REHIRE
Regular Student Employment Packet
REHIRE REGULAR STUDENT EMPLOYMENT PACKET

Student Name: ___________________________    ID # ___________________________

All forms in packet must be completed in its entirety before submitting to Samantha Phillips in Human Resources. Please use the checklist below to ensure the employment packet is complete before submission. Incomplete packets will be returned to the department. Student employees will not be entered into payroll and will not be paid until all forms are completed and received by Human Resources. Students are NOT allowed to work until receiving approval by Human Resources. Please allow three business days for HR to process paperwork. If you have any questions regarding a student’s approval status, please email Samantha Phillips at smphillips@deltastate.edu.

REQUIRED DOCUMENTS:

_____ Regular Student Employment Action Form – Form revised as of 3/1/2020. Older versions of this form will no longer be accepted.

OPTIONAL FORMS PROVIDED:

_____ 2020 W-4 Federal Tax Form – if you or your students have any questions on how to fill out the new form please refer to the links below.

    Tutorial – https://www.irs.gov/videos/Webinars/UnderstandingThe2020FormW4AndHowToUseItToCalculateWithholding

_____ Mississippi Employee’s Withholding Exemption Form

_____ Direct Deposit Form with Bank Documentation Attached – In order to sign up for direct deposit, a voided check OR a letter from their financial institution that states the account number AND routing number must be attached to this form.

INTERNATIONAL STUDENTS – PLEASE ATTACH A COPY OF THE FOLLOWING DOCUMENTS TO THE BACK OF THE PACKET:

_____ Unexpired Foreign Passport

_____ Visa

_____ Social Security Card

_____ I-94 Admission Number Form – Go to https://i94.cbp.dhs.gov/i94/#/home. Select the “GET MOST RECENT I-94” tab to enter traveler info get most recent I-94. Enter all of the Student’s information into the blanks provided and then click “NEXT”. Once the most recent I-94 results are shown, click “PRINT”.

Send completed packet to:
  Human Resources
  Attn: Samantha Phillips
  Kent Wyatt Hall 253
REGULAR STUDENT EMPLOYMENT ACTION FORM

I. TO BE COMPLETED BY STUDENT (PLEASE PRINT CLEARLY and USE BLACK or BLUE INK)

Student’s Name: __________________________ ID: __________________________ Birthdate: __________________________

Student’s Permanent Home Mailing Address: ________________________________________________________________

Have you worked ANYWHERE on campus before? □ YES □ NO If YES, what department: __________________________ Year: __________________________

Are you related to anyone who works at the University? □ YES □ NO If YES, relative’s name? __________________________ Dept. __________________________

State of Mississippi’s nepotism law prohibits the hiring of a family member were the other family member would be in a supervisory position over the other family member and/or influence progress, performance, and/or welfare.

I UNDERSTAND: (a) I must enroll for and maintain full-time enrollment (full-time enrollment is required for international students) during the academic year to be eligible to work; (b) my gross wages will not be subject to FICA deductions if I maintain full-time enrollment; (c) I will be terminated from the Regular Student Employment Program if I drop below half-time enrollment (full-time enrollment for international students) and/or do not adhere to all the procedures and conditions of employment and department standards. It is my responsibility to inform my supervisor immediately of any changes in my enrollment status; (d) the expected workload is 15 or fewer hours per week, to be completed outside of scheduled class times. Any student who works more than 27.50 hours per week will immediately become ineligible for regular student employment and will be terminated; (e) all students must complete and turn in a monthly timesheet in a timely manner for hours worked to their supervisor.

