

EMPLOYMENT INFORMATION

NEW SHORT-TERM CASUALS

?

Have Questions ?

Email: ee-HR@ee.columbia.edu

Website: ee.columbia.edu

Tel: 212-854-3105

Fax: 212-932-9421

NEW HIRE CHECKLIST

1. Personal Information Form
2. Signed Invention Agreement Form
3. IT-2104 Tax Form
4. IT-2104.1 Tax Form
5. W-4 Tax Form (please list PERMANENT home address. It can be an International Address)
6. 8233 Tax Treaty Form, if applicable for your home country
PLEASE NOTE THAT THE DEPARTMENT CANNOT ADVISE YOU ON COMPLETING YOUR TAX FORMS. PLEASE UTILIZE THE ATTACHED "OVERVIEW OF INTERNATIONAL STUDENT & SCHOLAR TAX OBLIGATIONS" SHEET FOR GUIDANCE. FOR TAX TREATY RELATED QUESTIONS, PLEASE CONTACT MR. CARLOS LIRA-COPPO, MANAGER, NRA PROCESSING, 212-851-2849, Cil1@columbia.edu
7. Foreign National Information Form
8. Self-Identification Form
9. SELECT (1) CATEGORY BELOW
 - a. For US Citizens
 - i. Copy of your passport or Photo ID
 - b. Permanent Residents
 - i. Permanent Resident Card
 - c. For International Students:
 - i. Passport
 - ii. Visa Page
 - iii. I-94
 - iv. F-1/(I-20) or J-1(DS-2019)
10. Copy of your most current CV
11. Photocopy of Social Security Card, or proof of application for a Social Security Card.
12. If you do not yet have a Social Security Card, please apply for one immediately.
FOR INTERNATIONAL STUDENTS: Prior to meeting with ISSO to complete the first part of the application process, please stop by the S.W. MUDD 1300 Suite to fill out the [Social Security Verification Form](#) document from Ms. Susan Ceballo. Upon application of a Social Security Card, save your receipt as proof of application. Submit a copy to Ms. Ceballo with the hire paperwork. Give her a copy of your Card as soon as you receive it.
13. I-9 FORM from Kent Hall follow instructions already described in the packet.
Employee fully completes Section 1 of the I-9 & signs the form electronically, on or prior to the first day of employment. The first day of employment is the day the individual starts working, regardless of the appointment or hiring date.
Verification of employment eligibility by an authorized representative of Columbia University must be made within (3) business days of employment. Law applies to both foreign nationals & U.S.A. citizens.
The address on the I-9 does not necessarily need to match the address on the tax forms (W-4, W2, etc.). The employee should indicate the address of where s/he is staying at that point in time when completing the I-9. Therefore, it can be a hotel address, the address of a friend's house, etc. However, the address on the I-9 should never be the place of employment.
In the event that your cumulative gross salary at the end of the semester does not total the amount contracted please bring your pay stubs to Laura Castillo, Financial Coordinator, as soon as possible so that he can verify & take the necessary steps to correct it.
14. Casual Employment form
15. NYS 195.1 Form

****Casual Employment Form and NYS195 will be given to you once submit all hire forms****

BELOW TO BE COMPLETED BY DEPARTMENT

16. Active position report if not being processed in TBH

PERSONAL INFORMATION FORM

TO BE COMPLETED BY EMPLOYEE

Full Name: mingrui liu Gender: Female Male

Social Security Number: 015534251

Date of Birth: 108/15/1997 Age: 22

Marital Status: Single Married Divorced Legally Separated Widowed Marital Status Date: MM/DD/YYYY

Ethnicity: Asian Black East Indian Hispanic Native American White Other: _____

USA Citizen? Yes No If No, Country of Citizenship: China

Permanent Resident of USA? Yes No If Yes, A#: _____

Permanent Address in Home Country:

Address Line 1: puyuan road Address Line 2: _____

City: chengdu State or Province: Sichuan Country: China Postal Code: 610000

Current Mailing Address:

Address Line 1: 188 claremont ave Address Line Apartment #: 5

City: New York State or Province: NY Country: USA Postal Code: 10027

Home Phone: 6143717733 Other Phone: _____

Email: ml4404@columbia.edu Fax: _____

Emergency Contact Name: tianqi zhao

Relation: friend Contact Phone: 6145302279

Listing of your academic degrees, starting with most current (NOT THE DEGREE YOU ARE NOW WORKING ON):

Degree:	Institution:	Date Received (MM/DD/YYYY):
---------	--------------	-----------------------------

bachelor	The ohio state university	05/01/2019
----------	---------------------------	------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

**Assignment to the University of Certain Inventions,
Discoveries and Associated Technologies**

Ira Katzenelson
Interim Provost
Columbia University
205 Low Memorial Library
535 West 116th Street
New York, New York 10027

Dear Professor Katzenelson:

As a condition of my appointment or continued appointment by Columbia University and in accordance with the University's Statement of Policy on Proprietary Rights in the Intellectual Products of Faculty Activity ("IP Policy"), I agree to report promptly to Columbia Technology Ventures any discovery, invention or algorithm that is or may be patentable, together with any supporting technology resulting primarily from the use of Columbia's facilities or from my activities while engaged in Columbia's service ("Inventions"). I further agree to assign, and do hereby assign, to Columbia all my rights, title, and interest in any Inventions and agree to render such assistance as Columbia may reasonably request to obtain patents and develop the commercial value of such Inventions.

I understand that I will share in any revenues from such Inventions in accordance with the IP Policy, as it may be amended from time to time.

Very truly yours,

Signature: _____ mingrui Liu

Print Name: _____ mingrui liu

Department: _____ Data science

Date: _____ 03/05/2020

OVERVIEW OF INTERNATIONAL STUDENT AND SCHOLAR TAX OBLIGATIONS

The information provided in this tax section is intended only to give you a general sense of taxpaying requirements and may not be relied upon in preparing your individual tax return.

All nonimmigrants in F or J status (both the principal and all dependents) who are deemed "nonresidents for tax purposes" are required to file an individual income tax form 8843—even if they have no U.S.-source income of any kind—if they were in the U.S. during the tax year, January 1 to December 31.

During the tax year individuals who work in the U.S. or have other U.S.-source income have taxes withheld from their earnings. By April 15th of the following year, one has to file an "income tax return" with the federal tax authorities and possibly also with the tax authorities in the state(s) in which one was employed. A tax return reports your income and either requests a refund if more tax was withheld than is required or may require you to pay additional taxes that are owed. The [Internal Revenue Service](#) is the United States government agency responsible for the collection of federal income taxes.

The staff of International Students and Scholars Office (ISSO) and the International Affairs Office (IAO) are neither qualified nor permitted to answer individual questions from international students or scholars regarding their tax liabilities. We have teamed up with Sprintax to provide you with easy-to-use tax preparation software designed for non-resident students, scholars, alumni and their dependents in the U.S.

International students and scholars can log onto the Sprintax site through the Columbia University Portal using your UNI and password. Open your new Sprintax account by creating a UserID and password. Sprintax will save your information so you login and out.

For additional information please go to <https://isso.columbia.edu/content/taxes>.



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial	Last name	Your Social Security number
Permanent home address (number and street or rural route)	Apartment number	Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/>
City, village, or post office	State	ZIP code

Are you a resident of New York City? Yes No
Are you a resident of Yonkers? Yes No

Complete the worksheet on page 4 before making any entries.

- 1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20)

1
2
- 2 Total number of allowances for New York City (from line 35)

Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.

- 3 New York State amount
- 4 New York City amount
- 5 Yonkers amount
- | | |
|---|--|
| 3 | |
| 4 | |
| 5 | |

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature mingrui liu	Date
---	------

Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep a copy for your records.

Employer: Keep this certificate with your records.

Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS A

B Employee is a new hire or a rehire ... B First date employee performed services for pay (mm-dd-yyyy) (see instr.):

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
--	--------------------------------

Instructions

Changes effective for 2020

Form IT-2104 has been revised for tax year 2020. The worksheet on page 4 and the charts beginning on page 5, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2020 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If the federal Form W-4 you most recently submitted to your employer was for tax year 2019 or earlier, and you do not file Form IT-2104, your employer may use the same number of allowances you claimed on your federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. Therefore, if you submit a federal Form W-4 to your

employer for tax year 2020 or later, and you do not file Form IT-2104, your employer may use zero as your number of allowances. This may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.

- The total income of you and your spouse has increased to \$107,650 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4 (submitted to your employer for tax year 2019 or earlier), and the disallowed allowances were claimed on your original Form IT-2104.
- You are a covered employee of an employer that has elected to participate in the Employer Compensation Expense Program.
- You made contributions to a New York Charitable Gifts Trust Fund (the Health Charitable Account or the Elementary and Secondary Education Account).

Exemption from withholding

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you **must file** Form IT-2104-E, *Certificate of Exemption from Withholding*, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, **and** you are over 65 years of age, under 18, or a full-time student under 25. You may also claim exemption from withholding if you are a military spouse and meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,100.

Withholding allowances

You may **not** claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute in Part 1 and Part 5 of the worksheet on page 4. If you want more tax withheld, you may claim fewer allowances. **If you claim more than 14 allowances**, your employer **must send** a copy of your **Form IT-2104** to the New York State Tax Department. You may then be asked to verify your allowances. If you arrive at negative allowances (less than zero) on lines 1 or 2 and your employer cannot accommodate negative allowances, **enter 0** and see *Additional dollar amount(s)* below.

Income from sources other than wages – If you have more than \$1,000 of income from sources other than wages (such as interest, dividends, or alimony received), reduce the number of allowances claimed on line 1 and line 2 (if applicable) of the IT-2104 certificate by one for each \$1,000 of nonwage income. If you arrive at negative allowances (less than zero), see *Withholding allowances* above. You may also consider making estimated tax payments, especially if you have significant amounts of nonwage income. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for Form IT-2105, *Estimated Tax Payment Voucher for Individuals*, or see *Need help?* on page 7.

