WSR REHIRE

EMPLOYMENT

PACKET
WORK STUDY STUDENT REHIRE EMPLOYEE PACKET

Student Name: ____________________________ ID # ____________________________

Mandatory Forms:

_____ Request for Approval to Hire Federal Work Study Student 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 Alexis Allen in Student Financial Assistance. 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:
Student Financial Assistance
Attn: Alexis Allen
Kent Wyatt Hall 144
REQUEST FOR APPROVAL TO HIRE FEDERAL WORK STUDY STUDENT
Student Financial Assistance
Delta State University

The following student may be eligible to receive Federal Work Study funds. This department has a Federal Work Study position available and would like to request that the student listed below be assigned to the department.

Student’s Name: ___________________________ ID: 900 Birthdate: __________
Student’s Permanent Home Mailing Address: ____________________________________________________________
(Do not use local address)
Department Full Name: __________________________________ Dept. Phone #: __________________________
Dept. Box # __________________ Dept. Placement Code: __________________ Dept. Position #: (6 digit no. begins with 00)

Today’s Date __________________________ Has this student worked ANYWHERE on campus previously? ______
If so, for what dept.? ______________________ School Year: __________________
Is the student related to anyone who works at DSU? __________ If so, relative name AND 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.

Circle the ALL applicable semesters the student will work for the 2019-20 school year. Fall Spring

Federal work study employees are paid minimum wage. If the student starts work on the first day of class, that student may be eligible to work 13.5 hours per week until the last day of final exams. (Please refer to the formula provided during the supervisory workshop.) Total earnings MAY NOT exceed the amount approved below. Students must complete a time sheet for hours worked. The expected workload is 13.5 hours or fewer hours per week. Any student who works more than 27.5 hours per week will be immediately ineligible for federal work study and will be terminated. Students who exceed the approved amounts per semester will be ineligible for work study for the following semester. Time sheets must be turned in to the department supervisor.

By signing this form, the student and supervisor are acknowledging they have read the above statement.

Supervisor’s Name (Print legibly) ___________________________ Supervisor’s Signature ___________________________

Student’s Signature

Financial Aid Office Use Only:
The student above is approved for Federal Work Study and earnings may not exceed the amount approved below. Students are paid an hourly wage for actual hours worked. This is not a salaried position.
Authorized Maximum Earnings $ __________
Fall: $ __________ Spring: $ __________
Total Hours
Fall: __________ Spring: __________
Start Date: __________ End Date: __________
Authorized by: __________ Today’s Date: __________

Payroll Office Use Only:
Position Number __________ E-Verified __________
The student may not begin work until the student has been authorized and cleared by Student Financial Assistance and Human Resources. Authorization will occur 3 to 5 days after being submitted to the financial aid office for approval. You do not have to wait until the semester begins to start hiring students. They may begin working on the start date listed. If the student has never worked on campus at Delta State, send the required payroll documents to Human Resources. Authorization cannot occur without the proper payroll documents.

Mail this form to:
Alexis Allen,
Kent Wyatt Hall 144

Revised 08-2019
Federal Work Study Termination and Evaluation

Complete this section and return to the Office of Student Financial Assistance at the time the student’s job assignment ends. Keep a copy for your records. This form MUST be completed for each student employee. It is kept with the student’s financial aid records for 5 years and may be used in job reference.

*******************************************************************************

Reason for Termination:

___ Unsatisfactory Work
___ Lack of Work
___ End of Assignment
___ Graduation
___ Other (specify)
___ Student Request
___ Schedule Conflict
___ Unsatisfactory Conduct
___ Transferring to another school

*******************************************************************************

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? ______________

How many TOTAL hours did the student work during Fall and Spring 2019-20 in your department? ______
(These hours must also be reported on the timesheet in order for the student to be paid.)