☐ I have received the “New Health Insurance Marketplace Coverage” notice. (Mandatory)

Student’s Signature: __________________________ Date: __________________________

II. TO BE COMPLETED BY HIRING DEPARTMENT (PLEASE PRINT CLEARLY and USE BLACK or BLUE INK)

Dept. Name __________________________ Dept. Campus Mailing Address __________________________ WK PH # _________

Supervisor’s Name __________________________ Supervisor’s Title __________________________

Circle the semester(s) the student will work for your department: ______ Fall ______ Spring ______ Summer I ______ Summer II ______

RSE Award Amount $ __________ Pay Rate $ __________ Period of Employment: ______ to ______

Job Labor Distribution: Fund: __________ Org: __________ Acct: __________ Program: __________

Is this a Grant funded position? □ YES □ NO If YES, Grant name: __________________________ Grant Number: __________________________

I UNDERSTAND: (a) enrollment of at least half-time will not subject the student’s gross wages and this department/account budget to FICA deductions. (b) Employment will be in accordance with University Procedures, as well as Federal and State laws; (c) the student cannot work in this department until the complete Regular Student Employment Packet is completed, received and approved by Human Resources. (d) I certify that funds have been budgeted in this department for 100% of the student’s earnings.

Supervisor’s Signature: __________________________ Date: __________________________

III. TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT

New Employee: ______ Previously Loaded: ______ Position Number: __________________________

E-Verified: __________________________ Case #: __________________________ Date: __________ Email Approval:

MSNH: __________________________ AS Training: __________________________ SH Training: __________________________

Returned: __________________________ Processed by __________________________ Date: __________

IV. TERMINATION AND EVALUATION

Student’s Last Day of Work: __________________________ Termination Effective Date: __________________________

Reason of Termination: □ Student’s Request □ Graduation □ End of Assignment □ Unsatisfactory Performance

☐ Other: __________________________ Comments: __________________________

Supervisor Signature: __________________________ Date: __________________________

Processed by __________________________ Date: __________________________

Delta State University is an Equal Opportunity/Affirmative Action University committed to education of a non-racially identifiable student body.

Form Revised 3/1/2020
TAX NOTICE:

International Students
The United States has tax treaties with a number of foreign countries. Under these treaties, residents of foreign countries are taxed at a reduced rate or are exempt from US federal taxes on certain items of income they receive from sources within the United States.

Please review the information on the IRS website concerning these treaties for more information.

https://www.irs.gov/businesses/international-businesses/united-states-income-tax-treaties-a-to-z

If eligible, you should consult with your tax preparer to determine if you should claim this exemption.

You can revise your tax status by completing a new W4 Federal Tax form and returning it to Human Resources, Kent Wyatt Hall 249.

Changes will be effective on the next pay period after receipt of the form.
**Employee’s Withholding Certificate**

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

*Give Form W-4 to your employer.

*Your withholding is subject to review by the IRS.*

**2020**

#### Step 1: Enter Personal Information

- **[a]** First name and middle initial
- **[b]** Last name
- **Social security number**

- **Address**

- **City or town, state, and ZIP code**

- **[ ]** Single or Married filing separately
- **[ ]** Married filing jointly (or Qualifying widow [er])
- **[ ]** 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)

*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 www.ssa.gov.*

---

**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, when to use the online estimator, and privacy.

---

**Step 2: 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)** Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or
- **(b)** Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(a) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

---

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

---

**Step 3: 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.**

- **Claim Dependents**
  - Multiply the number of qualifying children under age 17 by $2,000 ▶ $  
  - Multiply the number of other dependents by $500 ▶ $  
  - Add the amounts above and enter the total here ▶ $  

---

**Step 4 (optional):**

- **Other Income (not from jobs).** 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 ▶ $  
- **Deductions.** 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 ▶ $  
- **Extra withholding.** Enter any additional tax you want withheld each pay period ▶ $  

---

**Step 5:**

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)**

---

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
General Instructions

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 19 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c) or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

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

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

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

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

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

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

Specific Instructions

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

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

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

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

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

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

Step 4 (optional).

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

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

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.
Step 2(b) — Multiple Jobs Worksheet (Keep for your records.)

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

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

1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.

   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.

   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.

   c Add the amounts from lines 2a and 2b and enter the result on line 2c.