Other credits (Worksheet line 14) – If you will be eligible to claim any credits other than the credits listed in the worksheet, such as an investment tax credit, you may claim additional allowances.

Find your filing status and your New York adjusted gross income (NYAGI) in the chart below, and divide the amount of the expected credit by the number indicated. Enter the result (rounded to the nearest whole number) on line 14.

Single and NYAGI is:	Head of household and NYAGI is:	Married and NYAGI is:	Divide amount of expected credit by:
Less than \$215,400	Less than \$269,300	Less than \$323,200	65
Between \$215,400 and \$1,077,550	Between \$269,300 and \$1,616,450	Between \$323,200 and \$2,155,350	68
Over \$1,077,550	Over \$1,616,450	Over \$2,155,350	88

Example: You are married and expect your New York adjusted gross income to be less than \$323,200. In addition, you expect to receive a flow-through of an investment tax credit from the S corporation of which

you are a shareholder. The investment tax credit will be \$160. Divide the expected credit by $65.160/65 = 2.4615$. The additional withholding allowance(s) would be 2. Enter 2 on line 14.

Married couples with both spouses working – If you and your spouse both work, you should each file a separate IT-2104 certificate with your respective employers. Your withholding will better match your total tax if the higher wage-earning spouse claims all of the couple's allowances and the lower wage-earning spouse claims zero allowances. **Do not** claim more total allowances than you are entitled to. If your combined wages are:

- less than \$107,650, you should each mark an **X** in the box *Married, but withhold at higher single rate* on the certificate front, and divide the total number of allowances that you compute on line 20 and line 35 (if applicable) between you and your working spouse.
- \$107,650 or more, use the chart(s) in Part 6 and enter the additional withholding dollar amount on line 3.

Taxpayers with more than one job – If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to. Your withholding will better match your total tax if you claim all of your allowances at your higher-paying job and zero allowances at the lower-paying job. In addition, to make sure that you have enough tax withheld, if you are a single taxpayer or head of household with two or more jobs, and your combined wages from all jobs are under \$107,650, reduce the number of allowances by seven on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see *Withholding allowances* above.

If you are a single or a head of household taxpayer, and your combined wages from all of your jobs are between \$107,650 and \$2,263,265, use the chart(s) in Part 7 and enter the additional withholding dollar amount from the chart on line 3.

If you are a married taxpayer, and your combined wages from all of your jobs are \$107,650 or more, use the chart(s) in Part 6 and enter the additional withholding dollar amount from the chart on line 3 (Substitute the words *Higher-paying job* for *Higher earner's wages* within the chart).

Dependents – If you are a dependent of another taxpayer and expect your income to exceed \$3,100, you should reduce your withholding allowances by one for each \$1,000 of income over \$2,500. This will ensure that your employer withholds enough tax.

Following the above instructions will help to ensure that you will not owe additional tax when you file your return.

Heads of households with only one job – If you will use the head-of-household filing status on your state income tax return, mark the *Single or Head of household* box on the front of the certificate. If you have only one job, you may also wish to claim two additional withholding allowances on line 15.

Additional dollar amount(s)

You may ask your employer to withhold an additional dollar amount each pay period by completing lines 3, 4, and 5 on Form IT-2104. In most instances, if you compute a negative number of allowances and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional \$1.85 of tax withheld per week for New York State withholding on line 3, and an additional \$0.80 of tax withheld per week for New York City withholding on line 4. Yonkers residents should use 16.75% (.1675) of the New York State amount for additional withholding on Yonkers on line 5.

Note: If you are requesting your employer to withhold an additional dollar amount on lines 3, 4, or 5 of this allowance certificate, the additional dollar amount, as determined by these instructions or by using the chart(s) in Part 6 or Part 7, is accurate for a weekly payroll. Therefore, if you are not paid on a weekly basis, you will need to adjust the dollar amount(s) that you compute. For example, if you are paid biweekly, you must double the dollar amount(s) computed.

Avoid underwithholding

Form IT-2104, together with your employer's withholding tables, is designed to ensure that the correct amount of tax is withheld from your pay. If you fail to have enough tax withheld during the entire year, you may owe a large tax liability when you file your return. The Tax Department must assess interest and may impose penalties in certain situations in addition to the tax liability. Even if you do not file a return, we may determine

that you owe personal income tax, and we may assess interest and penalties on the amount of tax that you should have paid during the year.

Employers

Box A – If you are required to submit a copy of an employee's Form IT-2104 to the Tax Department because the employee claimed more than 14 allowances, mark an **X** in box A and send a copy of Form IT-2104 to: **NYS Tax Department, Income Tax Audit Administrator, Withholding Certificate Coordinator, W A Harriman Campus, Albany NY 12227-0865.** If the employee is also a new hire or rehire, see **Box B** instructions. See Publication 55, *Designated Private Delivery Services*, if not using U.S. Mail.

Due dates for sending certificates received from employees claiming more than 14 allowances are:

Quarter	Due date	Quarter	Due date
January – March	April 30	July – September	October 31
April – June	July 31	October – December	January 31

Box B – If you are submitting a copy of this form to comply with New York State's New Hire Reporting Program, mark an **X** in box B. Enter the first day any services are performed for which the employee will be paid wages, commissions, tips and any other type of compensation. For services based solely on commissions, this is the first day an employee working for commissions is eligible to earn commissions. Also, mark an **X** in the *Yes* or *No* box indicating if dependent health insurance benefits are available to this employee. If *Yes*, enter the date the employee qualifies for coverage. Mail the completed form, within 20 days of hiring, to: **NYS Tax Department, New Hire Notification, PO Box 15119, Albany NY 12212-5119.** To report newly-hired or rehired employees online instead of submitting this form, go to <https://www.nynewhire.com>.

(continued)

Worksheet

See the instructions before completing this worksheet.

Part 1 – Complete this part to compute your withholding allowances for New York State and Yonkers (line 1).

6	Enter the number of dependents that you will claim on your state return (<i>do not include yourself or, if married, your spouse</i>)	6	_____
For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.			
7	College tuition credit	7	_____
8	New York State household credit	8	_____
9	Real property tax credit	9	_____
For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.			
10	Child and dependent care credit	10	_____
11	Earned income credit	11	_____
12	Empire State child credit	12	_____
13	New York City school tax credit: If you expect to be a resident of New York City for any part of the tax year, enter 2	13	_____
14	Other credits (<i>see instructions</i>)	14	_____
15	Head of household status and only one job (<i>enter 2 if the situation applies</i>)	15	_____
16	Enter an estimate of your federal adjustments to income, such as deductible IRA contributions you will make for the tax year. Total estimate \$ Divide this estimate by \$1,000. Drop any fraction and enter the number	16	_____
17	If you expect to be a covered employee of an employer who elected to pay the employer compensation expense tax in 2020, complete Part 3 below and enter the number from line 29	17	_____
18	If you made contributions in 2019 to a New York Charitable Gifts Trust Fund (the Health Charitable Account or the Elementary and Secondary Education Account), complete Part 4 below and enter the amount from line 32	18	_____
19	If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 24. All others enter 0	19	_____
20	Add lines 6 through 19. Enter the result here and on line 1. If you have more than one job, or if you and your spouse both work, see instructions for <i>Taxpayers with more than one job</i> or <i>Married couples with both spouses working</i>	20	_____

Part 2 – Complete this part only if you expect to itemize deductions on your state return.

21	Enter your estimated NY itemized deductions for the tax year (<i>see Form IT-196 and its instructions; enter the amount from line 49</i>)	21	_____
22	Based on your federal filing status, enter the applicable amount from the table below	22	_____
Standard deduction table			
Single (cannot be claimed as a dependent)	\$ 8,000	Qualifying widow(er)	\$ 16,050
Single (can be claimed as a dependent)	\$ 3,100	Married filing jointly	\$ 16,050
Head of household	\$11,200	Married filing separate returns	\$ 8,000
23	Subtract line 22 from line 21 (<i>if line 22 is larger than line 21, enter 0 here and on line 19 above</i>)	23	_____
24	Divide line 23 by \$1,000. Drop any fraction and enter the result here and on line 19 above	24	_____

Part 3 – Complete this part if you expect to be a covered employee of an employer that has elected to participate in the Employer Compensation Expense Program (line 17).

25	Expected annual wages and compensation from electing employer in 2020	25	_____
26	Line 25 minus \$40,000 (if zero or less, stop)	26	_____
27	Line 26 multiplied by .03	27	_____
28	Line 27 multiplied by .935	28	_____
29	Divide line 28 by 65. Drop any fraction and enter the result here and on line 17 above	29	_____

Part 4 – Complete this part if you made contributions in 2019 to the Health Charitable Account or the Elementary and Secondary Education Account (line 18).

30	Contributions to these funds in 2019	30	_____
31	Multiply line 30 by 85% (.85)	31	_____
32	Divide line 31 by 60. Drop any fraction and enter the result here and on line 18 above	32	_____

Part 5 – Complete this part to compute your withholding allowances for New York City (line 2).

33	Enter the amount from line 6 above	33	_____
34	Add lines 15 through 19 above and enter total here	34	_____
35	Add lines 33 and 34. Enter the result here and on line 2	35	_____

Part 6 – These charts are only for married couples with both spouses working or married couples with one spouse working more than one job, and whose combined wages are between \$107,650 and \$2,263,265.

Enter the additional withholding dollar amount on line 3.

The additional dollar amount, as shown below, is accurate for a weekly payroll. If you are not paid on a weekly basis, you will need to adjust these dollar amount(s). For example, if you are paid biweekly, you must double the dollar amount(s) computed.

