Waldwick Board of Education sufficient advance notice of termination or modification of this authorization to enable reasonable time to act on my instructions.

1. BANK NAME: _____

ADDRESS: _____

Account Name: _____
(as it appears on account)

Account Type: _____ *Checking* _____ *Savings*

Net Pay _____ **or Amount \$** _____

Account Number: _____ **Bank Routing Number:** _____

if an amount is entered above, a second Bank must be entered for Net Pay

2. BANK NAME: _____

ADDRESS: _____

Account Name: _____
(as it appears on account)

Account Type: _____ *Checking* _____ *Savings*

Net Pay _____

Account Number: _____ **Bank Routing Number:** _____

Attach a voided personal check and/or personalized deposit slip to this form to verify your account and bank routing number

Employee Signature

Date

WALDWICK BOARD OF EDUCATION MEMORANDUM

TO: Eligible Associates

FROM: John Griffin, School Business Administrator/Board Secretary

RE: Current Tax Shelter Annuities

AXA EQUITABLE	Brian Valente Steve Bermack	914-993-5033 Ext: 11 914-993-5033 Ext: 23 www.axa-equitable.com
GREAT AMERICAN	David Lences	732-431-2416
LINCOLN INVESTMENT	Patrick Bergin	800-627-0067 www.lincolninvestment.com
MET LIFE	Specialists	877-638-3279 www.metlife.com
VALIC	Client Specialist Enrollment	800-448-2542 888-569-7055
VANGUARD	Retirement Specialists	800-662-2003 www.vanguard.com

WALDWICK BOARD OF EDUCATION

DATE: September 2017
TO: All Staff
FROM: John Griffin
School Business Administrator/Board Secretary
RE: Workers' Compensation

Please be advised that should a **work-related injury** occur as a result of performing your job responsibilities the required procedure for reporting and/or seeking treatment for the injury is as follows:

1. All accidents must be reported **immediately** to an employee's supervisor **and** the school nurse. (*or designated staff member*)
2. The school nurse (*or designated person*) will contact First MCO via the 800 number (800) 831-9531 to report the injury. First MCO's toll-free number, for the reporting of injuries, is available 24 hours, seven days per week.
3. A First MCO specialist will gather all information required by the State during your call, such as: Name, address, telephone number, date of birth, Social Security Number, how the incident occurred, what the injuries are, date hired, hours worked and salary.
4. First MCO **will direct** the injured employee to a medical facility.
5. Should the injury be life-threatening you should report to your nearest hospital emergency room. **Following treatment** in the Emergency Room you will need to call the school nurse (*or designated staff member*) so the report of injury can be made with First MCO and further care will be directed.

In all cases, First MCO will manage your care, referring you and making your appointments when necessary with specialists as well as following up with you to monitor the improvement of your medical condition.

6. The following two forms must be completed and sent to the (*school nurse*):
 1. **Workers' Compensation Questionnaire** – injured person should complete this form and sign
 2. **Supervisor's Accident Investigation Report** – completed by immediate supervisor
7. Strict adherence to the above procedures will facilitate processing of all Workers' Compensation Claims or possible claims.
8. Final determination of benefits shall be determined by the administrator of the Plan and not the Board of Education.

DOCULIVERY

Quick-Start Guide

This guide provides you with the basic quick-start information needed to log in and access your electronic documents in no time at all. The instructions below highlight the steps for logging into the Doculivery system with a unique User ID and Password to access your online pay stubs and setup notification options with just a few quick clicks!

Getting Started

1. Point your internet browser to the following url:

www.Doculivery.com/Systems3000-waldwick

2. Enter your User ID. **1**

Your USER ID is:

Your last name plus the last four digits of your SSN.

3. Enter your initial Password. **2**

You will be required to change your password upon initial log in.

Your initial PASSWORD is:

The last four digits of your SSN.

4. Click the Log In button. **3**

5. Once you have logged in and changed your password, please make a note of your new password for future reference.

6. Once logged in, you will see the main screen which is organized by tabs. Click on the Pay Stubs tab **4** to see a list of all pay dates for which you have a pay stub. To see the entire pay stub for a particular date click on the view icon in the Click To View column on the left side of the screen. **5**

Setting Up Notification Options

1. Click on the Pay Stubs tab **4**. On the right side of the screen, select the appropriate bar **6** to setup email or text message notifications.

PLEASE LOG-IN TO THE DOCULIVERY SYSTEM.

User ID help information will appear here when you visit the url noted in step one.

User ID:

Password help information will appear here when you visit the url noted in step one.

Password:

Log In

4

Pay Stubs

Messages

Manage Your Account

CLICK TO VIEW	PAY DATE	PAY BEGIN DATE	PAY END DATE
	07/04/2006	07/10/2006	07/21/2006
	07/10/2006	06/26/2006	07/03/2006
	06/26/2006	06/12/2006	06/23/2006
	06/12/2006	05/29/2006	06/09/2006
	05/29/2006	05/15/2006	05/26/2006
	05/01/2006	04/17/2006	04/28/2006

CURRENT NOTIFICATION OPTIONS

Email my new paystub [tykerr@natpay.com] (as HTML).

Email my new paystub [tykerr@natpay.com] (as HTML).

Text Message of Categories by sending a text message to the phone number: (813) 222-0333 (AT&T)

Email my new paystub [123@abc.com] (as HTML).

Notify me when my paystub is delivered by sending a text message to the phone number: (260) 437-5979 (VERIZON WIRELESS)

Notify me when my paystub is delivered by sending an email to the email address: test@test.com

6

Add Another Email Delivery Option

Add Another Email Notification

Add Another Text Message Notification

Add Detailed Text Messaging