RSE REHIRE
EMPLOYMENT
PACKET
REGULAR STUDENT EMPLOYMENT REHIRE PACKET

Student Name: ______________________  ID # ______________________

Mandatory Forms:

_____ Regular Student Employment Action Form

_____ I-9 Form

_____ I-9 Documents – Review all documents to ensure that they are not expired and comply with all restrictions in the list provided within the packet.

Acceptable I-9 Documentation:

_____ ONE (1) document from List A

  o Only one document is required if submitted from List A
  o EXAMPLE: An unexpired U.S. Passport or U.S. Passport Card

  OR

_____ ONE (1) document from List B AND ONE (1) document from List C

  o Employee cannot submit two items from the same list
  o EXAMPLE: A valid Driver License and Social Security Card

Optional Forms Provided: Please complete if a student wishes to change federal and state withholding allowances or direct deposit information.

_____ Federal Tax Form

_____ State Tax Form

_____ Direct Deposit Form – A voided check or a letter from the bank that states the account number AND routing number must be attached to this form. A deposit slip cannot be submitted.

All mandatory forms in packet must be completed in its entirety before submitting to Samantha Phillips in Human Resources. Please use the checklist above 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.

Send completed packet to:
Human Resources
Attn: Samantha Phillips
Kent Wyatt Hall 249
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: ___________________

U.S. Citizen? □ YES □ NO If not a U.S. Citizen: Permanent Resident? □ YES □ NO F-1 Visa? □ YES □ NO J-1 Visa? □ YES □ NO

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 half-time enrollment (full-time enrollment is required for International Students) during the academic year to begin retain work; (b) my gross wages will not be subject to FICA deductions if I maintain half-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 10 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 time sheet 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: Fall Spring Summer I Summer II

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


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 Number: ______________________ Date: ______________________

Reported to MSNH: ______________________

Approved to begin work on: ______________________ Processed by: ______________________ Date: ______________________

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

Termination and Evaluation

Complete this section and return to Human Resources at the time of termination. Keep a copy for your records. This form MUST be completed for each student employee. It is kept with the student’s employment records and may be used in job reference.

Reason for Termination:

_____ Unsatisfactory Work
_____ Student Request
_____ Lack of Work
_____ Schedule Conflict
_____ End of Assignment
_____ Unsatisfactory Conflict
_____ Graduation
_____ Transferring to Another School

Other: ____________________________________________

Rate the Student’s Work Performance:

1-Excellent 2-Good 3-Average 4-Below Average 5-Poor

_____ Appearance  _____ Attitude  _____ Ability

_____ Reliability  _____ Initiative  _____ Cooperation

Would you rehire this student? _____  Is this student returning to Delta State? _____

Comments:

__________________________________________________________________________

__________________________________________________________________________

Student Signature: ____________________________

Date Student Notified: ________________________

Date of termination: _________________________

(Date of termination should be the last day of the month in which the student worked.)

Signature of Supervisor: _______________________

Mail this form to:
Samantha Phillips
Kent Wyatt Hall 253
Campus

Delta State University is an Equal Opportunity/Affirmative Action University committed to education of a non-racially identifiable student body.
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Number and Name)</td>
<td>Apt. Number</td>
<td>City or Town</td>
<td>State</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>U.S. Social Security Number</td>
<td>Employee's E-mail Address</td>
<td>Employee's Telephone Number</td>
</tr>
</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident ( Alien Registration Number/USCIS Number):
- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):
  Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
- An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.
  1. Alien Registration Number/USCIS Number:
  2. Form I-94 Admission Number:
  3. Foreign Passport Number:

Signature of Employee

Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

- [ ] I did not use a preparer or translator.
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator

Today's Date (mm/dd/yyyy)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Number and Name)</td>
<td>City or Town</td>
</tr>
</tbody>
</table>

Form I-9 07/17/17 N  Page 1 of 3
# Employment Eligibility Verification

## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representatives must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents." )

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name (Given Name)</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.I.</td>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citizenship/Immigration Status</td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Document Title</td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

**Additional Information**

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

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

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
<th>Human Resources Analyst</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer’s Business or Organization Name</td>
<td>Employer’s Business or Organization Name</td>
</tr>
<tr>
<td>Phillips</td>
<td>Samantha</td>
<td>Delta State University</td>
<td>Delta State University</td>
</tr>
</tbody>
</table>