Combined wages between \$1,185,400 and \$1,724,299											
Higher earner's wages	\$1,185,400	\$1,239,250	\$1,293,200	\$1,347,050	\$1,400,950	\$1,454,850	\$1,508,700	\$1,562,550	\$1,616,450	\$1,670,400	
	\$1,239,249	\$1,293,199	\$1,347,049	\$1,400,949	\$1,454,849	\$1,508,699	\$1,562,549	\$1,616,449	\$1,670,399	\$1,724,299	
\$592,650	\$646,499	\$5	\$8								
\$646,500	\$700,399	\$5	\$8	\$11	\$14						
\$700,400	\$754,299	\$5	\$8	\$11	\$14	\$18	\$21				
\$754,300	\$808,199	\$5	\$8	\$11	\$14	\$18	\$21	\$24	\$27		
\$808,200	\$862,049	\$5	\$8	\$11	\$14	\$18	\$21	\$24	\$27	\$30	\$33
\$862,050	\$915,949	\$32	\$8	\$11	\$14	\$18	\$21	\$24	\$27	\$30	\$33
\$915,950	\$969,899	\$28	\$36	\$11	\$14	\$18	\$21	\$24	\$27	\$30	\$33
\$969,900	\$1,023,749	\$23	\$31	\$39	\$14	\$18	\$21	\$24	\$27	\$30	\$33
\$1,023,750	\$1,077,549	\$29	\$26	\$34	\$42	\$18	\$21	\$24	\$27	\$30	\$33
\$1,077,550	\$1,131,499	\$33	\$30	\$28	\$36	\$43	\$19	\$22	\$25	\$28	\$32
\$1,131,500	\$1,185,399	\$21	\$33	\$30	\$28	\$36	\$43	\$19	\$22	\$25	\$28
\$1,185,400	\$1,239,249	\$9	\$21	\$33	\$30	\$28	\$36	\$43	\$19	\$22	\$25
\$1,239,250	\$1,293,199		\$9	\$21	\$33	\$30	\$28	\$36	\$43	\$19	\$22
\$1,293,200	\$1,347,049			\$9	\$21	\$33	\$30	\$28	\$36	\$43	\$19
\$1,347,050	\$1,400,949				\$9	\$21	\$33	\$30	\$28	\$36	
\$1,400,950	\$1,454,849					\$9	\$21	\$33	\$30	\$28	\$36
\$1,454,850	\$1,508,699						\$9	\$21	\$33	\$30	\$28
\$1,508,700	\$1,562,549							\$9	\$21	\$33	\$30
\$1,562,550	\$1,616,449								\$9	\$21	\$33
\$1,616,450	\$1,670,399									\$9	\$21
\$1,670,400	\$1,724,299										\$9

Combined wages between \$1,724,300 and \$2,263,265											
Higher earner's wages	\$1,724,300	\$1,778,150	\$1,832,050	\$1,885,950	\$1,939,800	\$1,993,700	\$2,047,600	\$2,101,500	\$2,155,350	\$2,209,300	
	\$1,778,149	\$1,832,049	\$1,885,949	\$1,939,799	\$1,993,699	\$2,047,599	\$2,101,499	\$2,155,349	\$2,209,299	\$2,263,265	
\$862,050	\$915,949	\$36	\$39								
\$915,950	\$969,899	\$36	\$39	\$42	\$46						
\$969,900	\$1,023,749	\$36	\$39	\$42	\$46	\$49	\$52				
\$1,023,750	\$1,077,549	\$36	\$39	\$42	\$46	\$49	\$52	\$55	\$58		
\$1,077,550	\$1,131,499	\$35	\$38	\$41	\$44	\$47	\$50	\$53	\$56	\$490	\$906
\$1,131,500	\$1,185,399	\$32	\$35	\$38	\$41	\$44	\$47	\$50	\$53	\$487	\$906
\$1,185,400	\$1,239,249	\$28	\$32	\$35	\$38	\$41	\$44	\$47	\$50	\$484	\$903
\$1,239,250	\$1,293,199	\$25	\$28	\$32	\$35	\$38	\$41	\$44	\$47	\$481	\$900
\$1,293,200	\$1,347,049	\$22	\$25	\$28	\$32	\$35	\$38	\$41	\$44	\$477	\$897
\$1,347,050	\$1,400,949	\$19	\$22	\$25	\$28	\$32	\$35	\$38	\$41	\$474	\$894
\$1,400,950	\$1,454,849	\$43	\$19	\$22	\$25	\$28	\$32	\$35	\$38	\$471	\$891
\$1,454,850	\$1,508,699	\$36	\$43	\$19	\$22	\$25	\$28	\$32	\$35	\$468	\$888
\$1,508,700	\$1,562,549	\$28	\$36	\$43	\$19	\$22	\$25	\$28	\$32	\$465	\$885
\$1,562,550	\$1,616,449	\$30	\$28	\$36	\$43	\$19	\$22	\$25	\$28	\$462	\$881
\$1,616,450	\$1,670,399	\$33	\$30	\$28	\$36	\$43	\$19	\$22	\$25	\$459	\$878
\$1,670,400	\$1,724,299	\$21	\$33	\$30	\$28	\$36	\$43	\$19	\$22	\$456	\$875
\$1,724,300	\$1,778,149	\$9	\$21	\$33	\$30	\$28	\$36	\$43	\$19	\$453	\$872
\$1,778,150	\$1,832,049		\$9	\$21	\$33	\$30	\$28	\$36	\$43	\$449	\$869
\$1,832,050	\$1,885,949			\$9	\$21	\$33	\$30	\$28	\$36	\$474	\$866
\$1,885,950	\$1,939,799				\$9	\$21	\$33	\$30	\$28	\$466	\$890
\$1,939,800	\$1,993,699					\$9	\$21	\$33	\$30	\$458	\$882
\$1,993,700	\$2,047,599						\$9	\$21	\$33	\$461	\$875
\$2,047,600	\$2,101,499							\$9	\$21	\$464	\$877
\$2,101,500	\$2,155,349								\$9	\$451	\$880
\$2,155,350	\$2,209,299									\$235	\$438
\$2,209,300	\$2,263,265										\$14

Note: These charts do not account for additional withholding in the following instances:

- a married couple with both spouses working, where one spouse's wages are more than \$1,131,632 but less than \$2,263,265, and the other spouse's wages are also more than \$1,131,632 but less than \$2,263,265;
- married taxpayers with only one spouse working, and that spouse works more than one job, with wages from each job under \$2,263,265, but combined wages from all jobs is over \$2,263,265.

If you are in one of these situations and you would like to request an additional dollar amount of withholding from your wages, please contact the Tax Department for assistance (see *Need help?* on page 7).

Part 7 – These charts are only for single taxpayers and head of household taxpayers with more than one job, and whose combined wages are between \$107,650 and \$2,263,265.

Enter the additional withholding dollar amount on line 3.

The additional dollar amount, as shown below, is accurate for a weekly payroll. If you are not paid on a weekly basis, you will need to adjust these dollar amount(s). For example, if you are paid biweekly, you must double the dollar amount(s) computed.

Combined wages between \$107,650 and \$538,749												
Higher wage		\$107,650 \$129,249	\$129,250 \$150,749	\$150,750 \$172,299	\$172,300 \$193,849	\$193,850 \$236,949	\$236,950 \$280,099	\$280,100 \$323,199	\$323,200 \$377,099	\$377,100 \$430,949	\$430,950 \$484,899	\$484,900 \$538,749
\$53,800	\$75,299	\$13	\$18									
\$75,300	\$96,799	\$12	\$20	\$27	\$26							
\$96,800	\$118,399	\$8	\$17	\$24	\$27	\$28						
\$118,400	\$129,249	\$2	\$11	\$18	\$21	\$26	\$35					
\$129,250	\$139,999		\$4	\$14	\$17	\$22	\$39					
\$140,000	\$150,749		\$2	\$10	\$13	\$19	\$39	\$38				
\$150,750	\$161,549			\$3	\$10	\$15	\$38	\$36				
\$161,550	\$172,499			\$1	\$7	\$13	\$38	\$38	\$36			
\$172,500	\$193,849				\$3	\$10	\$36	\$42	\$38	\$37		
\$193,850	\$236,949					\$11	\$31	\$44	\$42	\$42	\$25	
\$236,950	\$280,099						\$9	\$18	\$29	\$25	\$28	
\$280,100	\$323,199							\$7	\$17	\$27	\$22	
\$323,200	\$377,099								\$8	\$18	\$27	
\$377,100	\$430,949									\$8	\$18	
\$430,950	\$484,899										\$8	
\$484,900	\$538,749										\$8	

Combined wages between \$538,750 and \$1,185,399													
Higher wage		\$538,750 \$592,649	\$592,650 \$646,499	\$646,500 \$700,399	\$700,400 \$754,299	\$754,300 \$808,199	\$808,200 \$862,049	\$862,050 \$915,949	\$915,950 \$969,899	\$969,900 \$1,023,749	\$1,023,750 \$1,077,549	\$1,077,550 \$1,131,499	\$1,131,500 \$1,185,399
\$236,950	\$280,099		\$9										
\$280,100	\$323,199	\$9	\$8										
\$323,200	\$377,099	\$26	\$8	\$8	\$8								
\$377,100	\$430,949	\$22	\$26	\$8	\$8	\$8							
\$430,950	\$484,899	\$27	\$22	\$26	\$8	\$8	\$8	\$8					
\$484,900	\$538,749	\$18	\$27	\$22	\$26	\$8	\$8	\$8	\$8	\$8			
\$538,750	\$592,649	\$8	\$18	\$27	\$22	\$8	\$8	\$8	\$8	\$8	\$236	\$451	
\$592,650	\$646,499		\$8	\$18	\$27	\$22	\$8	\$8	\$8	\$8	\$236	\$451	
\$646,500	\$700,399			\$8	\$18	\$27	\$22	\$8	\$8	\$8	\$236	\$451	
\$700,400	\$754,299				\$8	\$18	\$27	\$22	\$8	\$8	\$236	\$451	
\$754,300	\$808,199					\$8	\$18	\$27	\$22	\$8	\$236	\$451	
\$808,200	\$862,049						\$8	\$18	\$27	\$22	\$236	\$451	
\$862,050	\$915,949							\$8	\$18	\$27	\$22	\$254	
\$915,950	\$969,899								\$8	\$18	\$27	\$250	
\$969,900	\$1,023,749									\$8	\$18	\$255	
\$1,023,750	\$1,077,549										\$8	\$246	
\$1,077,550	\$1,131,499											\$123	
\$1,131,500	\$1,185,399											\$14	

(Part 7 continued on page 8)

Privacy notification

See our website or Publication 54, *Privacy Notification*.

