

## Employee's Withholding Certificate

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2025

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial  Cooper B	Last name  Bousum	(b) Social security number  024-90-2322
	Address  43 Washington Street		
	City or town, state, and ZIP code  Ipswich, MA, 01938		
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

<b>Step 2: Multiple Jobs or Spouse Works</b>	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.  Do <b>only one</b> of the following.  (a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; <b>or</b>  (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; <b>or</b>  (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . <input checked="" type="checkbox"/>
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**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):  Multiply the number of qualifying children under age 17 by \$2,000 \$ _____  Multiply the number of other dependents by \$500 . . . . . \$ _____  Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	3 \$ 0
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .  (b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .  (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . .	4(a) \$ _____  4(b) \$ _____  4(c) \$ _____

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.  <i>Cooper Bousum</i> Employee's signature (This form is not valid unless you sign it.)		
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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

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

### Specific Instructions

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

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

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

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

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

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

#### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

## Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



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

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

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

1 \$ \_\_\_\_\_

- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

- a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . .

2a \$ \_\_\_\_\_

- b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . .

2b \$ \_\_\_\_\_

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

2c \$ \_\_\_\_\_

- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . .

3 \_\_\_\_\_

- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . .

4 \$ \_\_\_\_\_

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



- 1** Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . .

1 \$ \_\_\_\_\_

- 2** Enter: { • \$30,000 if you're married filing jointly or a qualifying surviving spouse  
• \$22,500 if you're head of household  
• \$15,000 if you're single or married filing separately } . . . . .

2 \$ \_\_\_\_\_

- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . .

3 \$ \_\_\_\_\_

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

4 \$ \_\_\_\_\_

- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . .

5 \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Surviving Spouse**

<b>Higher Paying Job Annual Taxable Wage &amp; Salary</b>	<b>Lower Paying Job Annual Taxable Wage &amp; Salary</b>											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

**Single or Married Filing Separately**

<b>Higher Paying Job Annual Taxable Wage &amp; Salary</b>	<b>Lower Paying Job Annual Taxable Wage &amp; Salary</b>											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

**Head of Household**

<b>Higher Paying Job Annual Taxable Wage &amp; Salary</b>	<b>Lower Paying Job Annual Taxable Wage &amp; Salary</b>											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	3,180	4,070	4,070	4,090	4,290	
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	4,780	5,670	5,690	5,890	6,090	
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,910	19,090	20,390	21,690
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



# Employment Eligibility Verification

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

USCIS

Form I-9

OMB No.1615-0047

Expires 05/31/2027

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

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

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

Last Name (Family Name) <b>Bousum</b>	First Name (Given Name) <b>Cooper</b>	Middle Initial (if any) <b>B</b>	Other Last Names Used (if any)	
Address (Street Number and Name) <b>43 Washington Street</b>		Apt. Number (if any)	City or Town <b>Ipswich</b>	State <b>MA</b> ZIP Code <b>01938</b>
Date of Birth (mm/dd/yyyy) <b>05/13/2007</b>	U.S. Social Security Number <b>0 2 4 9 0 2 3 2 2</b>	Employee's Email Address <b>cooperbousum@gmail.com</b>		Employee's Telephone Number <b>9784710649</b>
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): <input checked="" type="checkbox"/> 1. A citizen of the United States <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) _____		
Signature of Employee		Today's Date (mm/dd/yyyy)		

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

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

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

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

First Day of Employment  
(mm/dd/yyyy):

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

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

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

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization	
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions:	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		(1) NOT VALID FOR EMPLOYMENT	
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION	
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION	
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:		5. U.S. Military card or draft record		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)	
a. Foreign passport; and		6. Military dependent's ID card		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	
b. Form I-94 or Form I-94A that has the following:		7. U.S. Coast Guard Merchant Mariner Card		4. Native American tribal document	
(1) The same name as the passport; and		8. Native American tribal document		5. U.S. Citizen ID Card (Form I-197)	
(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		9. Driver's license issued by a Canadian government authority		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
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		<b>For persons under age 18 who are unable to present a document listed above:</b>		7. Employment authorization document issued by the Department of Homeland Security	
		10. School record or report card		For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .	
		11. Clinic, doctor, or hospital record		The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.	
		12. Day-care or nursery school record			

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.			
• Form I-94 with "RE" notation or refugee stamp issued to a refugee.			

