

# 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

Dear Applicant:

As a new employee it is important that you complete the necessary forms, have a physical examination and a criminal history background check. Enclosed please find some information that you may find useful in addition to the following necessary forms:

1. New Jersey New Hire Reporting Forms (2)
2. W-4 Form (Federal & NJ)
3. Employment Eligibility Verification (Form I-9) (include copies of ID)
4. Direct Deposit Form (must include a voided check or bank authorization)
5. Physical Examination Form
6. Criminal History Background Check Instructions
7. HIB Acknowledgement Form

## **PENSION**

Enrollment in the Defined Contribution Retirement Program (DCRP) is a requirement for all eligible employees. There is no option for waiver of the DCRP.

## **PHYSICAL EXAMINATION**

The School Health and Physical Examination Form must be completed by a physician. You may have the examination conducted by your personal physician at your own expense or you may contact Valley Medical Group of Waldwick at (201) 447-3603 to make an appointment, at no cost to you, for an employment examination. The Waldwick Board of Education has an agreement with Valley Medical Group to conduct the physical for new employees. The completed form is to be sent to Lisa D'Amato in the Superintendent's Office.

Please complete and return these documents within seven days. You may contact Lisa D'Amato, Secretary at (201) 445-3131 ext. 4101 with any questions. Thank you for your prompt response.

Very truly yours,

*Dr. Paul D. Casarico*

Dr. Paul D. Casarico  
Superintendent of Schools

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# 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](http://www.nj-newhire.com)

## Send completed forms to:

New Jersey New Hire Directory  
PO Box 4654 Trenton, NJ 08650-4901  
Toll-free fax: 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 R D E D U C A T I O N

Employer 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

State:

N J

Zip Code:

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:

State:

Zip Code:

Date of Hire (MMDDYY):\*

Date of Birth (MMDDYY):

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

Reports must be submitted within 20 days of hire or rehire date. 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 at (877) NJ-HIRES

**Employee's Withholding Certificate**

OMB No. 1545-0074

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2023****Step 1:**  
**Enter**  
**Personal**  
**Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2:**  
**Multiple Jobs**  
**or Spouse**  
**Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

**TIP:** If you have self-employment income, see page 2.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$		
	Multiply the number of other dependents by \$500 . . . . . \$		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . .	<b>4(c)</b>	\$

**Step 5:**  
**Sign**  
**Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.)

\_\_\_\_\_  
**Date**

**Employers**  
**Only**

\_\_\_\_\_  
Employer's name and address

\_\_\_\_\_  
First date of  
employment

\_\_\_\_\_  
Employer identification  
number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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

## Specific Instructions

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

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

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



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

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** (Keep for your records.)

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter: 

<ul style="list-style-type: none"> <li>• \$27,700 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$20,800 if you're head of household</li> <li>• \$13,850 if you're single or married filing separately</li> </ul>	} . . . . .
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**2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5** Add lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories 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.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

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

1. SS#			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	
Name				
Address				
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 nonwage 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	\$ 385		1.5%	\$ 0	\$ 0	\$ 20,000		1.5%	\$ 0
\$ 385	\$ 673	\$ 5.77 +	2.0%	\$ 385	\$ 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	\$ 15.29 +	6.1%	\$ 769	\$ 40,000	\$ 75,000	\$ 795.00 +	6.1%	\$ 40,000
\$ 1,442	\$ 9,615	\$ 56.35 +	7.0%	\$ 1,442	\$ 75,000	\$ 500,000	\$ 2,930.00 +	7.0%	\$ 75,000
\$ 9,615	\$ 19,231	\$ 628.46 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$ 32,680.00 +	9.9%	\$ 500,000
\$ 19,231		\$ 1,580.38 +	11.8%	\$ 19,231	\$ 1,000,000	over	\$ 82,180.00 +	11.8%	\$ 1,000,000