Need help?



Visit our website at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features

Telephone assistance

Automated income tax refund status: 518-457-5149

Personal Income Tax Information Center: 518-457-5181

To order forms and publications: 518-457-5431

Text Telephone (TTY) or TDD equipment users Dial 7-1-1 for the New York Relay Service



Department of Taxation and Finance

New York State, City of New York, and City of Yonkers Certificate of Nonresidence and Allocation of Withholding Tax

IT-2104.1

(9/15)

Employee: Complete this form and return it to your employer. If you become a New York State, New York City, or Yonkers resident, or you substantially change the percentage of services performed within New York State or Yonkers, you must notify your employer within 10 days. A penalty of \$500 may be imposed for furnishing false information that decreases the withholding amount.

Employee's first name and middle initial	Last name	Social security number	Employer's name		
Street address			Street address		
City	State	ZIP code	City	State	ZIP code

Mark an X in the appropriate boxes below:

(See definitions for *resident*, *nonresident*, and *part-year resident* on the back of this form.)

Part 1 – New York State

- I certify that I am not a resident of New York State and that my residence is as stated above.
- I estimate that _____ % of my services during the year will be performed within New York State and subject to New York State withholding tax.

Part 2 – New York City

- I certify that I am not a resident of New York City and that my residence is as stated above.

Part 3 – Yonkers

- I certify that I am not a resident of Yonkers and that my residence is as stated above.
- I estimate that _____ % of my services during the year will be performed within Yonkers.

I will notify my employer within 10 days of any change in the percentage of my services performed within New York State or Yonkers, or of a change in my status from nonresident to resident of New York State, New York City, or Yonkers.

Employee's signature mingrui liu	Date
-------------------------------------	------

Employer: You must withhold the applicable amount of New York State, New York City, or Yonkers tax from wages (or from the percentage of wages shown above) paid to employees who file this certificate. **Keep this certificate with your records. You must keep this certificate and have it available for inspection by the Tax Department.**

Instructions

Resident and nonresident defined

To determine whether or not you are a resident of New York State, New York City, or Yonkers, you must consider your *domicile* and permanent place of abode. In general, your *domicile* is the place you intend to have as your permanent home. In general, a *permanent place of abode* is a residence (a building or structure where a person can live) that you permanently maintain, whether you own it or not, that is suitable for year-round use. A *permanent place of abode* usually includes a residence your spouse owns or leases. For additional information, visit our Web site.

Resident

New York State resident – You are a New York State resident if:

1. Your *domicile* is not New York State but you maintain a permanent place of abode in New York State for more than 11 months of the year and spend 184 days or more (any part of a day is a day for this purpose) in New York State during the taxable year. However, if you are a member of the armed forces, and your *domicile* is not New York State, you are not a resident under this definition. Also, if you are a military spouse domiciled in another state, but located in New York State solely to be with your spouse (who is a member of the armed services present in New York State in compliance with military orders), you are not considered a resident under this definition. For more information, see TSB-M-10(1), *Military Spouses Residency Relief Act*; or
2. Your *domicile* is New York State. However, even if your *domicile* is New York State, you are not a resident if you meet **all three** of the conditions in either Group A or Group B as follows:

Group A

1. You did not maintain any permanent place of abode in New York State during the tax year, **and**
2. you maintained a permanent place of abode outside New York State during the entire tax year, **and**
3. you spent **30 days or less** (any part of a day is a day for this purpose) in New York State during the tax year.

Group B

1. You were in a foreign country for at least 450 days (any part of a day is a day for this purpose) during any period of 548 consecutive days, **and**
2. you, your spouse (unless legally separated), and your minor children spent **90 days or less** (any part of a day is a day for this purpose) in New York State during this 548-day period; **and**
3. during the nonresident portion of the tax year in which the 548-day period begins, and during the nonresident portion of the tax year in which the 548-day period ends, you were present in New York State for no more than the number of days that bears the same ratio to 90 as the number of days in such portion of the tax year bears to 548. This condition is illustrated by the following formula:

$$\frac{\text{number of days in the nonresident portion}}{548} \times 90 = \text{maximum days allowed in New York State}$$

To determine if you are a New York City or Yonkers resident, substitute *New York City* or *Yonkers*, whichever is applicable, for *New York State* in the above definition.

Nonresident and part-year resident

You are a *nonresident* if you do not meet the above definition of a resident. You are a *part-year resident* if you meet the definition of resident or nonresident for only part of the year.

Percent of services

The percent of services performed in New York State or Yonkers may be computed using days, miles, time, or similar criteria. For example, an individual working in New York State two out of five days for the entire year performs 40% of his or her services in New York State.

Privacy notification

New York State Law requires all government agencies that maintain a system of records to provide notification of the legal authority for any request, the principal purpose(s) for which the information is to be collected, and where it will be maintained. To view this information, visit our Web site, or, if you do not have Internet access, call and request Publication 54, *Privacy Notification*. See *Need help?* for the Web address and telephone number.

Need help?



Visit our Web site at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features



Telephone assistance

Automated income tax refund status: (518) 457-5149

Personal Income Tax Information Center: (518) 457-5181

To order forms and publications: (518) 457-5431



Text Telephone (TTY) Hotline (for persons with

hearing and speech disabilities using a TTY): If you have access to a TTY, contact us at (518) 485-5082. If you do not own a TTY, check with independent living centers or community action programs to find out where machines are available for public use.



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

Employee's Withholding Certificate

OMB No. 1545-0074

- Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
- Give Form W-4 to your employer.
- Your withholding is subject to review by the IRS.

2020

Step 1: Enter Personal Information	(a) First name and middle initial mingrui	Last name liu	(b) Social security number
	Address 188 claremont ave		
	City or town, state, and ZIP code new york		
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <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.)		

► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

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

Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following.
	(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ► <input type="checkbox"/>
	TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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.)

Step 3: Claim Dependents	If your 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 and enter the total here	3 \$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a) \$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b) \$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c) \$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. ► mingrui liu ► Employee's signature (This form is not valid unless you sign it.)		
	► 03/05/2020 ► Date		
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally 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.

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

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

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

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

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

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

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

Specific Instructions

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

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

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

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

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

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

Step 4 (optional).

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

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

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

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



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

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

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

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

1 \$ _____

- 2** Enter: { • \$24,800 if you're married filing jointly or qualifying widow(er)
• \$18,650 if you're head of household
• \$12,400 if you're single or married filing separately }

2 \$ _____

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

3 \$ _____

- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). 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 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 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 Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

Exemption From Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual

► See separate instructions.

Who Should Use This Form?	IF you are a nonresident alien individual who is receiving . . .	THEN, if you are the beneficial owner of that income, use this form to claim . . .
<p>Note: For definitions of terms used in this section and detailed instructions on required withholding forms for each type of income, see Definitions on pages 1 and 2 of the instructions.</p>	<p>Compensation for independent personal services performed in the United States</p>	<p>A tax treaty withholding exemption (Independent personal services, Business profits) for part or all of that compensation and/or to claim the daily personal exemption amount.</p>
	<p>Compensation for dependent personal services performed in the United States</p>	<p>A tax treaty withholding exemption for part or all of that compensation.</p> <p>Note: Do not use Form 8233 to claim the daily personal exemption amount.</p>
	<p>Noncompensatory scholarship or fellowship income and personal services income from the same withholding agent</p>	<p>A tax treaty withholding exemption for part or all of both types of income.</p>
	<p>Receiving compensation for dependent personal services performed in the United States and you are not claiming a tax treaty withholding exemption for that compensation</p>	<p>Form W-4 (See page 2 of the Instructions for Form 8233 for how to complete Form W-4.)</p>
	<p>Receiving noncompensatory scholarship or fellowship income and you are not receiving any personal services income from the same withholding agent</p>	<p>Form W-8BEN or, if elected by the withholding agent, Form W-4 for the noncompensatory scholarship or fellowship income</p>

This exemption is applicable for compensation for calendar year _____, or other tax year beginning _____ and ending _____.

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual who is the beneficial owner **2** U.S. taxpayer identifying number **3** Foreign tax identifying number, if any (optional)

4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box.

City or town, state or province. Include postal code where appropriate. Country (do not abbreviate)

5 Address in the United States (street, apt. or suite no., or rural route). Do not use a P.O. box.

City or town, state, and ZIP code

Note: Citizens of Canada or Mexico are not required to complete lines 7a and 7b.

6 U.S. visa type **7a Country issuing passport** **7b Passport number**

8 Date of entry into the United States **9a Current nonimmigrant status** **9b Date your current nonimmigrant status expires**

10 If you are a foreign student, trainee, professor/teacher, or researcher, check this box.

Caution: See the *line 10 instructions* for the required additional statement you must attach.

Part II Claim for Tax Treaty Withholding Exemption and/or Personal Exemption Amount

11 Compensation for independent (and certain dependent) personal services:

a Description of personal services you are providing _____

b Total compensation you expect to be paid for these services in this calendar or tax year \$ _____

12 If compensation is exempt from withholding based on a tax treaty benefit, provide:

a Tax treaty **and treaty article** on which you are basing exemption from withholding _____

b Total compensation listed on line 11b above that is exempt from tax under this treaty \$ _____

c Country of permanent residence _____

Note: Do not complete lines 13a through 13c unless you also received compensation for personal services **from the same withholding agent**.