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

FORM  
M-4

**MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE**

Rev. 11/19



Print full name . Cooper Bousum.....

Social Security no. 024902322.....

Print home address.. 43 Washington Street .....

City.Ipswich..... State. MA..... Zip .01938.....

**Employee:**

File this form with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

**Employer:**

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

**HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2".....1...
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.....
3. Write the number of your qualified dependents. See Instruction D.....0.....
4. Add the number of exemptions which you have claimed above and write the total.....1.....
5. Additional withholding per pay period under agreement with employer \$ \_0 \_\_\_\_\_  
A.  Check if you will file as head of household on your tax return.  
B.  Check if you are blind.      C.  Check if spouse is blind and not subject to withholding.  
D.  Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

**EMPLOYER: DO NOT withhold if Box D is checked.**

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date. 06/06/2025 .....

Signed .....

*Cooper Bousum*

**THIS FORM MAY BE REPRODUCED**

**THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE**

**A. Number.** The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

**B. Changes.** You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not

provide over half of his support for the year, you must file a new certificate.

**C. Spouse.** If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholdingg exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a spouse, write "4" in line 2. Entering "4" makes a withholding system adjustment for the \$4,400 exemption for a spouse.

**D. Dependent(s).** You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

**Town of Ipswich**

**EMPLOYEE DIRECT DEPOSIT AGREEMENT FORM**

Name Cooper Bousum

Employee #: \_\_\_\_\_ (shown on pay stub as "Emp. No.")

Social Security Number: 024902322

Email: cooperbousum@gmail.com

**Please attach a voided check to this form.**

Please fill in the following information for up to four accounts.

#1 Account Number: <u>880726922</u> Bank Name: <u>Institution For Savings</u> Bank R/T Number: <u>211370943</u> Checking or Savings Account: <u>Checking</u> Payroll Amount to be Allocated: <u>100%</u>	#2 Account Number: _____ Bank Name: _____ Bank R/T Number: _____ Checking or Savings Account: _____ Payroll Amount to be Allocated: _____
#3 Account Number: _____ Bank Name: _____ Bank R/T Number: _____ Checking or Savings Account: _____ Payroll Amount to be Allocated: _____	#4 Account Number: _____ Bank Name: _____ Bank R/T Number: _____ Checking or Savings Account: _____ Payroll Amount to be Allocated: _____

I authorize the Town of Ipswich to automatically deposit/charge any funds owed to me to my account at the Depository Financial Institution that is named in the form above.

I understand that this agreement may be terminated by me or by the Town of Ipswich at any time by written notification. Any such notification requires a reasonable time to act upon it.

I authorize the Town of Ipswich to charge/deposit my account only for the purposes of correcting an erroneous credit previously deposited to my account provided that, prior to the debit the Town of Ipswich has notified me in writing of the reason for the debit.

Cooper Bousum

Signature

06/06/2025

Date

**Please attach a voided check and return to the Human Resources Department, attn.: Payroll & Benefits.**

**IMPORTANT INFORMATION:**

**Your direct deposit will take up to 2 pay cycles to go into effect. You will receive a live check during that period.**

**For Office Use Only:**

Entered by: \_\_\_\_\_

Date Entered: \_\_\_\_\_



Town of Ipswich  
Human Resources Office  
Ipswich Town Hall, 25 Green Street, Ipswich, Massachusetts 01938  
Tel: 978-356-6609 Fax: 978-356-6616

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## Town of Ipswich Equal Opportunity Disclosure Record

Ipswich is an Equal Employment Opportunity Community

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The Town of Ipswich policy is to provide equal employment opportunity to all applicants for employment and employees without regard to race, color, religion, sex, national origin, sex, gender identity, sexual orientation, national origin, marital/veteran status, medical condition or handicap, or any other legally protected status. In order for our municipality to comply with US Government Affirmative Action Programs, we are required to collect certain personal information from our applicants and employees.