Employer’s Business or Organization Address (Street Number and Name) | City or Town | State | ZIP Code |
| 1003 West Sunflower Road | Cleveland | MS | 38733 |

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

A. New Name (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any)(mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
Acceptable I-9 Documentation:
Please submit one of the following:

- ONE (1) document from List A
- ONE (1) document from List B AND ONE document from List C
  - Employee cannot submit two items from the same list

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED
Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>U.S. Passport or U.S. Passport Card</td>
</tr>
<tr>
<td>2.</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
</tr>
<tr>
<td>3.</td>
<td>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
</tr>
<tr>
<td>4.</td>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
</tr>
<tr>
<td>5.</td>
<td>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
</tr>
<tr>
<td>a.</td>
<td>Foreign passport; and</td>
</tr>
<tr>
<td>b.</td>
<td>Form I-94 or Form I-94A that has the following:</td>
</tr>
<tr>
<td></td>
<td>(1) The same name as the passport; and</td>
</tr>
<tr>
<td></td>
<td>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
</tr>
<tr>
<td>6.</td>
<td>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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIST B</th>
<th>Documents that Establish Identity AND Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>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</td>
</tr>
<tr>
<td>2.</td>
<td>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</td>
</tr>
<tr>
<td>3.</td>
<td>School ID card with a photograph</td>
</tr>
<tr>
<td>4.</td>
<td>Voter's registration card</td>
</tr>
<tr>
<td>5.</td>
<td>U.S. Military card or draft record</td>
</tr>
<tr>
<td>6.</td>
<td>Military dependent's ID card</td>
</tr>
<tr>
<td>7.</td>
<td>U.S. Coast Guard Merchant Mariner Card</td>
</tr>
<tr>
<td>8.</td>
<td>Native American tribal document</td>
</tr>
<tr>
<td>9.</td>
<td>Driver's license issued by a Canadian government authority</td>
</tr>
<tr>
<td></td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
</tr>
<tr>
<td>10.</td>
<td>School record or report card</td>
</tr>
<tr>
<td>11.</td>
<td>Clinic, doctor, or hospital record</td>
</tr>
<tr>
<td>12.</td>
<td>Day-care or nursery school record</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td></td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td></td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td></td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>2.</td>
<td>Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
</tr>
<tr>
<td>3.</td>
<td>Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td>4.</td>
<td>Native American tribal document</td>
</tr>
<tr>
<td>5.</td>
<td>U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>6.</td>
<td>Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td>7.</td>
<td>Employment authorization document issued by the Department of Homeland Security</td>
</tr>
</tbody>
</table>

Review all documents to ensure that they are not expired and comply with all restrictions above.
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.
Form W-4 (2019)

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

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

Exemption from withholding. You may claim exemption from withholding for 2019 if both of the following apply:

• For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
• For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Schedules with multiple jobs or working spouses. If you have more than one job at a time, or if your working filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 of the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, and you're dependent, a child's personal exemption, or a child who wasn't your dependent for the year. If you're claiming this tax credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependent. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

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

Employee's Withholding Allowance Certificate

Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No. 1545-0074

Date

1 Your first name and middle initial 2 Your social security number $ 2019

Last name

Home address (number and street or rural route)

City or town, state, and ZIP code

5 Total number of allowances you're claiming (from the applicable worksheet on the following page)

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.

• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt here.

Employer's signature

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Form W-4 (2019)
income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line 6. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "0" on lines E and F if you use Worksheet 1-6.

**Deductions, Adjustments, and Additional Income Worksheet**

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of non-wage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

**Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you and your spouse earn $80,000 per year and your spouse should enter zero on lines 1 and 2 of his or her Form W-4, and your spouse should enter zero on lines 3 and 4 of his or her Form W-4. See Pub. 505 for details.

**Instructions for Employer**

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer and has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/cscs/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employee's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer hired the employee after the employee had been separated from the employer's service for at least 60 days, enter the hire date.

**Box 10.** Enter the employer's employer identification number (EIN).
### Personal Allowances Worksheet (Keep for your records.)