13 Noncompensatory scholarship or fellowship income:

a Amount \$ _____

b Tax treaty **and treaty article** on which you are basing exemption from withholding _____

c Total income listed on line 13a above that is exempt from tax under this treaty \$ _____

14 Sufficient facts to justify the exemption from withholding claimed on line 12 and/or line 13 (see instructions) _____

_____**Note:** Lines 15 through 18 are to be completed only for certain independent personal services (see instructions).

15 Number of personal exemptions claimed ►

16 How many days will you perform services in the United States during this tax year? ►

17 Daily personal exemption amount claimed (see instructions) ►

18 Total personal exemption amount claimed. Multiply line 16 by line 17 ►

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
- The beneficial owner is not a U.S. person.
- The beneficial owner is a resident of the treaty country listed on line 12a and/or 13b above within the meaning of the income tax treaty between the United States and that country.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date _____

Part IV Withholding Agent Acceptance and Certification

Name _____

Employer identification number _____

Address (number and street) (Include apt. or suite no. or P.O. box, if applicable.) _____

City, state, and ZIP code _____

Telephone number _____

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual is not entitled to the exemption or that the nonresident alien's eligibility for the exemption cannot be readily determined.

Signature of withholding agent ►

Date ►

FOREIGN NATIONAL INFORMATION FORM

All foreign nationals who receive compensation and/or scholarship/fellowship from Columbia University must complete this form. The information provided will be used to determine your status (Non Resident or Resident Alien) under US tax regulations.

Last or Family Name: First Name: Middle:

Are you a Permanent Resident? Yes: No:

U.S. Local Address:	Foreign Residence Address:
City:	Address Line 1:
State: Zip Code:	Address Line2: Address Line 3/City:
	Postal Code: Province/Region:
	Foreign Country:

Country of Citizenship: _____ Passport#: _____

Country that Issued Passport: _____ Expiration Date: _____

Country of Tax Residence, if different from Foreign Residence Address:

Current Immigration:

Immigration Status:	If Immigration Status is J-1, what is the Subtype? (Located on section #4 in form DS2019)
F-1 Student	
F-2 Spouse of Student (F-1)	Student
J-1 Exchange Visitor	Professor
J-2 Spouse of Exchange Visitor (J-1)	Research Scholar
H-1 Temporary Employee	Short term Scholar
O-1 Alien with Extraordinary Abilities	
O-2 Personnel Accompanying O-1 Alien	
Other:	Other:

What is the actual date you entered the U.S.A. on your current visa?

What is the projected end date of your immigration status for this activity?

(Month/Day/Year)
(Please use date from Form I-20 or DS2019)

FOREIGN NATIONAL INFORMATION FORM (Part Two)

Have you ever had previous immigration status in the United States? Yes: _____ No: _____
(If yes, see below)

Please list all F, J, M or Q U.S. Visa Immigration activity since 01/01/1985:						
Date of Entry	Date of Exit	Visa Immigration Status	If J-1, Subtype	Primary Activity	Have you taken any Treaty Benefits?	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

I hereby certify that all of the above information is true and correct. I understand that if my status changes from what I have indicated on this form, I must submit a new Foreign National Information Form.

Signature:

Date:

Please return completed form to:

Human Resources Processing Center
Attn: Teresa Marin
615 West 131st Street
Studebaker Building, Floor 4th, MC 8702
New York, NY 10027

CU Internal Mail Service
Teresa Marin
Studebaker Building, 4Th Floor
MC 8702

For Further information please call:

Carlos Lira-Coppo (212)851-2849

Teresa Marin (212) 851-2865



Voluntary Self-Identification of Race and Ethnicity

In order to comply with certain federal recordkeeping and reporting requirements, the University invites faculty and staff to identify their ethnicity and race. Please fill out this form and return it to your hiring manager if you do not have access to a computer; if you do have access to a computer, please visit <https://my.columbia.edu> and log in with your UNI and password to supply this information under Faculty & Staff Self-Service.

Name: mingrui liu Date: 05/03/2020 (EMPL ID, if not a new hire: _____)

Providing the information below is optional and based on your self-identification. If you choose to participate, please answer both questions by checking the appropriate box or boxes. Thank you for your cooperation.

Questions	Answer Choices
Are you Hispanic or Latino?	<input type="checkbox"/> Yes, Hispanic or Latino. <input checked="" type="checkbox"/> No, not Hispanic or Latino.
What is your race? (select one or more)	<input type="checkbox"/> American Indian or Alaska Native <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White

What do these categories mean?

These categories are determined by the federal government. Definitions, as provided by the U.S. Department of Education, are as follows:

- **Hispanic or Latino**
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **American Indian or Alaska Native**
A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
- **Asian**
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American**
A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander**
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White**
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

How does Columbia use this information?

The University uses race and ethnicity information for annual reports to the U.S. Department of Education, to apply for certain grants, and to meet its Affirmative Action goals. Columbia University does not share specific race and ethnicity or other personal information with outside agencies. The ethnicity and race data you choose to provide here will be used only in accordance with applicable laws, executive orders, and government regulations. As per Columbia's Nondiscrimination Policies, Columbia University does not discriminate or permit harassment on the basis of race, color, alienage and citizenship, gender, or any other legally protected status.

F-1 On-Campus Employment Verification Form

To Be Completed By the Immediate Supervisor at Place of Employment

*This form must be printed on hiring department's letterhead, and include an original signature in blue ink.

** SSA will not accept this form if anything is crossed out or white-out is used.

Student name as it appears on passport: liu mingrui
Last First

Date of Birth: (mm/dd/yy): 08 / 15. / 1997 Columbia UNI: ml4404

SEVIS ID number (on I-20 beginning with N): N 0013622726

Employing department or office:

EIN: 13-5598093 Telephone number: 6143717733

Start date: (mm/dd/yy) 01/ 25 / 2020 Hours/week: 20

Job description:

Supervisor's name: _____ Title: _____

Supervisor Signature: _____ Date (mm/dd/yy): _____ / _____ / _____

Per 8CFR 214.2(f)(9)(i), students in F-1 status are permitted on-campus employment up to 20 hours per week while classes are in session. Full-time employment is permitted during vacation periods, provided the student intends to register for the subsequent term.



COLUMBIA

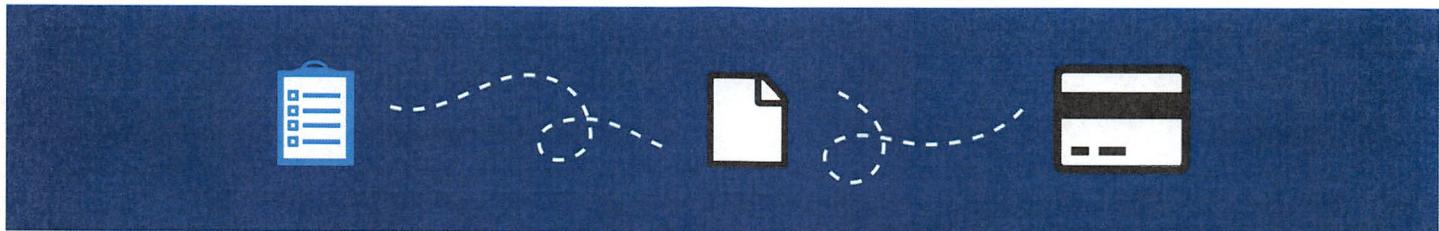
| ISSO

International Students & Scholars Office

[Home](#)[Employment](#)

For Scholars (Professors/Researchers)

Social Security Number Application



On this page

- [Overview](#)
- [Eligibility](#)
- [When and How to Apply](#)
- [Replacing a Lost Social Security Card](#)
- [Useful links](#)

Overview

A Social Security Number (SSN) is used primarily by employers and employees for tax-reporting purposes only. The employer needs to withhold taxes on your earnings using your unique number, and you need your social security number when you file a tax return.

A Social Security Number (SSN):



must be applied for in person from a federal agency, the Social Security Administration. A Columbia University ID number is not an SSN, and is for internal use only.



is *not* a work permit. An SSN is used only for tax-reporting purposes.



is *not* required to open a bank account, rent an apartment, start a mobile phone contract, or get a credit card.



is yours for life. You don't need to apply for another one if you already have an SSN from a previous stay in the United States.

Eligibility

In general, international students and scholars need to have authorized employment to apply for a Social Security Number (SSN), with the following exceptions:

1. F-1 doctoral fellowship recipients who do not work the first year but will later have teaching and research responsibilities
2. J-1 students, research and short-term scholars are eligible for an SSN without a specific job

When and How to Apply



1 Gather your documents

F-1 On-Campus Employment

When

You may apply for a Social Security Number (SSN) as early as 30 days in advance of your employment start date.

How

There are 6 items that comprise your SSN application that you take to the Social Security Card Center. Please follow these instructions.

Step A. Obtain On-Campus Employment Verification form completed by your supervisor

Share the [On-Campus Employment Verification form link](#) with your supervisor who will complete and sign the fillable form. The form must be:

- printed on the hiring department's official letterhead
- less than 30 days old on the day you apply for an SSN
- signed in blue ink with the supervisor's original signature

Step B. Apply for ISSO Social Security Letter

Log in to Compass with your UNI and password to request your ISSO Social Security Letter. Click on the link for your campus:

- ISSO Morningside: [F-1 Students](#)
- ISSO - CUIMC: [F-1 Students](#)

After you submit the form, ISSO will email you when the ISSO Social Security Letter is ready for pick-up.

Step C. When you have documents 1 - 6, take them to the [Social Security Card Center](#).

1

On-Campus Employment Verification form

2

ISSO Social Security letter

3

Printout of your [most recent I-94 arrival record](#)

4

SSN Application Form. Complete [SSN application form SS-5](#) on page 5. Use our [sample form as a guide](#).

