

MOREHOUSE COLLEGE

SUMMER/STUDENT PACKET

On behalf of Morehouse College, we would like to personally welcome you to the highly reputable Morehouse team. We are excited that you have joined one of the nation's finest American institutions. We want to immediately support you to join our College as quickly as possible. To that end, please kindly complete all of the following forms.

Welcome to Morehouse!

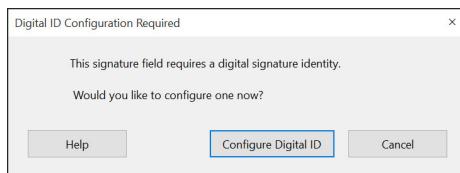
Sincerely,
Your Human Resources Team

Please Note: You will need the latest version of Adobe Reader installed.
To install now, visit <https://get.adobe.com/reader/>

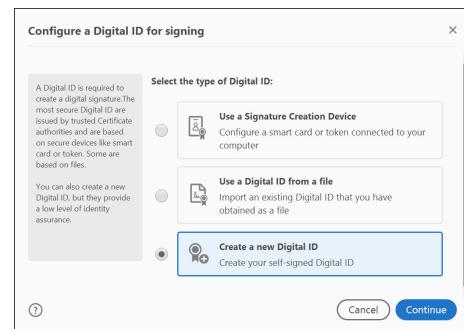
INSTRUCTIONS FOR SIGNING THIS DOCUMENT

This document uses certificate-based signatures, a certificate-based signature, like a conventional handwritten signature, identifies the person signing a document. Unlike a handwritten signature, a certificate-based signature is difficult to forge because it contains encrypted information that is unique to the signer. It can be easily verified and informs recipients whether the document was modified after the signer initially signed the document.

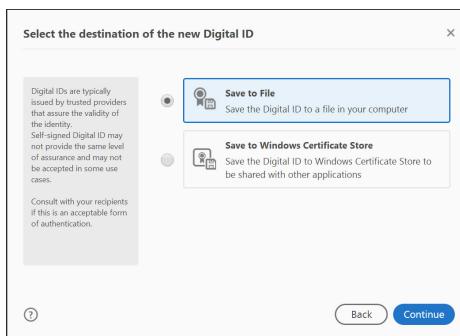
To sign a document with a certificate-based signature, you must obtain a digital ID or create a self-signed digital ID in Acrobat or Adobe Reader. The digital ID contains a private key and a certificate with a public key and more. The private key is used to create the certificate-based signature. The certificate is a credential that is automatically applied to the signed document. The signature is verified when recipients open the document.



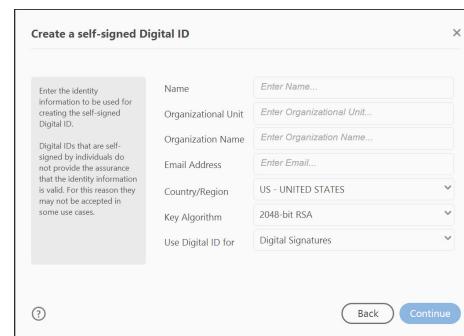
Step 1: When click into your first signature field, you will be prompted to configure your ID. **Click Configure Digital ID.**



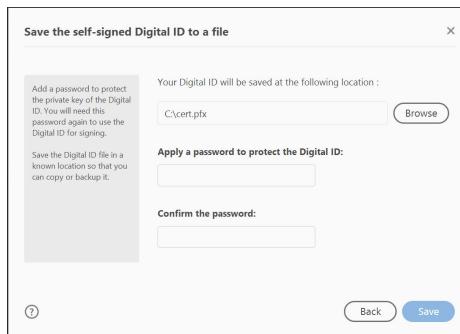
Step 2: You will be prompted to select your type of ID. **Select Create a new Digital ID and Click Continue.**



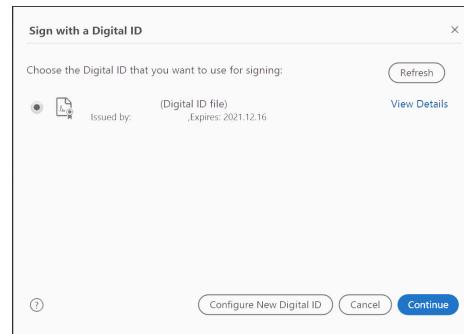
Step 3: You will need to save your new digital ID file. **Select Save to File and Click Continue.**