Comments:
_____________________________________________________________________________________
_____________________________________________________________________________________

Student’s Name: __________________________  ID: 900 ______________

Student Signature: _________________________

Date Student Notified: ____________________  Date of Termination/Evaluation: ______________________
(The date of termination should be the last day of the month in which the student worked.)

Supervisor’s Name (Print legibly): ______________________

Signature of Supervisor: ______________________

Today’s Date: ______________________________

Department Full Name: _____________________  Dept. Phone #: _______________________

Dept. Box # __________ Dept. Placement Code: ___________________  Dept. Position #: _________

(6 digit no. begins with 00)

Mail this form to:
Alexis Allen
Kent Wyatt Hall 144
**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**  
**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

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

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

### Section 1. Employee Information and Attestation

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

<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></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</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: ______________________
   **OR**

2. Form I-94 Admission Number: ______________________
   **OR**

3. Foreign Passport Number: ______________________
   Country of Issuance: ______________________

**Preparer and/or Translator Certification**

- [ ] 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.

<table>
<thead>
<tr>
<th>Signature of Preparer or Translator</th>
<th>Today's Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**STOP** Employer Completes Next Page **STOP**
Section 2. Employer or Authorized Representative Review and Verification

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

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Identity and Employment Authorization</strong></td>
<td><strong>List B Identity</strong></td>
<td><strong>AND</strong></td>
<td><strong>Employment Authorization</strong></td>
<td></td>
</tr>
<tr>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
<td></td>
</tr>
<tr>
<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>
<tr>
<td>Document Title</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Issuing Authority</td>
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<td></td>
<td></td>
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<tr>
<td>Document Number</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
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</tr>
</tbody>
</table>

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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phillips</strong></td>
<td></td>
<td><strong>Human Resources Analyst</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name of Employer or Authorized Representative</th>
<th>First Name of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phillips</strong></td>
<td><strong>Samantha</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer's Business or Organization Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1003 West Sunflower Road</td>
<td>Cleveland</td>
<td>MS</td>
<td>38733</td>
</tr>
</tbody>
</table>

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>

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

<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>
</tbody>
</table>
| 5.     | For a nonimmigrant alien authorized to work for a specific employer because of his or her status:  
|        | a. Foreign passport; and  
|        | b. Form I-94 or Form I-94A that has the following:  
|        | (1) The same name as the passport; and  
|        | (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. |
| 6.     | Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI |

<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>
</tbody>
</table>

For persons under age 18 who are unable to present a document listed above:

| 10.    | School record or report card |
| 11.    | Clinic, doctor, or hospital record |
| 12.    | Day-care or nursery school record |

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

Review all documents to ensure that they are not expired and comply with all restrictions above.
**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 or 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 dependent child, 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 this 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.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you’re married 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 or 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.

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**Employee’s Withholding Allowance Certificate**

| Form W-4 | Department of the Treasury
| Internal Revenue Service | 2019 |

<table>
<thead>
<tr>
<th>1 Your first and middle initial</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home address (number and street or rural route)</td>
<td>3 Single □ Married □ Married, but withhold at higher Single rate.</td>
</tr>
<tr>
<td>City or town, state, and ZIP code</td>
<td>4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1234 for a replacement card. □</td>
</tr>
<tr>
<td>□ If married filing separately, check “Married, but withhold at higher Single rate.”</td>
<td></td>
</tr>
</tbody>
</table>

| 5 Total number of allowances you’re claiming (from the applicable worksheet on the following pages) |
| 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, and |
| □ If you meet both conditions, write “Exempt” here. |

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

**Employee’s signature**

(This form is not valid unless you sign it.)

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>

8 Employer’s name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)

9 First date of employment

10 Employer identification number (EIN)

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

Cat. No. 10229G
income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce or eliminate 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 nonwage income or a nonsubject 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 all 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 earn $90,000 per year and your spouse earns $20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4, See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

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 but 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/css/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 employer’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 rehired the employee after the employee had been separated from the employer’s service for at least 60 days, enter the rehire date.