### 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	\$ 385		1.5%	\$ 0	\$ 0	\$ 20,000		1.5%	\$ 0
\$ 385	\$ 962	\$ 5.77 +	2.0%	\$ 385	\$ 20,000	\$ 50,000	\$ 300.00 +	2.0%	\$ 20,000
\$ 962	\$ 1,346	\$ 17.31 +	2.7%	\$ 962	\$ 50,000	\$ 70,000	\$ 900.00 +	2.7%	\$ 50,000
\$ 1,346	\$ 1,538	\$ 27.69 +	3.9%	\$ 1,346	\$ 70,000	\$ 80,000	\$ 1,440.00 +	3.9%	\$ 70,000
\$ 1,538	\$ 2,885	\$ 35.19 +	6.1%	\$ 1,538	\$ 80,000	\$ 150,000	\$ 1,830.00 +	6.1%	\$ 80,000
\$ 2,885	\$ 9,615	\$ 117.31 +	7.0%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,100.00 +	7.0%	\$ 150,000
\$ 9,615	\$ 19,231	\$ 588.46 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$ 30,600.00 +	9.9%	\$ 500,000
\$ 19,231		\$ 1,540.38 +	11.8%	\$ 19,231	\$ 1,000,000		\$ 80,100.00 +	11.8%	\$ 1,000,000

### 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	\$ 385		1.5%	\$ 0	\$ 0	\$ 20,000		1.5%	\$ 0
\$ 385	\$ 769	\$ 5.77 +	2.3%	\$ 385	\$ 20,000	\$ 40,000	\$ 300.00 +	2.3%	\$ 20,000
\$ 769	\$ 962	\$ 14.62 +	2.8%	\$ 769	\$ 40,000	\$ 50,000	\$ 760.00 +	2.8%	\$ 40,000
\$ 962	\$ 1,154	\$ 20.00 +	3.5%	\$ 962	\$ 50,000	\$ 60,000	\$ 1,040.00 +	3.5%	\$ 50,000
\$ 1,154	\$ 2,885	\$ 26.73 +	5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$ 1,390.00 +	5.6%	\$ 60,000
\$ 2,885	\$ 9,615	\$ 123.65 +	6.6%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,430.00 +	6.6%	\$ 150,000
\$ 9,615	\$ 19,231	\$ 567.88 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$ 29,530.00 +	9.9%	\$ 500,000
\$ 19,231		\$ 1,519.81 +	11.8%	\$ 19,231	\$ 1,000,000		\$ 79,030.00 +	11.8%	\$ 1,000,000

### 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	\$ 385		1.5%	\$ 0	\$ 0	\$ 20,000		1.5%	\$ 0
\$ 385	\$ 769	\$ 5.77 +	2.7%	\$ 385	\$ 20,000	\$ 40,000	\$ 300.00 +	2.7%	\$ 20,000
\$ 769	\$ 962	\$ 16.15 +	3.4%	\$ 769	\$ 40,000	\$ 50,000	\$ 840.00 +	3.4%	\$ 40,000
\$ 962	\$ 1,154	\$ 22.69 +	4.3%	\$ 962	\$ 50,000	\$ 60,000	\$ 1,180.00 +	4.3%	\$ 50,000
\$ 1,154	\$ 2,885	\$ 30.96 +	5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$ 1,610.00 +	5.6%	\$ 60,000
\$ 2,885	\$ 9,615	\$ 127.88 +	6.5%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,650.00 +	6.5%	\$ 150,000
\$ 9,615	\$ 19,231	\$ 565.38 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$ 29,400.00 +	9.9%	\$ 500,000
\$ 19,231		\$ 1,517.31 +	11.8%	\$ 19,231	\$ 1,000,000		\$ 78,900.00 +	11.8%	\$ 1,000,000

### 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	\$ 385		1.5%	\$ 0	\$ 0	\$ 20,000		1.5%	\$ 0
\$ 385	\$ 673	\$ 5.77 +	2.0%	\$ 385	\$ 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	\$ 9,615	\$ 84.04 +	6.5%	\$ 1,923	\$ 100,000	\$ 500,000	\$ 4,370.00 +	6.5%	\$ 100,000
\$ 9,615	\$ 19,231	\$ 584.04 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$ 30,370.00 +	9.9%	\$ 500,000
\$ 19,231		\$ 1,535.96 +	11.8%	\$ 19,231	\$ 1,000,000		\$ 79,870.00 +	11.8%	\$ 1,000,000





# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4., enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the Preparer and/or Translator Certification on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					

<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>
<b>Acceptable Receipts</b> May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,**  
**Preparer and/or Translator Certification for Section 1**

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

**USCIS**  
**Form I-9**  
**Supplement A**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

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

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
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Additional Information (Initial and date each notation.)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
--	--	--

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

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

Additional Information (Initial and date each notation.)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
--	--	--

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

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

Additional Information (Initial and date each notation.)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
--	--	--

**DIRECT DEPOSIT OF PAYCHECK AUTHORIZATION  
REQUIRED FOR ALL EMPLOYEES**

Waldwick Board of Education	
<b>Company Name</b>	<b>Employee Name</b>

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.