5

Unexpired I-20. Program end date on I-20 has to be at least 14 days into the future on the date of your SSN application.

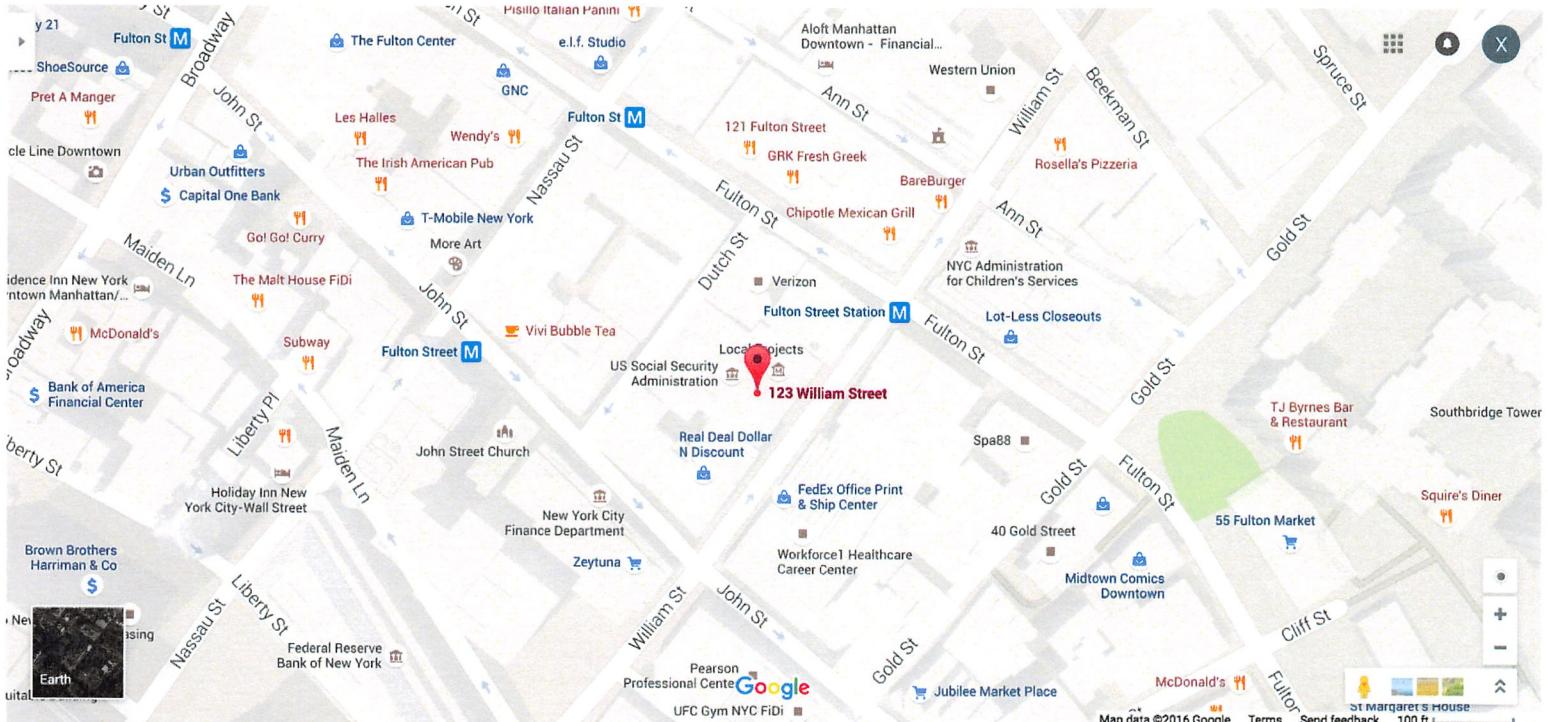
6

Unexpired passport. Valid until at least 6 months into the future.

Go to the Manhattan Social Security Card Center and bring all your documents

123 William Street
New York, NY
10038
(7:00 a.m. - 4:00 p.m., Monday to Friday)

*Many subway lines including the #2, #3, and A lines go to Fulton Street station. Follow the signs for the William St. exit.



Wait 1-2 weeks to receive your SSN in the mail

3

After you receive your SSN, we advise you **not** to carry the Social Security Card with you, but to memorize the number or make a note of it elsewhere and put the card in a safe place with your other important documents. We all need to be careful to avoid identity theft. **Don't lose your card! Replacement is tricky.**

Replacing a Lost Social Security Card

The SSA will replace your card (and will give you the same number) only if you are currently eligible to get one. However, you may continue to use your Social Security number if you know it and your card is not requested.

Check the document requirements under the category for your current eligibility. The SSN application has a question asking if you have ever filed for or received an SSN card before.

Useful links

- [I-94 Arrival Record](#)
- [F-1 On-Campus Employment Verification Form](#)
- [SSN application form SS-5 \(on page 5\)](#)
- [Sample of complete SSN form SS-5](#)
- [Contact Us](#)

Form I-9, Employment Eligibility Verification

The U.S. Department of Homeland Security's employment eligibility process requires that employees must present, to their employer, evidence of identity **and** employment eligibility within three business days of the date employment begins. If an employee is authorized to work, but is unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days.

LISTS OF ACCEPTABLE DOCUMENTS

You may provide a document from List A which establishes both identity and employment eligibility or you may provide a document from List B (establishing your identity) and a document from List C (establishing your employment eligibility).

LIST A Documents that Establish Both Identity <u>and</u> Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
OR		
1. U.S. Passport (unexpired or expired)	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. U.S. Social card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)
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	2. Certification of Birth Abroad issued by the Department of State (<i>form FS-545 or Form DS-1350</i>)
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
	5. U.S. Military card or draft record	5. U.S. Citizen ID Card (<i>Form I-197</i>)
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>)
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)
	9. Driver's license issued by a Canadian government authority	
For persons under age 18 who are unable to present a document listed above:		
10. School record or report		
11. Clinic, doctor, or hospital record		
12. Daycare or nursery school record		

STOP SEXUAL HARASSMENT ACT FACTSHEET

All employers are required to provide written notice of employees' rights under the Human Rights Law both in the form of a displayed poster **and** as an information sheet distributed to individual employees at the time of hire. This document satisfies the information sheet requirement.

The NYC Human Rights Law

The NYC Human Rights Law, one of the strongest anti-discrimination laws in the nation, protects all individuals against discrimination based on gender, which includes sexual harassment in the workplace, in housing, and in public accommodations like stores and restaurants. Violators can be held accountable with civil penalties of up to \$250,000 in the case of a willful violation. The Commission can also assess emotional distress damages and other remedies to the victim, can require the violator to undergo training, and can mandate other remedies such as community service.

Sexual Harassment Under the Law

Sexual harassment, a form of gender-based discrimination, is unwelcome verbal or physical behavior based on a person's gender.

Some Examples of Sexual Harassment

- unwelcome or inappropriate touching of employees or customers
- threatening or engaging in adverse action after someone refuses a sexual advance
- making lewd or sexual comments about an individual's appearance, body, or style of dress
- conditioning promotions or other opportunities on sexual favors
- displaying pornographic images, cartoons, or graffiti on computers, emails, cell phones, bulletin boards, etc.
- making sexist remarks or derogatory comments based on gender

Retaliation Is Prohibited Under the Law

It is a violation of the law for an employer to take action against you because you oppose or speak

out against sexual harassment in the workplace. The NYC Human Rights Law prohibits employers from retaliating or discriminating "in any manner against any person" because that person opposed an unlawful discriminatory practice. Retaliation can manifest through direct actions, such as demotions or terminations, or more subtle behavior, such as an increased work load or being transferred to a less desirable location. The NYC Human Rights Law protects individuals against retaliation who have a good faith belief that their employer's conduct is illegal, even if it turns out that they were mistaken.

Report Sexual Harassment

If you have witnessed or experienced sexual harassment inform a manager, the equal employment opportunity officer at your workplace, or human resources as soon as possible.