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.

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.

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).

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

1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income.

2 Enter:
   
   - $24,800 if you're married filing jointly or qualifying widow(er)
   - $18,850 if you're head of household
   - $12,400 if you're single or married filing separately

3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "0."

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information.

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.
### Married Filing Jointly or Qualifying Widow(er)

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$0</strong> - <strong>9,999</strong></td>
<td><strong>$0</strong> - <strong>9,999</strong></td>
</tr>
<tr>
<td><strong>$10,000</strong> - <strong>19,999</strong></td>
<td><strong>$10,000</strong> - <strong>19,999</strong></td>
</tr>
<tr>
<td><strong>$20,000</strong> - <strong>29,999</strong></td>
<td><strong>$20,000</strong> - <strong>29,999</strong></td>
</tr>
<tr>
<td><strong>$30,000</strong> - <strong>39,999</strong></td>
<td><strong>$30,000</strong> - <strong>39,999</strong></td>
</tr>
<tr>
<td><strong>$40,000</strong> - <strong>49,999</strong></td>
<td><strong>$40,000</strong> - <strong>49,999</strong></td>
</tr>
<tr>
<td><strong>$50,000</strong> - <strong>59,999</strong></td>
<td><strong>$50,000</strong> - <strong>59,999</strong></td>
</tr>
<tr>
<td><strong>$60,000</strong> - <strong>69,999</strong></td>
<td><strong>$60,000</strong> - <strong>69,999</strong></td>
</tr>
<tr>
<td><strong>$70,000</strong> - <strong>79,999</strong></td>
<td><strong>$70,000</strong> - <strong>79,999</strong></td>
</tr>
<tr>
<td><strong>$80,000</strong> - <strong>89,999</strong></td>
<td><strong>$80,000</strong> - <strong>89,999</strong></td>
</tr>
<tr>
<td><strong>$90,000</strong> - <strong>99,999</strong></td>
<td><strong>$90,000</strong> - <strong>99,999</strong></td>
</tr>
<tr>
<td><strong>$100,000</strong> - <strong>109,999</strong></td>
<td><strong>$100,000</strong> - <strong>109,999</strong></td>
</tr>
<tr>
<td><strong>$110,000</strong> - <strong>120,000</strong></td>
<td><strong>$110,000</strong> - <strong>120,000</strong></td>
</tr>
</tbody>
</table>

### Single or Married Filing Separately

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$0</strong> - <strong>9,999</strong></td>
<td><strong>$0</strong> - <strong>9,999</strong></td>
</tr>
<tr>
<td><strong>$10,000</strong> - <strong>19,999</strong></td>
<td><strong>$10,000</strong> - <strong>19,999</strong></td>
</tr>
<tr>
<td><strong>$20,000</strong> - <strong>29,999</strong></td>
<td><strong>$20,000</strong> - <strong>29,999</strong></td>
</tr>
<tr>
<td><strong>$30,000</strong> - <strong>39,999</strong></td>
<td><strong>$30,000</strong> - <strong>39,999</strong></td>
</tr>
<tr>
<td><strong>$40,000</strong> - <strong>49,999</strong></td>
<td><strong>$40,000</strong> - <strong>49,999</strong></td>
</tr>
<tr>
<td><strong>$50,000</strong> - <strong>59,999</strong></td>
<td><strong>$50,000</strong> - <strong>59,999</strong></td>
</tr>
<tr>
<td><strong>$60,000</strong> - <strong>69,999</strong></td>
<td><strong>$60,000</strong> - <strong>69,999</strong></td>
</tr>
<tr>
<td><strong>$70,000</strong> - <strong>79,999</strong></td>
<td><strong>$70,000</strong> - <strong>79,999</strong></td>
</tr>
<tr>
<td><strong>$80,000</strong> - <strong>89,999</strong></td>
<td><strong>$80,000</strong> - <strong>89,999</strong></td>
</tr>
<tr>
<td><strong>$90,000</strong> - <strong>99,999</strong></td>
<td><strong>$90,000</strong> - <strong>99,999</strong></td>
</tr>
<tr>
<td><strong>$100,000</strong> - <strong>109,999</strong></td>
<td><strong>$100,000</strong> - <strong>109,999</strong></td>
</tr>
<tr>
<td><strong>$110,000</strong> - <strong>120,000</strong></td>
<td><strong>$110,000</strong> - <strong>120,000</strong></td>
</tr>
</tbody>
</table>