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Enter &quot;1&quot; for yourself</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Enter &quot;1&quot; if you will file as married filing jointly</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Enter &quot;1&quot; if you will file as head of household</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• You’re single, or married filing separately, and have only one job; or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• You’re married filing jointly, have only one job, and your spouse doesn’t work; or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Your wages from a second job or your spouse’s wages (or the total of both) are $1,500 or less.</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Enter &quot;1&quot; if: • You’re married filing jointly, have only one job, and your spouse doesn’t work; or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Your wages from a second job or your spouse’s wages (or the total of both) are $1,500 or less.</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Child tax credit. See Pub. 972, Child Tax Credit, for more information.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• If your total income will be less than $71,201 ($103,351 if married filing jointly), enter &quot;4&quot; for each eligible child.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter &quot;2&quot; for each eligible child.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• If your total income will be from $179,051 to $200,000 ($345,851 to $400,000 if married filing jointly), enter &quot;1&quot; for each eligible child.</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• If your total income will be less than $71,201 ($103,351 if married filing jointly), enter &quot;11&quot; for each eligible dependent.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter &quot;1&quot; for every two dependents (for example, &quot;-0-&quot; for one dependent, &quot;11&quot; if you have two or three dependents, and &quot;2&quot; if you have four dependents).</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter &quot;-0-&quot; on lines E and F.</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Add lines A through G and enter the total here.</td>
<td></td>
</tr>
</tbody>
</table>

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed $53,000 ($24,450 if married filing jointly), see the Two-Earners/Multiple Jobs Worksheet on page 4 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 above.

### Deductions, Adjustments, and Additional Income Worksheet

**Note:** Use this worksheet only if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1. Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details.

   $24,400 if you’re married filing jointly or qualifying widow(er)

2. Enter: $18,350 if you’re head of household
   $12,200 if you’re single or married filing separately

3. Subtract line 2 from line 1. If zero or less, enter "-0-".

4. Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items).

5. Add lines 3 and 4 and enter the total.

6. Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest).

7. Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses. Drop any fraction.

8. Divide the amount on line 7 by $4,200 and enter the result here. If a negative amount, enter in parentheses.

9. Enter the number from the Personal Allowances Worksheet, line H, above.

10. Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 10 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 10, page 1.
Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet only if the instructions under line H from the Personal Allowances Worksheet direct you here.

1 Enter the number from the Personal Allowances Worksheet, line H, page 3 (or, if you used the
   Deductions, Adjustments, and Additional Income Worksheet on page 3, the number from line 10 of that
   worksheet) ________________________________________________________________ 1

2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you’re
   married filing jointly and wages from the highest paying job are $75,000 or less and the combined wages for
   you and your spouse are $107,000 or less, don’t enter more than “3” ______________________________ 2

3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “0-”)
   and on Form W-4, line 5, page 1. Do not use the rest of this worksheet. ______________________________ 3

Note: If line 1 is less than line 2, enter “-3-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to
   figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet ___________________________________________ 4

5 Enter the number from line 1 of this worksheet ___________________________________________ 5

6 Subtract line 5 from line 4 ___________________________________________________________ 6

7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here ________ 7

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed _____ 8

9 Divide line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you’re paid every
   2 weeks and you complete this form on or before the 7th of May when there are 18 pay periods remaining in
   2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld
   from each paycheck _____________________________________________________________ 9

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Table 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married Filing Jointly</td>
<td>All Others</td>
</tr>
<tr>
<td>If wages from LOWEST</td>
<td>If wages from LOWEST</td>
</tr>
<tr>
<td>paying job are—</td>
<td>paying job are—</td>
</tr>
<tr>
<td>$0 - $5,000</td>
<td>$0 - $7,500</td>
</tr>
<tr>
<td>5,000 - 10,000</td>
<td>7,000 - 15,000</td>
</tr>
<tr>
<td>15,000 - 20,000</td>
<td>20,000 - 40,000</td>
</tr>
<tr>
<td>50,000 - 100,000</td>
<td>75,000 - 150,000</td>
</tr>
<tr>
<td>150,000 - 300,000</td>
<td>200,000 - 500,000</td>
</tr>
<tr>
<td>500,000 - 1,000,000</td>
<td>750,000 - 1,500,000</td>
</tr>
<tr>
<td>1,000,000 - 2,000,000</td>
<td>1,500,000 - 3,000,000</td>
</tr>
<tr>
<td>2,000,000 - 4,000,000</td>
<td>3,000,000 - 6,000,000</td>
</tr>
<tr>
<td>4,000,000 - 8,000,000</td>
<td>6,000,000 - 12,000,000</td>
</tr>
<tr>
<td>8,000,000 - 16,000,000</td>
<td>12,000,000 - 24,000,000</td>
</tr>
<tr>
<td>16,000,000 - 32,000,000</td>
<td>24,000,000 - 48,000,000</td>
</tr>
<tr>
<td>32,000,000 - 64,000,000</td>
<td>48,000,000 - 96,000,000</td>
</tr>
<tr>
<td>64,000,000 - 128,000,000</td>
<td>96,000,000 - 192,000,000</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to

the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this
information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax criminal laws, or to

federal law enforcement and intelligence agencies to combat terrorism.