<b>1. BANK NAME:</b> _____	
<b>ADDRESS:</b> _____	
<b>Account Name:</b> _____	
<small>(as it appears on account)</small>	
<b>Account Type:</b> _____ <i>Checking</i> _____ <i>Savings</i>	
<b>Net Pay</b> _____ <b>or Amount \$</b> _____	
<b>Bank Routing Number:</b> _____ <b>Account Number:</b> _____	
<small>**if an amount is entered above, a second Bank must be entered for Net Pay**</small>	
<b>2. BANK NAME:</b> _____	
<b>ADDRESS:</b> _____	
<b>Account Name:</b> _____	
<small>(as it appears on account)</small>	
<b>Account Type:</b> _____ <i>Checking</i> _____ <i>Savings</i>	
<b>Net Pay</b> _____	
<b>Bank Routing Number:</b> _____ <b>Account Number:</b> _____	

**\*Attach a voided check or letter from Bank verifying your account and bank routing number\***

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

\_\_\_\_\_  
Date

# DOCULIVERY

Doculivery is the employee portal where our pay stubs and tax documents are sent electronically. The pay stubs are automatically sent to the portal and depending upon the setting you have chosen you can receive an e-mail or text message alerting you when a new pay stub is added.

You have the choice of receiving your tax documents either mailed to your address on file or electronic delivery.

**Please make a selection:**

\_\_\_\_\_ I choose to have my tax documents electronically

\_\_\_\_\_ I choose to have my tax documents mailed to my address of file

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# SUMMER PAYMENT PLAN

## 2023-2024 SCHOOL YEAR

On August 15, 2022 a Summer Payment Plan was approved by the Walldwick Board of Education and is offered to ten (10) month employees. Please be advised that this form needs to be filled out **EVERY** year that you elect to participate.

**NOTE:** This form must be completed and returned to Denise Villani in the Business Office by July 15, 2023.

\_\_\_\_\_ I choose to participate in the Summer Payment Plan for the 2023-2024 School Year.

Payments deducted during the 2023-2024 School Year will be paid July 12 & 29, 2024 and August 14 & 29, 2024 in four (4) equal payments.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## **CRIMINAL HISTORY BACKGROUND CHECK**

### **SCHOOL/CONTRACTOR INSTRUCTIONS**

- SCHOOL COUNTY CODE IS – 03
- SCHOOL DISTRICT CODE IS – 5410
- All applicants must submit their Applicant Authorization and Certification by going to the Criminal History website at <http://nj.gov/education/crimhist> and clicking on the line “File Authorization and Make Electronic Payment for Criminal History Record Check.”
- Applicant/Employee shall select the first choice “New Administration Fee Request” and then select one of the four options, depending on their job position and employer.
- Applicant/Employee must complete the Applicant Authorization & Certification (AA&C) form and make the required administrative fee payment with a credit or debit card.
- After the administrative fee payment has been approved, the applicant will be presented with three choices:
  1. View and print their Applicant Authorization & Certification (AA&C) confirmation page.
  2. Complete and print their IndentoGO NJ Universal Fingerprint form.
  3. Schedule their MorphoTrust fingerprinting appointment.