***Completion of this form is entirely voluntary.*** The data is confidential and will be filed separately. It will be available only to authorized personnel for research, reporting and evaluation purposes. The information is needed to document the hiring practices of the Town of Ipswich and to assess the effectiveness of its EEO program. Your cooperation would be appreciated but is entirely voluntary.

Please see the back of this form for definitions.

**I choose not to disclose this information at this time ( )**

**Date of birth:** 05/13/2007

**Sex:** () Male    () Female

**Racial/Ethnic Data:**

() African American (Non-Hispanic)    () Hispanic () White

() Native American Indian/ Alaskan    () Asian/Pacific Islander    () Other

**Veteran Status:**

() Veteran    () Disabled Veteran    () Non-Veteran

**Handicap Status:**

() Mental              () Physical              () None

If a handicap has been identified, please describe any accommodations needed to assist you:

**The above information is voluntarily provided by me, and I understand it is kept for record keeping only and is not part of my application or requirement for employment and will be kept confidential.**

**Signature:** Cooper Bousum      **Date:** 06/06/2025



**Town of Ipswich  
Human Resources Office**

# Town of Ipswich

## Emergency Contact Form

Ipswich is an Equal Employment Opportunity Community

**Employee Name:** Cooper Bousum

**Address:** 43 Washington Street

**City/State/Zip:** Ipswich, MA, 10938

**Home Phone Number:** \_\_\_\_\_

**Cell Phone Number:** 9784710649

**Email Address (non-work):** cooperbousum@gmail.com

**Primary Emergency Contact:** Maiya Dos

**Home Phone Number:**

**Cell Phone Number:** 6174296484

**Secondary Emergency Contact:** Timothy Bousum

**Home Phone Number:**

**Cell Phone Number:** 6174292986

Cooper Bousum 06/06/2025

**Employee Signature**

06/06/2025



## Participant Enrollment Governmental 457(b) Plan

### Massachusetts Deferred Compensation SMART Plan - Mandatory OBRA

98966-02

#### Participant Information

Bousum	Cooper	B
Last Name	First Name	MI
(The name provided MUST match the name on file with Service Provider.)		
43 Washington Street		
Mailing Address		
Ipswich	MA	01938
City	State	Zip Code
(978 ) 471-0649	( )	
Home Phone	Work Phone	

024-90-2322		
Social Security Number		
cooperbousum@gmail.com		
E-Mail Address		
<input type="checkbox"/> Married <input checked="" type="checkbox"/> Unmarried <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		
Mo 05	Day 13	Year 2007
Date of Birth		
Mo 06	Day 03	Year 2025
Date of Hire		

Check box if you prefer to receive quarterly account statements in Spanish.

Annual Income (Required for My Total Retirement enrollment)

Do you have a retirement savings account with a previous employer or an IRA?  Yes or  No

**Important Notice:** Employees participating in the Massachusetts Deferred Compensation SMART Plan - OBRA Mandatory Plan (the Plan) must complete Social Security Form SSA-1945. The Plan has been designated as an alternative retirement system for part time employees not covered by their employers retirement system. The SSA-1945 explains the potential effects of the Windfall Elimination Provision and Government Pension Offset Provision under the Social Security law which may reduce the amount of your Social Security retirement or disability benefits, and/or benefits received by you as a spouse or an ex-spouse. If you have any questions regarding SSA-1945 or if you have not completed SSA-1945, please contact your employer.

#### Payroll Information

To be completed by  
Representative:

Division Name

Division Number

#### My Total Retirement Information

The My Total Retirement provided by Empower Advisory Group, LLC will automatically direct your investment elections and will rebalance your account periodically, as necessary. This election will be effective as soon as administratively feasible following receipt of your completed enrollment form and signed Advisory Services Agreement. By electing My Total Retirement, you agree to the fees associated with this service and understand the fees will be deducted from your account in accordance with the attached Advisory Services Agreement. If you prefer to make your own investment decisions and not participate in this service, simply select the Select My Own Investment Options box and enter your investment instructions in the Investment Option Information section.