### Head of Household

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$0</strong> - <strong>9,999</strong></td>
<td><strong>$0</strong> - <strong>9,999</strong></td>
</tr>
<tr>
<td><strong>$10,000</strong> - <strong>19,999</strong></td>
<td><strong>$10,000</strong> - <strong>19,999</strong></td>
</tr>
<tr>
<td><strong>$20,000</strong> - <strong>29,999</strong></td>
<td><strong>$20,000</strong> - <strong>29,999</strong></td>
</tr>
<tr>
<td><strong>$30,000</strong> - <strong>39,999</strong></td>
<td><strong>$30,000</strong> - <strong>39,999</strong></td>
</tr>
<tr>
<td><strong>$40,000</strong> - <strong>49,999</strong></td>
<td><strong>$40,000</strong> - <strong>49,999</strong></td>
</tr>
<tr>
<td><strong>$50,000</strong> - <strong>59,999</strong></td>
<td><strong>$50,000</strong> - <strong>59,999</strong></td>
</tr>
<tr>
<td><strong>$60,000</strong> - <strong>69,999</strong></td>
<td><strong>$60,000</strong> - <strong>69,999</strong></td>
</tr>
<tr>
<td><strong>$70,000</strong> - <strong>79,999</strong></td>
<td><strong>$70,000</strong> - <strong>79,999</strong></td>
</tr>
<tr>
<td><strong>$80,000</strong> - <strong>89,999</strong></td>
<td><strong>$80,000</strong> - <strong>89,999</strong></td>
</tr>
<tr>
<td><strong>$90,000</strong> - <strong>99,999</strong></td>
<td><strong>$90,000</strong> - <strong>99,999</strong></td>
</tr>
<tr>
<td><strong>$100,000</strong> - <strong>109,999</strong></td>
<td><strong>$100,000</strong> - <strong>109,999</strong></td>
</tr>
<tr>
<td><strong>$110,000</strong> - <strong>120,000</strong></td>
<td><strong>$110,000</strong> - <strong>120,000</strong></td>
</tr>
</tbody>
</table>
# MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Employee's Name ________________________________  SSN _______
Employee's Residence ____________________________

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Personal Exemption Allowed</th>
<th>Amount Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Single</td>
<td>□ Enter $6,000 as exemption</td>
<td>$</td>
</tr>
<tr>
<td>(a) Spouse NOT employed; Enter $12,000</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>(b) Spouse IS employed; Enter that part of $12,000 claimed by you in multiples of $500. See instructions 2(b) below.</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>2. Marital Status (Check one)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>□ Enter $9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the house with you. See instructions 2(c) and 2(d) below.</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>3. Head of Family</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**Keep this certificate with your records. If the employee is believed to have claimed excessive tax, the Department of Revenue will be advised.**

4. **Dependants**

   - You may claim $1,500 for each dependent, other than for taxpayer and spouse, who resides chief support from you and who qualifies as a dependent for Federal income tax purposes.
   - A head of family may claim $1,500 for each dependent excluding the one which qualifies you as head of family. Multiply number of dependents claimed by you by $1,500. Enter amount claimed... $.

5. **Age and Blindness**

   - Age 65 or older
   - Blind
   - Multiply the number of blocks checked by $1,500.
   - Enter the amount claimed... $.
   - Note: an exemption allowed for age or blindness for dependents.