**ARCHIVE**

**CRIMINAL HISTORY BACKGROUND CHECK**

**SCHOOL/CONTRACTOR INSTRUCTIONS**

- SCHOOL COUNTY CODE IS – 03
- SCHOOL DISTRICT CODE IS – 5410
- All applicants must submit their Applicant Authorization and Certification by going to the Criminal History website at <http://nj.gov/education/crimhist> and clicking on the line “File Authorization and Make Electronic Payment for Criminal History Record Check.”
- Applicant/Employee shall “Archive Application Request”

## **INSTRUCTIONS FOR ACCESSING APPLICANT APPROVAL EMPLOYMENT HISTORY ONLINE**

- Employee/Applicant will access the Department's secure website at [www.nj.gov/education/crimhist/](http://www.nj.gov/education/crimhist/)
- Approval Employment History
- Enter SS# and date of birth
- Download/Print PDF Document

This report will contain a watermark of the State of New Jersey (center of page if printer allows), a unique identifying document number that cannot be replicated and the seal of the State of New Jersey with the Department's address in the lower left corner.

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

**TO:** NEW EMPLOYEE

**FROM:** DR. PAUL CASARICO

**SUBJECT:** WALDWICK BOARD OF EDUCATION SCHOOL EMPLOYEE  
PHYSICAL EXAMINATION

---

As stated in the New Employee letter, you are required to obtain a physical examination conducted by your own physician or by Valley Health Medical Group of Walldwick.

Please note that your *Personal Immunization Record* must be included in your physical examination. It is your responsibility to bring it with you to your appointment.

Thank you

/ld

## Employer's Authorization and Referral for Occupational Health Services

You are being referred to the center noted below for evaluation and treatment of your work-related injury or illness OR for employment-related healthcare services. This form is to be presented to the center's registration desk personnel.

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Work Shift Days: \_\_\_\_\_ Hours: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer: Waldwick Board of Education Client ID: \_\_\_\_\_

Name of Authorizing Agent: Lisa D'Amato Phone #: (201) 445-3131

Signature: Lisa D'Amato

Please Remember to Call Ahead

Reason For Referral

Please Remember to Call Ahead

PLEASE CHECK ( ☐ )

☐
**WORKERS' COMPENSATION ILLNESS/INJURY:**

Description of accident/incident: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ AM/PM

Workers' Comp. Carrier: \_\_\_\_\_ Workers' Comp. Claim #: \_\_\_\_\_

☒
**EMPLOYMENT-RELATED HEALTHCARE SERVICES:**

PHYSICALS: ☒ Pre-placement ☐ Firefighter ☐ Haz-Mat ☐ OSHA Monitoring ☐ Respirator

☐ DOT: ☐ Renewal ☒ PPD ☐ Quantiferon Gold TB ☐ Hep B Vaccine  
☐ Pre-placement Other: \_\_\_\_\_

☐
**URINE DRUG SCREEN:** ☐ DOT ☐ Non-DOT ( ☐ 5 Panel ☐ 10 Panel )

☐ Pre-placement ☐ Random ☐ Post-Accident ☐ For Cause ☐ Collection Only (Must provide COC)

☐
**BREATH ALCOHOL TEST:** ☐ DOT ☐ Non-DOT

☐ Pre-placement ☐ Random ☐ Post-Accident ☐ For Cause

☐
**OTHER:** \_\_\_\_\_

☐
**SPECIAL REQUESTS:**
☐ Please Call Supervisor at: \_\_\_\_\_

☐ Please Fax Return to Work Form to: \_\_\_\_\_

### CONTRACT SERVICES INFORMATION

☒
**EMPLOYER RESPONSIBLE FOR PAYMENT**
☐
**EMPLOYEE PAYS AT TIME OF SERVICE**

Valley Medical Group  
40 Washington Avenue  
Dumont, NJ 07628  
(201) 387-7055  
(201) 387-8605 (fax)  
M – Th 8 am – 9 pm,  
Fri 8 am – 8 pm  
Sat 8 am – 6 pm  
Sun 9 am – 2 pm

Valley Medical Group  
85 Chestnut Ridge Road  
Montvale, NJ 07645  
(201) 930-1700  
(201) 930-0705 (fax)  
M – F 8 am – 8 pm  
Sat 8 am – 5 pm  
Sun 9 am – 1 pm

Valley Medical Group  
104 E. Rt 59  
Nanuet, NY 10954  
(845) 623-4000  
(845) 623-5309 (fax)  
M – Th 8:30 am – 7 pm  
Fri 8:30 am – 6 pm  
Sat & Sun 9 am – 1:30