#### My Total Retirement:

By checking this box, I elect to have my account professionally managed by Empower Advisory Group, LLC until such time as I cancel my enrollment in the service.

-OR-

#### Select My Own Investment Options:

I elect to direct my own investments.

I understand and agree that my employer and other Plan fiduciaries will not be liable for the results of my personal investment decisions.

Make your investment election for future deposits in the Investment Option Information section.

Bousum Last Name	Cooper First Name	B M.I.	024-90-2322 Social Security Number	98966-02 Number
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## **Do not complete this section if you are electing to enroll in the My Total Retirement.**

**Investment Option Information (applies to all contributions)** - Please refer to your communication materials for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

<b>INVESTMENT OPTION</b>				<b>INVESTMENT OPTION</b>			
<b>NAME</b>	<b>TICKER</b>	<b>CODE</b>	<b>%</b>	<b>NAME</b>	<b>TICKER</b>	<b>CODE</b>	<b>%</b>
SMART Capital Preservation Fund.....	N/A	MELINC	_____	SMARTPath 2040 Retirement Fund.....	N/A	SMPT40	_____
SMARTPath Retirement Allocation Fund.....	N/A	SMPT00	_____	SMARTPath 2045 Retirement Fund.....	N/A	SMPT45	_____
SMARTPath 2010 Retirement Fund.....	N/A	SMPT10	_____	SMARTPath 2050 Retirement Fund.....	N/A	SMPT50	_____
SMARTPath 2015 Retirement Fund.....	N/A	SMPT15	_____	SMARTPath 2055 Retirement Fund.....	N/A	SMPT55	_____
SMARTPath 2020 Retirement Fund.....	N/A	SMPT20	_____	SMARTPath 2060 Retirement Fund.....	N/A	SMPT60	_____
SMARTPath 2025 Retirement Fund.....	N/A	SMPT25	_____	SMARTPath 2065 Retirement Fund.....	N/A	SMPT65	100
SMARTPath 2030 Retirement Fund.....	N/A	SMPT30	_____	<b>MUST INDICATE WHOLE PERCENTAGES</b>			
SMARTPath 2035 Retirement Fund.....	N/A	SMPT35	_____	= 100%			

### **Plan Beneficiary Designation**

This designation is effective upon execution and delivery to Service Provider at the address below. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

**You may only designate one primary and one contingent beneficiary on this form. However, the number of primary or contingent beneficiaries you name is not limited. If you wish to designate more than one primary and/or contingent beneficiary, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.**

#### **Primary Beneficiary**

<b>100.00%</b>	174-60-2979	Timothy Bousum	11/24/1971
% of Account Balance	Social Security Number	Primary Beneficiary Name	Date of Birth
( )			
Phone Number (Optional)		Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)	
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other	
		<input type="checkbox"/> Domestic Partner	

#### **Contingent Beneficiary**

<b>100.00%</b>	062-68-9517	Maya Dos	05/03/1972
% of Account Balance	Social Security Number	Contingent Beneficiary Name	Date of Birth
( )			
Phone Number (Optional)		Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)	
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other	
		<input type="checkbox"/> Domestic Partner	

### **Participation Agreement**

**Withdrawal Restrictions** - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

I understand if I elect to have my account managed by Empower Advisory Group, LLC, that my entire account, including any transfers or rollovers, will be professionally managed and I have not completed the Investment Option Information section. In the event investment option information is completed, my election to have my account professionally managed will override my investment option elections. Dollar cost averaging and asset allocation are not available if my account is professionally managed. I understand that the applicable fees will be deducted from my account. In order to enroll in the My Total Retirement, I understand that I must provide my date of birth, gender, marital status, state of residence and annual income. If any of this information is not provided, I understand that I will not be enrolled in the My Total Retirement.

**Compliance With Plan Document and/or the Code** - Participation in this Plan is mandatory. A deduction will be taken from your wages and invested on your behalf based on your employer's Plan Document. I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Bousum  
Last Name

Cooper  
First Name

B  
M.I.