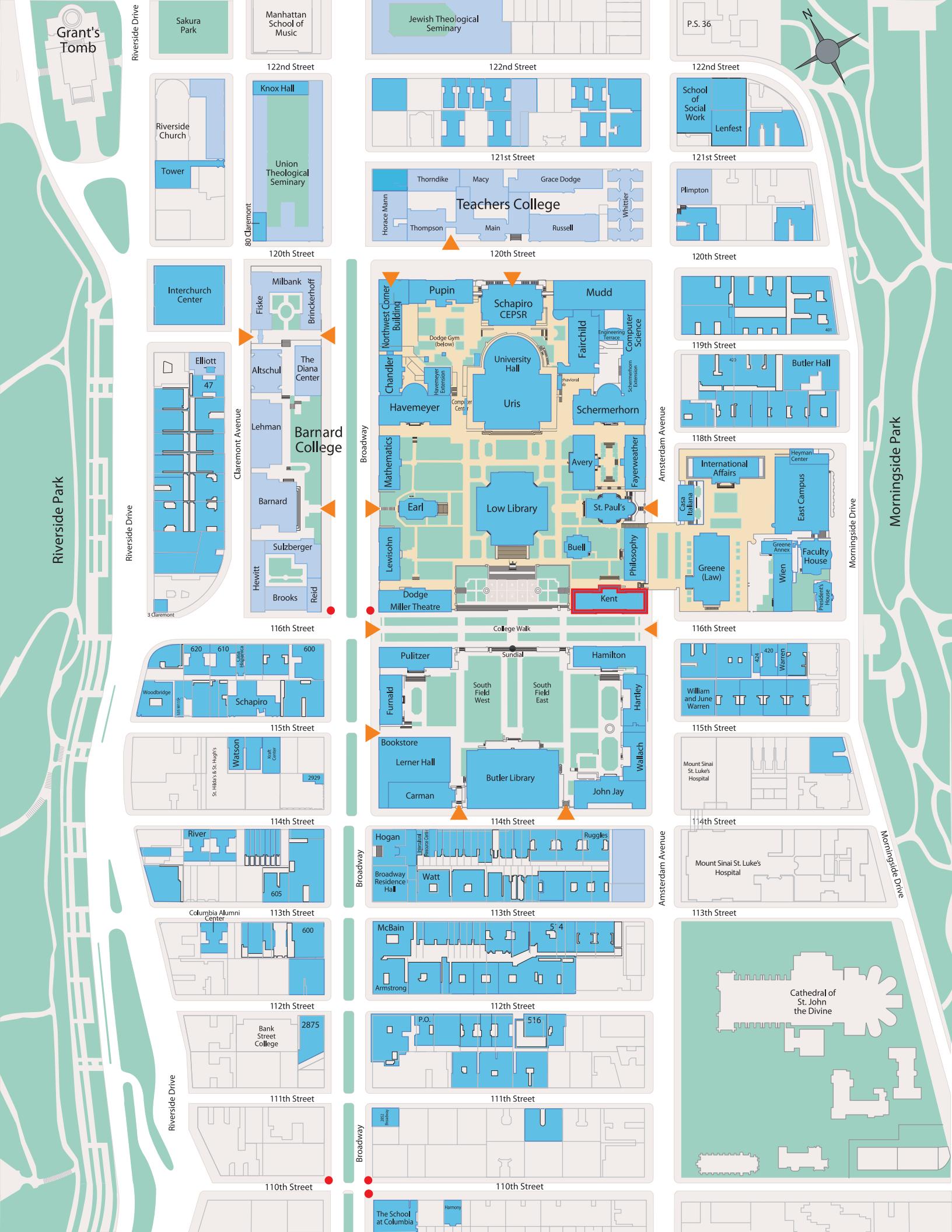
Report sexual harassment to the NYC Commission on Human Rights. Call 718-722-3131 or visit NYC.gov/HumanRights to learn how to file a complaint or report discrimination. You can file a complaint anonymously.

State and Federal Government Resources

Sexual harassment is also unlawful under state and federal law where statutes of limitations vary.

To file a complaint with the New York State Division of Human Rights, please visit the Division's website at www.dhr.ny.gov.

To file a charge with the U.S. Equal Employment Opportunity Commission (EEOC), please visit the EEOC's website at www.eeoc.gov.





Direct Deposit Online Instructions – Job Aid

To access PAC training information, go to <http://managers.hr.columbia.edu/tig/PAC>

Purpose:

The purpose of this job aid is to provide you with the steps to add, edit or deactivate your direct deposit information.

STEP ...	ACTION ...	RESULT ...
Access Direct Deposit	<ol style="list-style-type: none">1. Navigate to myColumbia portal @ https://my.columbia.edu.2. Click "Log in Now".3. Log in with your UNI and Password.4. Click on the "Faculty & Staff" tab.5. Click "View Your Direct Deposit Information" within the Self-Service section.	You accessed Direct Deposit within Self Service in PAC.

myColumbia Portal PAC Links

Columbia University in the City of New York Help Email

MYCOLUMBIA

Welcome to the
New myColumbia

Log In Now

MYCOLUMBIA

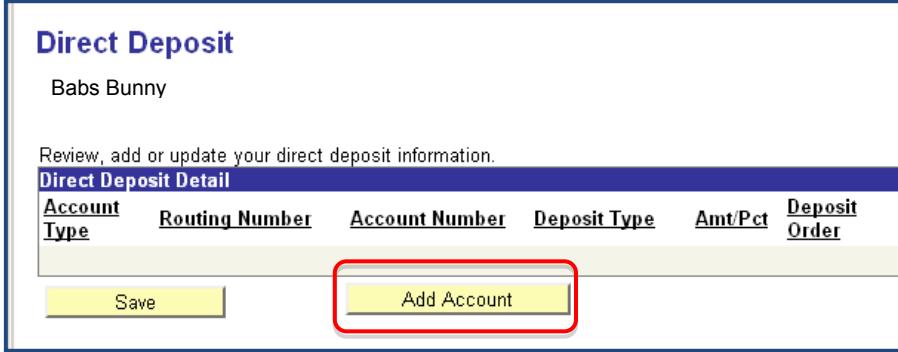
Faculty and Staff HR Manager Resources

Self-Service

- [View Your Paycheck](#)
- [View Your Direct Deposit Information](#)
- [View or Change Your Benefits Information](#)
 - [HR Forms](#)
- [Update Your Personal Information](#)
- [View Your Tax Information](#)
- [My W-2](#)
- [Verify Your Employment at Columbia](#)
 - [About Employment Verification](#)
- [NYS Law 195 Pay Rate Notice](#)

Direct Deposit

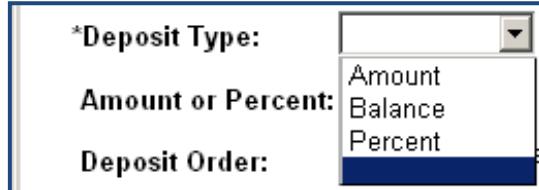
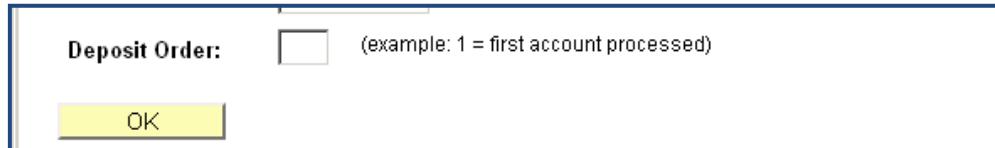
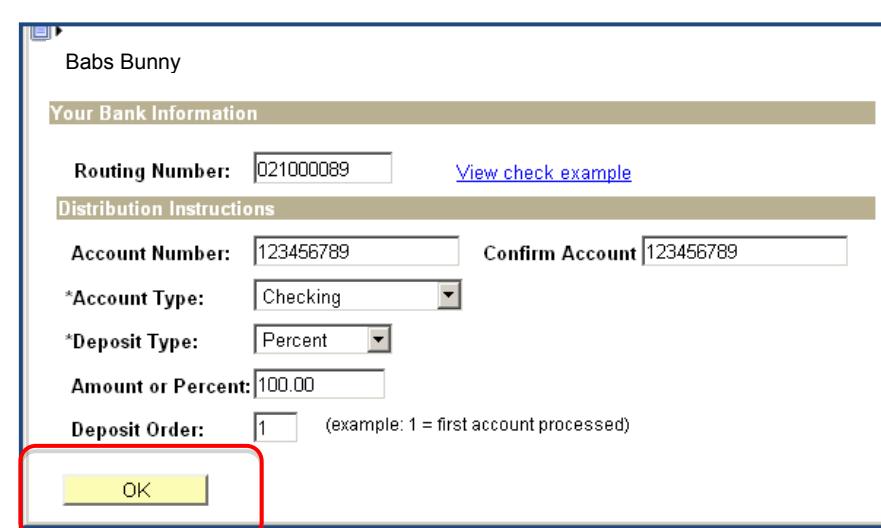


STEP ...	ACTION ...	RESULT ...												
To Add Direct Deposit Information	<p>1. Click the "Add Account" box to add your bank information.</p>  <p>Direct Deposit Babs Bunny Review, add or update your direct deposit information. Direct Deposit Detail <table border="1"><thead><tr><th>Account Type</th><th>Routing Number</th><th>Account Number</th><th>Deposit Type</th><th>Amt/Pct</th><th>Deposit Order</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table><p><input type="button" value="Save"/> <input style="border: 2px solid red;" type="button" value="Add Account"/></p></p>	Account Type	Routing Number	Account Number	Deposit Type	Amt/Pct	Deposit Order							
Account Type	Routing Number	Account Number	Deposit Type	Amt/Pct	Deposit Order									

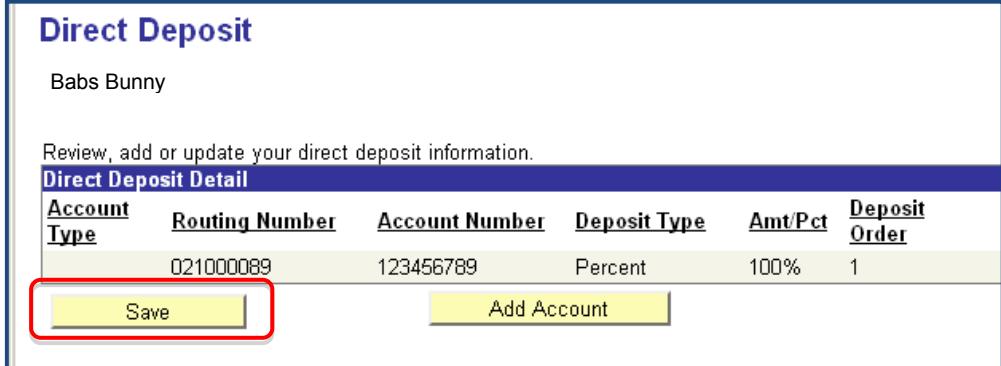


STEP ...	ACTION ...	RESULT ...
	<p>2. Enter the routing number of your bank. The bank's routing number is at the bottom of your check.</p> <p>a. If you are depositing into a savings account, please contact your bank for its routing number.</p> <p>Routing Number: <input type="text"/> View check example</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"><p>Check Example</p><p>The check image shows the routing number '9999' in the top right corner. Below it, there are two sets of lines for signatures. At the bottom of the check, the account number '999 999 999 9999' is printed twice, with the first set highlighted in yellow. Below the check, the numbers '1' and '2' are aligned under their respective parts of the account number. Below the check image, there are two buttons: 'OK' and 'Cancel'.</p><p>9999</p><p>1 2</p><p>1 - Routing Number 2 - Account Number</p><p>OK Cancel</p></div>	
	<p>3. Enter your Account Number twice.</p> <p>Distribution Instructions</p> <p>Account Number: <input type="text"/> Confirm Account: <input type="text"/></p>	
	<p>4. Select the Account Type (type of bank account) from the drop down box.</p> <p>*Account Type: <input type="button" value="▼"/></p> <p>*Deposit Type: <input type="button" value="Checking"/> <input type="button" value="Savings"/></p>	