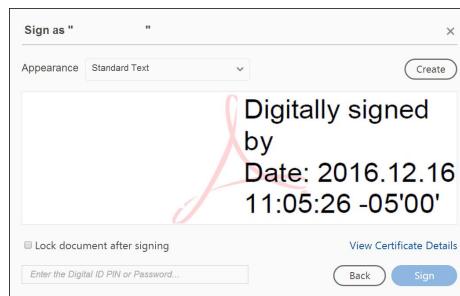
Step 4: Enter your name, Organizational Unit (optional), Organization Name (Optional) and Email Address. **Click Continue.**



Step 5: Select a location to save your file and **Enter a Password and Click Continue.**



Step 6: You will be prompted to use the new Digital ID that you just created. **Click Continue.**



Step 7: You will now see your new Digital ID. **Enter your Password and Click Sign.**

EMPLOYEE PERSONAL & DEMOGRAPHIC DATA

Prefix:
(select one)

First Name:

Last Name:

Do you have a Middle Name? Yes No

If "Yes," Enter it here:

Do you have a Personal Name Suffix?
(i.e. Jr., Sr., II, III, etc.) Yes No

If "Yes":
(select one)

Your full name, inclusive of your Middle Initial, if any, but not including any Academic, Military or Professional prefixes and/or suffixes is:

Social Security Number:
(No Dashes - Enter 9 numbers only)

Date of Birth:
(mm/dd/yyyy)

Gender: Female Male

Ethnicity: Black/African-American American Indian Asian/Pacific Islander
Latino/Hispanic White/Caucasian Multicultural

Marital Status: Single Married Widowed Divorced Separated

Are you a Veteran or Current Member of the United States Armed Forces? Yes No

Mailing Address:
(Number, Street Name, Apt #, etc.)

City:

State:

Zipcode:

Primary Phone Number:
(Enter 10 numbers only) Phone Type:

Do you have a 2nd Number? Yes No 2nd Phone Number:
(Enter 10 numbers only) Phone Type:

Personal Email Address:

Date of Hire:
(mm/dd/yyyy) Job Title:

Hire Type: Faculty (12 Month) Faculty (10 Month) Staff
Consultant/Other Temporary Temporary End Date:
(mm/dd/yyyy)

Employment Status: Full-Time Part-Time Pay Type: Hourly Salaried

FLSA Status: Payroll Type:

HUMAN RESOURCES/PAYROLL USE ONLY: DO NOT WRITE BELOW THIS LINE

Morehouse College ID:
(MCID)

Campus Phone Number:
(Enter 10 numbers only)

Employment Status: Full-Time Part-Time

Employment Type: Permanent Temporary

Pay Type: Hourly Salaried

Payroll Type:

Pay Rate (): Conversion Amt:

GL Number:

Morehouse Email Address:

Campus Box: Building/Room No.:



1511004011

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8**3. MARITAL STATUS**

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

A. Single: Enter 0 or 1.....[]

4. DEPENDENT ALLOWANCES []

B. Married Filing Joint, both spouses working:

Enter 0 or 1[]

C. Married Filing Joint, one spouse working:

Enter 0 or 1 or 2[]

5. ADDITIONAL ALLOWANCES []

(worksheet below must be completed)

D. Married Filing Separate:

Enter 0 or 1[]

E. Head of Household:

Enter 0 or 1[]

6. ADDITIONAL WITHHOLDING \$ _____**WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES****(Must be completed in order to enter an amount on step 5)****1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:**Yourself: Age 65 or over BlindSpouse: Age 65 or over Blind Number of boxes checked _____ x 1300.....\$_____**2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:**