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

<table>
<thead>
<tr>
<th>A</th>
<th>Enter &quot;1&quot; for yourself</th>
<th>B</th>
<th>Enter &quot;1&quot; if you will file as married filing jointly</th>
<th>C</th>
<th>Enter &quot;1&quot; if you will file as head of household</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Enter &quot;1&quot; if:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
  - You're single, or married filing separately, and have only one job; or  
  - You're married filing jointly, have only one job, and your spouse doesn't work; or  
  - Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less. |

**E** Child tax credit. See Pub. 972, Child Tax Credit, for more information.  
- If your total income will be less than $71,201 ($103,351 if married filing jointly), enter "4" for each eligible child.  
- If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter "2" for each eligible child.  
- If your total income will be from $179,051 to $200,000 ($345,851 to $400,000 if married filing jointly), enter "1" for each eligible child.  
- If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter ",-0-," |

**F** Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.  
- If your total income will be less than $71,201 ($103,351 if married filing jointly), enter "1" for each eligible dependent.  
- If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter "1" for every two dependents (for example, ",-0-," for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).  
- If your total income will be higher than $179,050 ($345,850 if married filing jointly), enter ",-0-," |

**G** 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 ",-0-," on lines E and F |

**H** Add lines A through G and enter the total here.

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.  
   \[ 1 \] $

2. Enter:  
   \[ \begin{align*}  
   & \text{If you're married filing jointly or qualifying widow(er)} \\
   & \text{If you're head of household} \\
   & \text{If you're single or married filing separately} \\
   \end{align*} \]

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).  
   \[ 4 \] $

5. Add lines 3 and 4 and enter the total.  
   \[ 5 \] $

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

7. Subtract line 6 from line 5. If zero, enter ",-0-,". If less than zero, enter the amount in parentheses.  
   \[ 7 \] $

8. Divide the amount on line 7 by $4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction.  
   \[ 8 \] $

9. Enter the number from the Personal Allowances Worksheet, line H, above.  
   \[ 9 \] $

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 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.  
    \[ 10 \] $
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) .

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 $137,000 or less, don’t enter more than “3.”

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.

Note: If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet.

5 Enter the number from line 1 of this worksheet.

6 Subtract line 5 from line 4.

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

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

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 a date in late April 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.

Table 1

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $5,500</td>
<td>0</td>
</tr>
<tr>
<td>5,501 - 9,500</td>
<td>1</td>
</tr>
<tr>
<td>9,501 - 19,500</td>
<td>2</td>
</tr>
<tr>
<td>19,501 - 35,000</td>
<td>3</td>
</tr>
<tr>
<td>35,001 - 40,000</td>
<td>4</td>
</tr>
<tr>
<td>40,001 - 60,000</td>
<td>5</td>
</tr>
<tr>
<td>60,001 - 55,000</td>
<td>6</td>
</tr>
<tr>
<td>55,001 - 60,000</td>
<td>7</td>
</tr>
<tr>
<td>60,001 - 70,000</td>
<td>8</td>
</tr>
<tr>
<td>70,001 - 75,000</td>
<td>9</td>
</tr>
<tr>
<td>75,001 - 85,000</td>
<td>10</td>
</tr>
<tr>
<td>85,001 - 95,000</td>
<td>11</td>
</tr>
<tr>
<td>95,001 - 125,000</td>
<td>12</td>
</tr>
<tr>
<td>125,001 - 155,000</td>
<td>13</td>
</tr>
<tr>
<td>155,001 - 165,000</td>
<td>14</td>
</tr>
<tr>
<td>165,001 - 175,000</td>
<td>15</td>
</tr>
<tr>
<td>175,001 - 180,000</td>
<td>16</td>
</tr>
<tr>
<td>180,001 - 195,000</td>
<td>17</td>
</tr>
<tr>
<td>195,001 - 205,000</td>
<td>18</td>
</tr>
<tr>
<td>205,001 and over</td>
<td>19</td>
</tr>
</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $24,900</td>
<td>$420</td>
</tr>
<tr>
<td>24,901 - 84,450</td>
<td>500</td>
</tr>
<tr>
<td>84,451 - 173,900</td>
<td>910</td>
</tr>
<tr>
<td>173,901 - 326,950</td>
<td>1,000</td>
</tr>
<tr>
<td>326,951 - 417,450</td>
<td>1,330</td>
</tr>
<tr>
<td>417,451 and over</td>
<td>1,450</td>
</tr>
<tr>
<td>507,801 and over</td>
<td>1,540</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(h)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You 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 Social Security Number (SSN) 