Valley Medical Group  
759 Hamburg Turnpike  
Wayne, NJ 07470  
(973) 709-0099  
(973) 709-0201 (fax)  
M – Fri 8 am – 8 pm  
Sat 9 am – 3 pm  
Sun 9 am – 1 pm

**FOR EMERGENCIES  
and AFTER HOURS  
ONLY:**
**THE VALLEY  
HOSPITAL  
EMERGENCY DEPT.**  
223 No. Van Dien Ave.  
Ridgewood, NJ 07450  
(201) 447-8300  
(201) 447-8476 (fax)  
24/7/365

Valley Medical Group  
72 Hamburg Turnpike  
Riverdale, NJ 07457  
(973) 835-7290  
(973) 835-0696 (fax)  
M – F 8 am – 8 pm  
Sat 8 am – 4 pm  
Sun 8 am – 2 pm

Valley Medical Group  
780 Cedar Lane  
Teaneck, NJ 07666  
(201) 836-7664  
(201) 836-5710 (fax)  
M – F 8 am – 8 pm  
Sat 9 am – 5 pm  
Sun 9 am – 1 pm

Valley Medical Group  
140 Franklin Turnpike  
Waldwick, NJ 07463  
(201) 447-3603  
(201) 447-5184 (fax)  
M – Th 8 am – 9 pm  
Fri 8 am – 8 pm  
Sat 8 am – 5 pm  
Sun 9 am – 2 pm

Please  
Remember to  
Call Ahead

## Date \_\_\_\_\_

**WALDWICK BOARD OF EDUCATION**

155 Summit Ave., Waldwick, NJ 07463

**NEW HIRE QUESTIONNAIRE AND  
AUTHORIZATION TO EXCHANGE INFORMATION**

Name: \_\_\_\_\_

**Part 1**

**Former Employers**

Have you worked for a school district in the past 20 years?: YES / NO

Have you worked in a position that involved direct contact  
with children in the past 20 years?: YES / NO

If you answered YES to either question, fill in the bottom identifying all applicable former employer(s). Attach additional sheets if necessary.

**Employer 1**

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

**Employer 2**

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

**Employer 3**

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

# WALDWICK BOARD OF EDUCATION

155 Summit Ave., Waldwick, NJ 07463

## PART II – EMPLOYEE MANDATORY DISCLOSURES

Have you ever been the subject of any child abuse or sexual misconduct investigation by any employer, State licensing agency, law enforcement agency, or the Department of Children and Families? Note, if the investigation resulted in a finding that the allegations were false or the alleged incident of child abuse or sexual misconduct was not substantiated, you may answer no.	YES / NO
Have you ever been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from any employment while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct?	YES / NO
Have you has ever had a license, professional license, or certificate suspended, surrendered, or revoked while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct?  <b>If your answer to any of the foregoing is Yes, you must attach an explanation to this questionnaire.</b>	YES / NO

Pursuant to applicable law, you are required to be advised that an applicant who willfully provides false information or willfully fails to disclose information required above:

- (1) shall be subject to discipline up to, and including, termination or denial of employment;
- (2) may be deemed in violation of subsection a. of N.J.S. 20:28-3; and
- (3) may be subject to a civil penalty of not more than \$500 which shall be collected in proceedings in accordance with the "Penalty Enforcement Law of 1999," P.L.1999, c.274 (C.2A:58-10 et seq.).

The undersigned hereby consents to and authorizes the District to disclose all information contained herein to any previous employer. The undersigned further consents and authorizes the District to seek records from any current or former employer, and authorizes any current or former employer to provide such records to the District. In connection therewith, the undersigned releases the District and any current or former employer, their agents and employees, from and against any liability as a result of the provision and/or solicitation of information as required by this questionnaire and applicable law.