A. Federal Estimated Itemized Deductions.....\$_____

B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300

Each Spouse \$1,500 \$_____

C. Subtract Line B from Line A.....\$_____

D. Allowable Deductions to Federal Adjusted Gross Income\$_____

E. Add the Amounts on Lines 1, 2C, and 2D\$_____

F. Estimate of Taxable Income not Subject to Withholding\$_____

G. Subtract Line F from Line E (if zero or less, stop here).....\$_____

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above\$_____

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E) _____ **TOTAL ALLOWANCES** (Total of Lines 3 - 5) _____
(Employer: The letter indicates the tax tables in Employer's Tax Guide)**8. EXEMPT:** (Do not complete Lines 3 - 7 if claiming exempt) **Read the Line 8 instructions on page 2 before completing this section.**a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. **Check here** b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is _____. My spouse's (servicemember) state of residence is _____. The states of residence must be the same to be exempt. **Check here**

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature _____ Date _____

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding.
If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P.O. Box 49432, Atlanta, GA 30359.**9. EMPLOYER'S NAME AND ADDRESS:****EMPLOYER'S FEIN:** _____Morehouse College - Office of Human Resources
830 Westview Dr. SW - Gloster Hall, Suite 100
Atlanta, GA 30314**EMPLOYER'S WH#:** _____**Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.**

INSTRUCTIONS FOR COMPLETING FORM G-4

Enter your full name, address and social security number in boxes 1a through 2b.

Line 3: Write the number of allowances you are claiming in the brackets beside your marital status.

- A. Single – enter 1 if your are claiming yourself
- B. Married Filing Joint, both spouses working – enter 1 if you claim yourself
- C. Married Filing Joint, one spouse working – enter 1 if your claim yourself or 2 if you claim yourself and your spouse
- D. Married Filing Separate – enter 1 if you claim yourself
- E. Head of Household – enter 1 if you claim yourself

Line 4: Enter the number of dependent allowances you are entitled to claim.

Line 5: Complete the worksheet on Form G-4 if you claim additional allowances. Enter the number on Line H here.

* **Failure to complete and submit the worksheet will result in automatic denial on your claim.**

Line 6: Enter a specific dollar amount that you authorize your employer to withhold in addition to the tax withheld based on your marital status and number of allowances.

Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 3-5.

Line 8:

- a) Check the first box if you qualify to claim exempt from withholding. You can claim exempt if you filed a Georgia income tax return last year and the amount of Line 4 of Form 500EZ or Line 16 of Form 500 was zero, **and** you expect to file a Georgia tax return this year and will not have a tax liability. You can not claim exempt if you did not file a Georgia income tax return for the previous tax year. **Receiving a refund in the previous tax year does not qualify you to claim exempt.**

EXAMPLES: Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$100. Your tax liability is the amount on Line 4 (or Line 16); therefore, you **do not qualify** to claim exempt.

Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$0 (zero). Your tax liability is the amount on Line 4 (or Line 16) and you filed a prior year income tax return; therefore you **qualify** to claim exempt.

- b) Check the second box if you are not subject to Georgia withholding and meet the conditions set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Under the Act, a spouse of a servicemember may be exempt from Georgia income tax on income from services performed in Georgia if:
 - 1. The servicemember is present in Georgia in compliance with military orders;
 - 2. The spouse is in Georgia solely to be with the servicemember;
 - 3. The spouse maintains domicile in another state; and
 - 4. The domicile of the spouse is the same as the domicile of the servicemember.

Additional information for employers regarding the Military Spouses Residency Relief Act:

- 1. On the W-2 for 2010 and any year thereafter, the employer should not report any of the wages as Georgia wages on the W-2.
- 2. If the spouse of a servicemember is entitled to the protection of the Military Spouses Residency Relief Act in another state and files a withholding exemption form in such other state, the spouse is required to submit a Georgia Form G-4 so that withholding will occur as is required by Georgia Law when a Georgia domiciliary works in another state and withholding is not required by such other state. If the spouse does not fill out the form, the employer shall withhold Georgia income tax as if the spouse is single with zero allowances.

Worksheet for calculating additional allowances. Enter the information as requested by each line. For Line 2D, enter items such as Retirement Income Exclusion, U.S. Obligations, and other allowable deductions per Georgia Law, see the IT-511 booklet for more information.

Do not complete Lines 3-7 if claiming exempt.

O.C.G.A. § 48-7-102 requires you to complete and submit Form G-4 to your employer in order to have tax withheld from your wages. By correctly completing this form, you can adjust the amount of tax withheld to meet your tax liability. Failure to submit a properly completed Form G-4 will result in your employer withholding tax as though you are single with zero allowances.