Employee's Residence 

### 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>1. Single</td>
<td>Enter $5,000 as exemption</td>
<td>$</td>
</tr>
<tr>
<td>2. Marital Status</td>
<td>Spouse NOT employed: Enter $12,000</td>
<td></td>
</tr>
<tr>
<td>(Check One)</td>
<td>Spouse IS employed: Enter that part of $12,000 claimed by you in multiples of $500. See instructions below.</td>
<td>$</td>
</tr>
<tr>
<td>3. Head of Family</td>
<td>Enter $1,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(a) and 2(d) below.</td>
<td>$</td>
</tr>
</tbody>
</table>

### EMPLOYER:

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

### 4. Dependents

- **Under Claimed:**
  - Age 65 or older
  - Blind
  - Married

### 5. Age and Blindness

- You may claim $1,500 for each dependent, other than for taxpayer and spouse, who receive a loss of support from you who qualify 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 below. $  

### 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

If you meet the conditions set forth under the Service Member Civil Relief, as amended by the Military Spouse Residency Relief Act, you may have no Mississippi tax liability, write "Exempt" on Line 8. You must attach a copy of the Federal Form TD-985 and a copy of your Military Spouse I.D. Card to this form if your employer is validated the exemption claim...

I declare under the penalties provided for the assertion of false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or am entitled to claim an exemption.

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: $9,000
   
2. Claiming personal exemptions:
   - (a) 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 the 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).
   - (b) Single individuals enter $6,000 on Line 1.
   
3. Total Exemption Claimed:
   - All the amount of exemptions claimed in each category and enter the total on Line 6. This amount will be used as a basis for withholding income tax under the Federal withholding tables.

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

5. If the Employee fails to fill an exemption certificate with his employer, income tax must be withheld by the employer on total wages without the benefit of exemption.
DIRECT DEPOSIT AUTHORIZATION

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  Employee’s Name

________________________________________  _______________________________________
City, State, Zip  900 Number

________________________________________  _______________________________________
Account Number  Employee’s Signature

________________________________________  _______________________________________
Routing Number  Joint Account’s Signature (if applicable)

Note: On joint accounts, both signatures are required

________________________________________
Date

7/2016
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 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>
<tr>
<td>5. Employer address</td>
<td>6. Employer phone number</td>
</tr>
<tr>
<td>Kent Wyatt Hall, Suite 249</td>
<td>662-846-4035</td>
</tr>
<tr>
<td>7. City</td>
<td>8. State</td>
</tr>
<tr>
<td>Cleveland</td>
<td>9. ZIP code</td>
</tr>
<tr>
<td>10. Who can we contact about employee health coverage at this job?</td>
<td></td>
</tr>
<tr>
<td>Department of Human Resources</td>
<td></td>
</tr>
<tr>
<td>11. Phone number (if different from above)</td>
<td>12. Email address</td>
</tr>
<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:
    - The employee's spouse or partner as defined by Mississippi or federal law, unless the spouse and/or partner is also an eligible employee under the Plan. The employee's natural child, stepchild, legally adopted child, foster child, child placed in the employee's home in anticipation of adoption, child for whom the employee is legal guardian, child for whom the employee has legal custody, or child of the employee who is required to be covered by reasons of Qualified Medical Child Support Order up to age 26.

  - 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.