024-90-2322  
Social Security Number

98966-02  
Number

**Incomplete Forms** - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option.

**Account Corrections** - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

**My Total Retirement Fee** - If you elect the My Total Retirement, a quarterly fee will be assessed. If you wish to cancel your enrollment in the future please call your Plan's Voice Response System number.

### Signature(s) and Consent

#### Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form including the terms of the My Total Retirement Agreement.

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.



06/08/2025

Date

#### Participant Signature

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

After all signatures have been obtained, this form can be:

Uploaded electronically to:

Login to account at

[www.mass-smart.com](http://www.mass-smart.com)

Click on *Upload Documents* to submit

OR

Sent regular mail to:

Empower

PO Box 173764

Denver, CO 80217-3764

OR

Sent express mail to:

Empower

8515 E. Orchard Road

Greenwood Village, CO 80111

We will not accept hand delivered forms at express mail addresses.

**Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC.** EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

## Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name Cooper Bousum Employee ID# \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer ID# \_\_\_\_\_

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### **Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### **Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### **For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee Cooper Bousum Date 06/08/2025

TOWN OF IPSWICH, MASSACHUSETTS – DRUG AND ALCOHOL POLICY – 02/13/96

**IX. ACKNOWLEDGEMENT AND RECEIPT FORM**

I hereby acknowledge that the municipality's Drug and Alcohol Policy has been provided to me, as well as the referenced DOT regulations contained in 49 CFR 40.

Cooper Bousum      06/08/2025

Employee Name Date

*Cooper Bousum*      06/08/2025

Employee Signature Date

---

**For Office Use Only:**

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

**Town of Ipswich**  
**Anti-Discrimination Policy Acknowledgement**

This acknowledges that I have received and reviewed the Town of Ipswich Anti-Discrimination Policy (“Policy”). By signing this form, I agree to abide by the Policy and any Guidelines promulgated thereunder, and I agree to review periodically any changes or modifications. I recognize that the law and associated Policy regarding workplace discrimination are continually evolving. Therefore, I understand that my annual review of this Policy, as it may be amended, is required.

Cooper Bousum

Employee Name [please print]

Police

Department [Please Print]

*Cooper Bousum*

Employee Signature

Date: 06 / 08 / 2025

Employee \_\_\_\_\_ was unwilling to sign this document  
[print name of employee]

Dept. Head/Director Signature

Print Name

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

***To be included in employee's personnel file.***

### **SEXUAL HARASSMENT POLICY**

*M.G.L. c. 151B requires that employers shall provide annually to all employees an individual written copy of the employer's policy against harassment.*

This acknowledges that I have received and reviewed the Town of Ipswich Sexual Harassment Policy (“Policy”). By signing this form, I agree to abide by the Policy and any Guidelines promulgated thereunder, and I agree to review periodically any changes or modifications. I recognize that the law and associated Policy regarding sexual harassment are continually evolving. Therefore, I understand that my regular review of this Policy, as it may be amended, is required.

Print Name: Cooper Bousum

Signature: Cooper Bousum

Date: 06/08/2025

***To be included in employee's personnel file.***

**ATTACHMENT 2: NOTICE OF PREGNANT WORKER'S FAIRNESS ACT**

I, Cooper Bousum

, acknowledge that I received a copy of the Town of Ipswich Policy: Notice of Pregnant Worker's Fairness Act.

Cooper Bousum

Employee's Signature

06/08/2025

Date

Employee \_\_\_\_\_ was unwilling to sign this document  
[print name of employee]

Supervisor Signature

Print Name

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

HR Director Signature

Print Name

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## **WORKPLACE VIOLENCE POLICY**

This acknowledges that I have received and reviewed the Town of Ipswich Workplace Violence Policy (“Policy”). By signing this form, I agree to abide by the Policy and any Guidelines promulgated thereunder, and I agree to review periodically any changes or modifications. I recognize that the law and associated Policy regarding workplace violence are continually evolving. Therefore, I understand that my annual review of this Policy, as it may be amended, is required.