You aren’t required to provide the information requested on a form that’s 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.
## Mississippi Employee's Withholding Exemption Certificate

**Employee's Name**

**Employee's Residence**

**Number and Street**

**City or Town**

**State**

**Zip Code**

### Claim Your Withholding Personal Exemption

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

### Employer

**Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be advised.**

### Dependents

<table>
<thead>
<tr>
<th>Number Claimed</th>
<th>$1,500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 65 or older</td>
<td>Husband</td>
</tr>
<tr>
<td>Blind</td>
<td>Husband</td>
</tr>
<tr>
<td>Multiply the number of blocks checked by $1,500. Enter this amount claimed...</td>
<td>$</td>
</tr>
<tr>
<td>Not a: Any exemption allowed for age or blindness for dependents.</td>
<td>$</td>
</tr>
</tbody>
</table>

### Military Spouses Residency Relief Act

**Exemption from Mississippi Withholding**

If you meet the conditions set forth under the Service Member Civil Relief Act, as 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 DD-2056 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 (Jointly) $12,000
   - (c) Head of Family $9,500
   - (d) Age 65 and Over $1,500
   - (e) Blindness $1,500

2. Claiming personal exemptions:
   - (a) Single Individuals enter $6,000 on Line 1.
   - (b) Married Individuals are allowed a joint exemption of $12,000.
     If the spouse is not employed, enter $12,000 on Line 2(a). If the spouse is employed, the exemption of $12,000 may be divided between taxpayer and spouse in any manner they choose - in multiples of $500. For example, the taxpayer may claim $6,500 and the spouse claims $5,500; or the taxpayer may claim $8,000 and the spouse claims $4,000. The total claimed by the taxpayer and spouse may not exceed $12,000. Enter amount claimed by you on Line 2(b).
   - (c) Head of Family
     A head of family is a single individual who maintains a home which is the principal place of abode for himself and at least one other dependent. Single individuals qualifying as a head of family enter $9,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (d).
   - (d) An additional exemption of $1,500 may generally be claimed for each dependent of the taxpayer. A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent excluding the one which is required for head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but should not include themselves or their spouse. Married taxpayers may divide the number of their dependents between them in any manner they choose; for example, a married couple has 2 children who qualify as dependents. The taxpayer may claim 2 dependents and the spouse, and the taxpayer may claim 3 dependents and the spouse none. Enter the amount for dependent exemption on Line 4.
   - (e) An additional exemption of $1,500 may be claimed by either taxpayer or spouse or both if either or both have reached the age of 55 before the close of the tax year. No additional exemption is authorized for dependents by reason of age. Check applicable blocks on Line 5.
   - (f) An additional exemption of $1,500 may be claimed by either taxpayer or spouse or both if either or both are blind. No additional exemption is authorized for dependents by reason of blindness. Check applicable blocks on Line 6. Multiply number of blocks checked on Line 5 by $1,500 and enter amount of exemption claimed.

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

4. A 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.

6. If the employee fails to file an Exemption Certificate with his employer, income tax will be withheld by the employer on total wages without the benefit of exemption.

To comply with the Military Spouse Residency Relief Act (PL11-97) 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 Resource 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 to 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 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  
7/2016
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.¹

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, this employer contribution—as 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 plan’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.

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>4. Employer Identification Number (EIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta State University</td>
<td>64-6026565</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Employer address</th>
<th>6. Employer phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kent Wyatt Hall, Suite 249</td>
<td>862-846-4035</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. City</th>
<th>8. State</th>
<th>9. ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleveland</td>
<td>MS</td>
<td>38733</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Who can we contact about employee health coverage at this job?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Human Resources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Phone number (if different from above)</th>
<th>12. Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="mailto:DSUhrjobs@deltastate.edu">DSUhrjobs@deltastate.edu</a></td>
</tr>
</tbody>
</table>

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 (50%) 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 intends 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 losses, 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.