6. **TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5... $**

7. **Additional dollar amount of withholding per pay period if agreed to by your employer... $**

**Military Spouses Residency Relief Act Exemption from Mississippi Withholding**

8. If you meet the conditions set forth under the Service Member Civil Relief Act, amended by the Military Spouses Residency Relief Act, and have no Mississippi tax liability, write "Exempt" on Line 8. You must attach a copy of the Federal Form WP-11 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim...

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or I am entitled to claim exempt status.

Employee's Signature ____________________________  Date: ____________

---

**INSTRUCTIONS**

1. The personal exemptions allowed
   - (a) Single individuals $6,000
   - (b) Married individuals (couple) $12,000
   - (c) Head of family $20,000

2. **Exemptions allowed**: $6,000 or more on Line 1.

3. **Military Spouses Residency Relief Act Exemption**: Add the amount of exemptions claimed in each category and enter the total amount claimed on Line 8. This amount will be used as a basis for withholding income tax under the appropriate withholding tables.

4. **NEW EXEMPTION CERTIFICATE MUST BE FILED WITH YOUR EMPLOYER WITHIN 30 DAYS AFTER ANY CHANGE IN YOUR EXEMPTION STATUS.**

5. **Penalties are imposed for willfully supplying false information.**

To comply with the Military Spouses Residency Relief Act (PL 111-147) signed on November 11, 2009.
Direct Deposit is available to all faculty/staff employees of Delta State University. Your monthly statement from your financial institution will provide a record of all direct deposits. You may also verify your deposit through several services (i.e. telephone info-line, ATM machine, etc.) your financial institution provides. You will receive your pay stub showing your gross earnings, deductions, and net pay at the same time paychecks are available to those that are not participating in direct deposit. Please remember to notify our office of changed or closed accounts. This may delay the receipt of payments.

**Instructions:**

- Complete all information listed below including name and account number at financial institution and whether deposit to a checking or savings account is requested.
- Checking Account – Attach a voided check.
- Savings Account – Attach a letter or statement from your financial institution which includes the financial institution’s routing number and your account number.
- Sign and return form to the Human Resources Department, Kent Wyatt Hall 247. If you have a joint account, both signatures are required to initiate a direct deposit. Should you have any questions, please contact us at 662-846-4035.

**EMPLOYEE’S AUTHORIZATION:** I (we) hereby authorize Delta State University and the financial institution listed below to initiate credit entries, and/or initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed below. This authority will remain in effect until I have cancelled it in writing with sufficient notice to allow the financial institution and Delta State University adequate time to act on it.

This is an authorization to: □ Establish New Account □ Change Existing Account

□ Checking account – A voided check is required to process this authorization.
□ Savings Account – A letter from your financial institution that includes the routing number and your account number is required to process this authorization.

---

**Financial Institution**

__________________________

**City, State, Zip**

__________________________

**Account Number**

__________________________

**Routing Number**

__________________________

**Date**

__________________________

**Employee’s Name**

__________________________

**900 Number**

__________________________

**Employee’s Signature**

__________________________

**Joint Account’s Signature (if applicable)**

Note: On joint accounts, both signatures are required.

1/2016
New Health Insurance Marketplace Coverage
Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes, if you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, the employer contribution—ass well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact DSU Human Resources Office, Kent Wyatt Hall 249, 662-846-4035.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

---

1 An employer-sponsored health plan meets the "minimum value" standard if the employer's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer:
Delta State University

Employee Address:

Keebler Hall, Suite 203
Cleveland, MS

Employee Identification Number (EIN):
64-6926566

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - All employees. Eligible employees are:
  - Some employees. Eligible employees are:

A faculty or staff member employed at least fifty percent (60%) time for an anticipated four and one half (4 1/2) months who receive compensation directly from Delta State University and is making contributions to a retirement plan approved by the Mississippi Public Employees' Retirement System.

- With respect to dependents:
  - We do offer coverage. Eligible dependents are:
  - We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer mandates your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income sources, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.