Print Name: Cooper Bousum

Signature: Cooper Bousum

Date: 06/08/2025

Department: Police

*To be included in employee's personnel file.*

**Town of Ipswich**  
**Security Camera Policy Acknowledgement**

---

With your signature below, you represent that you have received a copy of the Town's Security Camera Policy, and that you have read and understand this policy.

I acknowledge that I have received and read the Town's SECURITY CAMERA POLICY.

Please be advised that refusal to acknowledge receipt of this Policy, your refusal will be documented and you will remain obligated to comply with this Policy.

**Cooper Bousum**

Employee Name [please print]

*Cooper Bousum*

Employee Signature

Date: 06 / 08 / 2021

Employee \_\_\_\_\_ was unwilling to sign this document  
[print name of employee]

HR Director Signature

Print Name

Date:    /    /



**TOWN OF IPSWICH  
SOCIAL MEDIA POLICY**  
Appendix A

I, Cooper Bousum

have reviewed the Town of Ipswich Social Media Policy and understand the duties and obligations I have as an employee of the Town as it pertains to social media.

I also understand the requirement to report any complaints or problems of misuse to the Town Manager as soon as a suspected incident has occurred.

I also understand that any violation to this policy shall be subject to appropriate discipline, up to and including termination of employment.

Cooper Bousum  
Employee Signature

06/08/2025  
Date

Maiya Dos  
Witness

06/08/2025  
Date

ACKNOWLEDGEMENT OF RECEIPT  
TOWN OF IPSWICH PERSONNEL HANDBOOK

To the Employee:

This Acknowledgement must be completed, signed, and returned to your immediate supervisor who will, in turn, forward the Acknowledgement to the Town Manager's office for inclusion in your personnel file.

I, Cooper Bousum

, an employee of the Town of Ipswich, hereby certify that I have received a copy of the Town of Ipswich Personnel Rules and Regulations, inclusive of the following policies, and have read and understand the contents contained therein:

- Consolidation Memo dated January 20, 1993 (revised April 1, 2002)
- Personnel Rules and Regulations
  - ✓ Purpose and Applicability of Rules and Regulations
  - ✓ Classification and Reclassification
  - ✓ Compensation Plan
  - ✓ Recruitment
  - ✓ Grievances
  - ✓ Appointments, Training and Continuity of Service
  - ✓ Promotions and Demotions
  - ✓ Discipline
  - ✓ Separation
  - ✓ Transfers
  - ✓ Employee Benefits
  - ✓ Insurance and Retirement
  - ✓ Work Schedules
  - ✓ Miscellaneous
  - ✓ Policy on Sexual Harassment
- Holiday Time Memo dated January 4, 1978
- Alcohol and Drug-Free Work Place Policy

Cooper Bousum  
(Signature)

06/08/2025  
(Date)

\*\*\* PLEASE SEE REVERSE SIDE OF THIS FORM.

ACKNOWLEDGEMENT OF RECEIPT  
TOWN OF IPSWICH DRUG-FREE WORK PLACE POLICY

To the Employee:

This Acknowledgement must be completed, signed, and returned to your immediate supervisor who will, in turn, forward the Acknowledgement to the Town Manager's office for inclusion in your personnel file..

I, Cooper Bousum, an employee of the Town of Ipswich, hereby certify that I have received a copy of the Town's policy regarding the maintenance of a drug-free work place. I realize that the manufacture, distribution, dispensing, possession, or use of illicit drugs or alcohol is prohibited on the Town's municipally-owned premises, and violation of this policy can subject me to disciplinary action, including termination of employment. I realize that, as a condition of employment by the Town of Ipswich, a federal grantee, I must abide by the terms of this policy and will notify the Town of Ipswich of any criminal drug conviction for a violation occurring in the work place no later than five (5) days after such conviction. I understand that on-the-job drug or alcohol use is specifically prohibited by the Town of Ipswich and that the penalties include termination of employment.

Cooper Bousum

(Signature)

06/08/2025

(Date)