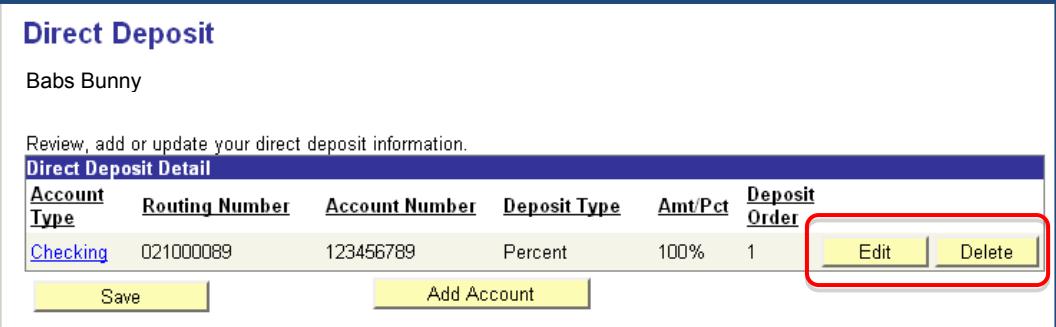
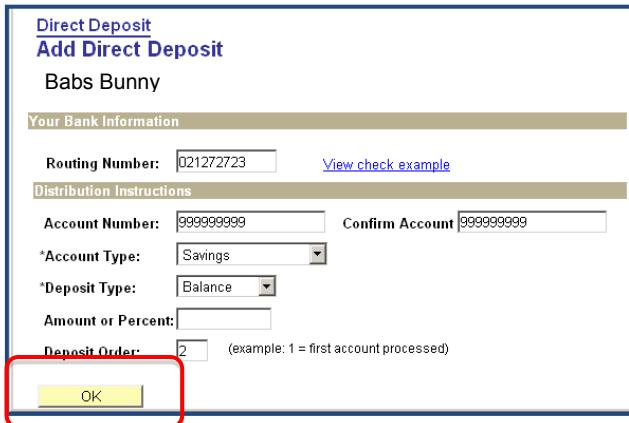


STEP ...	ACTION ...	RESULT ...
	<p>5. Select the Deposit Type.</p> <p>a. Use a deposit type of "Percent" when indicating a percent to deposit.</p> <p>b. Use a deposit type of "Balance" only if depositing into two accounts where an "amount" is used for the 1st account and the "balance" is used for the 2nd account.</p> 	
	<p>6. Enter the amount or percent of your deposit.</p> 	
	<p>7. Enter the Deposit Order.</p> <p>a. If depositing into two accounts, designate one of the accounts as the first account to have money deposited into, and the other account as the second account to have money deposited into.</p> <p>8. Review your information and click OK when entry is complete.</p>  	

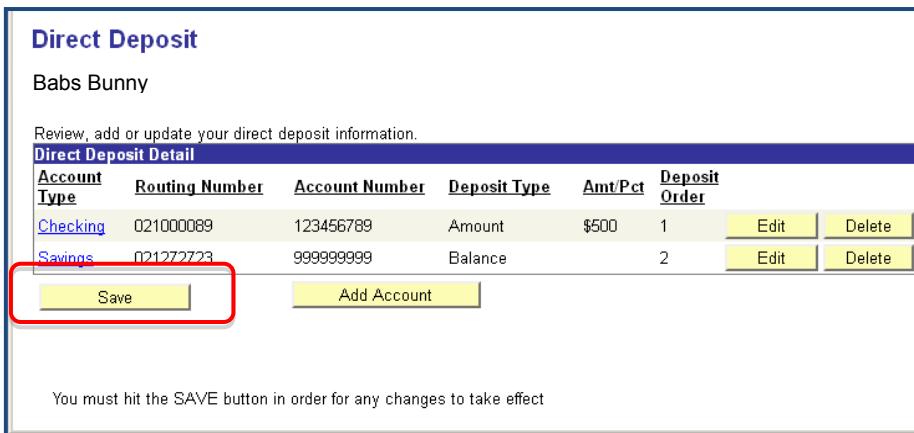
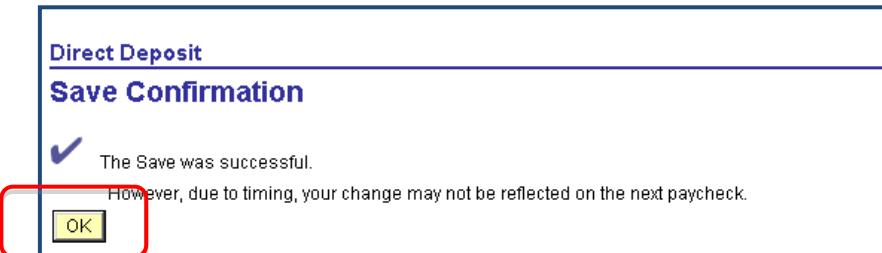


STEP ...	ACTION ...	RESULT ...												
	<p>You will then be at the confirmation page.</p> <p>9. Click "Save". The system will confirm that your information has been saved successfully.</p>  <p>Review, add or update your direct deposit information.</p> <p>Direct Deposit Detail</p> <table border="1"><thead><tr><th>Account Type</th><th>Routing Number</th><th>Account Number</th><th>Deposit Type</th><th>Amt/Pct</th><th>Deposit Order</th></tr></thead><tbody><tr><td>Checking</td><td>021000089</td><td>123456789</td><td>Percent</td><td>100%</td><td>1</td></tr></tbody></table> <p>Save Add Account</p>	Account Type	Routing Number	Account Number	Deposit Type	Amt/Pct	Deposit Order	Checking	021000089	123456789	Percent	100%	1	You successfully entered your direct deposit information.
Account Type	Routing Number	Account Number	Deposit Type	Amt/Pct	Deposit Order									
Checking	021000089	123456789	Percent	100%	1									
	<p>10. Click the yellow OK box.</p> <p>a. A message will also be sent to your Columbia email verifying that you have added, edited or deleted bank information to your direct deposit record.</p>  <p>Save Confirmation</p> <p>The Save was successful.</p> <p>However, due to timing, your change may not be reflected on the next paycheck.</p> <p>OK</p>													
	<p>11. Review your information and if a correction is needed, click the "Edit" box.</p> <p>12. To add a second direct deposit account, click "Add Account" and enter the information for the 2nd account.</p>  <p>Review, add or update your direct deposit information.</p> <p>Direct Deposit Detail</p> <table border="1"><thead><tr><th>Account Type</th><th>Routing Number</th><th>Account Number</th><th>Deposit Type</th><th>Amt/Pct</th><th>Deposit Order</th></tr></thead><tbody><tr><td>Checking</td><td>021000089</td><td>123456789</td><td>Percent</td><td>100%</td><td>1</td></tr></tbody></table> <p>Save Add Account Edit Delete</p>	Account Type	Routing Number	Account Number	Deposit Type	Amt/Pct	Deposit Order	Checking	021000089	123456789	Percent	100%	1	
Account Type	Routing Number	Account Number	Deposit Type	Amt/Pct	Deposit Order									
Checking	021000089	123456789	Percent	100%	1									



STEP . . .	ACTION . . .	RESULT . . .
View Your Direct Deposit Information / Sign Out	<p>1. To view your direct deposit information, click on “Direct Deposit” within the “Payroll and Compensation” menu.</p> <p>2. To sign out of Self Service, click “Sign Out” in the upper right hand corner.</p> 	You viewed your direct deposit information and signed out of Self Service.
To Change Existing Direct Deposit Information – Access Direct Deposit	<p>1. Navigate to myColumbia portal @ https://my.columbia.edu.</p> <p>2. Click “Log in Now”.</p> <p>3. Log in with your UNI and Password.</p> <p>4. Click on the “Faculty & Staff” tab.</p> <p>5. Click “View Your Direct Deposit Information” within the Self-Service section.</p> <p>a. Once you click on “View Your Direct Deposit Information” link, your Direct Deposit data record in PAC appears.</p> <p>6. Click the “Edit” box to edit your deposit and/or bank information.</p> <p>7. Click the “Delete” box to remove your deposit and/or bank information.</p> 	
	<p>8. Make any necessary changes to the information.</p> <p>9. Review your changes.</p> <p>10. Click “OK”.</p> 	



STEP . . .	ACTION . . .	RESULT . . .
Confirm the Change(s)	<p>You are now at the confirmation page.</p> <p>11. Review your information and if you need to make a correction, click “Edit”.</p> <p>12. If all information is correct, are you not making additional changes, click “Save”.</p>  <p>You must hit the SAVE button in order for any changes to take effect</p>	
Confirm the Change(s)	<p>The system will confirm that your information has been saved successfully.</p> <p>13. Click the OK box.</p> <p>a. A message will also be sent to your Columbia email verifying that you have added, edited or deleted bank information to your direct deposit record.</p> 	You successfully changed your direct deposit information.
View Your Direct Deposit Information / Sign Out	<p>1. To view your direct deposit information, click on “Direct Deposit” within the “Payroll and Compensation” menu.</p> <p>2. To sign out of Self Service, click “Sign Out” in the upper right hand corner.</p> 	You viewed your direct deposit information and signed out of Self Service.
	<p>For assistance or if you have any questions, please submit the question through the HRPC Helpdesk via the inquiry form (http://hr.columbia.edu/hrpc-inquiry-form) or contact the HRPC Help Desk at 212-851-2888 Monday – Friday from 9 am – 4 pm.</p>	