I, the undersigned applicant, hereby certify that the foregoing statements made by me are true and correct to the best of my knowledge and belief. I am aware if any of the foregoing is willfully false, I am subject to punishment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HARASSMENT, INTIMIDATION AND BULLYING**  
**STAFF ACKNOWLEDGEMENT SIGN-OFF FORM**  
**WALDWICK SCHOOL DISTRICT**

The New Jersey Anti-Bullying Bill of Rights, PL2010, Chapter 122, effective September 1, 2011 states that "Harassment, Intimidation or Bullying" means any gesture, any written, verbal or physical act, or any electronic communication, whether it be a single incident or series of incidents, that is reasonably perceived as being motivated either by an actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or mental, physical or sensory disability, or by any other distinguishing characteristic, that takes place on school property, at any school-sponsored function, on a school bus, or off school grounds that substantially disrupts or interferes with the orderly operation of the school or the rights of the other students and that:

- a. a reasonable person should know, under the circumstances, will have the effect of physically or emotionally harming a student or damaging the student's property, or placing the student in reasonable fear of physical or emotional harm to his person or damage to his property;
- b. has the effect of insulting or demeaning any student or group of students; or
- c. creates a hostile educational environment for the student by interfering with a student's education or by severely causing physical or emotional harm to the student.

If a school employee, contracted service provider, or volunteer of the school witnesses or becomes aware of an act of HIB, she/he shall report it verbally to the Principal or his/her designee on the same day that the act of HIB is witnessed or learned of. A written report shall be submitted to the Principal within two school days of the verbal report (report forms are available in the main office of each building). All members of the school community are expected to abide by the district's HIB Policy.

In signing this form I indicate that I understand the definition of HIB and the new procedures and consequences outlined in the Anti-Bullying Bill of Rights. I have reviewed a copy of the law and the district policy which is available on the district's website.

Employee Name: \_\_\_\_\_

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

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



**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 ☐

Asian ☐

Black or African American ☐

Native Hawaiian or Other Pacific Islander ☐

White ☐

4. **Additional Language Spoken:** \_\_\_\_\_

# Waldwick BOE

## Are you aware of your 403(b) benefit?

### THE OPPORTUNITY

You have the opportunity to save for retirement by participating in your Employer's 403(b) retirement plan. A 403(b) plan is a retirement plan for certain employees of public schools, tax-exempt organizations and ministries.

We recommend that all employees visit our education page which can be found here: <https://www.omni403b.com/Employees/Education>

### WHY SAVE WITH 403(b)?

- > You do not pay income tax on allowable contributions until you begin making withdrawals from the plan, usually after your retirement.
- > Investment gains in the plan are not taxed until distributed.
- > Retirement assets can be carried from one employer to another in most cases.

#### Future retirement savings value assuming 6% growth.

Monthly Contributions	5 Years	15 Years	20 Years
\$50	\$3,489	\$14,541	\$23,102
\$200	\$13,954	\$58,164	\$92,408
\$500	\$34,889	\$145,409	\$231,021

### HOW CAN I PARTICIPATE?

Prior to contributing you must open an account with an investment provider participating in the Plan, a list of which is available on the right. You may then complete a Salary Reduction Agreement (SRA) at:

<https://www.omni403b.com/SRA>

If you are already contributing to your Employer's Plan and you want to change your contribution amount or investment provider, simply complete and submit a new SRA. You can begin or change your contributions as soon as your next payment cycle following our receipt of a completed SRA.

### HOW MUCH CAN I CONTRIBUTE ANNUALLY?

In 2022, you may contribute up to \$20,500 if you are 49 years of age and below and up to \$27,000 if you are 50 years of age and over. Your plan may also permit additional catch up provisions. Please contact OMNI's Customer Care Center at 877-544-6664 for further details.

Contribution Limits		15 Yr. Service Catch-up (if eligible)	Maximum Employer Contributions	Combined Limit	
Age 49 & below	Age 50 & above			Age 49 & below	Age 50 & above
\$20,500.00	\$27,000.00	\$3,000.00	\$61,000.00	\$61,000.00	\$67,500.00

## Looking for Help?

Click the link below for an investment professional to reach out to you.

<https://www.omni403b.com/PlanDetail>

### New accounts may be opened with following approved service providers

AIG RETIREMENT SERVICES FORMERLY VALIC  
EQUITABLE FORMERLY AXA  
LINCOLN INVESTMENT PLANNING  
METLIFE  
SECURITY BENEFIT  
VANGUARD FIDUCIARY TRUST CO

## WALDWICK BOARD OF EDUCATION

**DATE:** September 2023  
**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.