Employers are required to mail any Form G-4 claiming more than 14 allowances or exempt from withholding to the Georgia Department of Revenue for approval. Employers will honor the properly completed form as submitted pending notification from the Withholding Tax Unit. Upon approval, such forms remain in effect until changed or until February 15 of the following year. Employers who know that a G-4 is erroneous should not honor the form and should withhold as if the employee is single claiming zero allowances until a corrected form has been received.

Form W-4 (2018)

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

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

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no tax liability, and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no tax liability.**

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

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

Filers with multiple jobs or working spouses.

If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

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

Line C. Head of household please note:

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

Line E. Child tax credit.

When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents.

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

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

Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Form W-4	Department of the Treasury Internal Revenue Service	2018
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . .		5
6 Additional amount, if any, you want withheld from each paycheck . . .		6 \$
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . ► 7		

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

Employee's signature

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

Date ►

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

9 First date of employment

10 Employer identification number (EIN)

your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

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

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

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

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

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

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("0") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

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

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

Instructions for Employer

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

New hire reporting. Employers are

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

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

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

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

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

- | | |
|--|----------------|
| A Enter "1" for yourself | A _____ |
| B Enter "1" if you will file as married filing jointly | B _____ |
| C Enter "1" if you will file as head of household | C _____ |
| D Enter "1" if: { • You're single, or married filing separately, and have only one job; or
• You're married filing jointly, have only one job, and your spouse doesn't work; or
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. | D _____ |
| E Child tax credit. See Pub. 972, Child Tax Credit, for more information.
• If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.
• If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.
• If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.
• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" | E _____ |
| F Credit for other dependents.
• If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.
• If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
• If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" | F _____ |
| G Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here | G _____ |
| H Add lines A through G and enter the total here ► | H _____ |
- For accuracy,
**complete all
worksheets
that apply.**
- { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
• If you have **more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
• If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

- | | |
|--|------------|
| 1 Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details | 1 \$ _____ |
| 2 Enter: { \$24,000 if you're married filing jointly or qualifying widow(er)
\$18,000 if you're head of household
\$12,000 if you're single or married filing separately | 2 \$ _____ |
| 3 Subtract line 2 from line 1. If zero or less, enter "-0-" | 3 \$ _____ |
| 4 Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) | 4 \$ _____ |
| 5 Add lines 3 and 4 and enter the total | 5 \$ _____ |
| 6 Enter an estimate of your 2018 nonwage income (such as dividends or interest) | 6 \$ _____ |
| 7 Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses | 7 \$ _____ |
| 8 Divide the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction | 8 _____ |
| 9 Enter the number from the Personal Allowances Worksheet , line H above | 9 _____ |
| 10 Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 | 10 _____ |

Two-Earners/Multiple Jobs Worksheet

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

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 **Subtract** line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$5,000	0	\$0 - \$7,000	0
5,001 - 9,500	1	7,001 - 12,500	1
9,501 - 19,000	2	12,501 - 24,500	2
19,001 - 26,500	3	24,501 - 31,500	3
26,501 - 37,000	4	31,501 - 39,000	4
37,001 - 43,500	5	39,001 - 55,000	5
43,501 - 55,000	6	55,001 - 70,000	6
55,001 - 60,000	7	70,001 - 85,000	7
60,001 - 70,000	8	85,001 - 90,000	8
70,001 - 75,000	9	90,001 - 100,000	9
75,001 - 85,000	10	100,001 - 105,000	10
85,001 - 95,000	11	105,001 - 115,000	11
95,001 - 130,000	12	115,001 - 120,000	12
130,001 - 150,000	13	120,001 - 130,000	13
150,001 - 160,000	14	130,001 - 145,000	14
160,001 - 170,000	15	145,001 - 155,000	15
170,001 - 180,000	16	155,001 - 185,000	16
180,001 - 190,000	17	185,001 and over	17
190,001 - 200,000	18		
200,001 and over	19		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
24,376 - 82,725	500	7,001 - 36,175	500
82,726 - 170,325	910	36,176 - 79,975	910
170,326 - 320,325	1,000	79,976 - 154,975	1,000
320,326 - 405,325	1,330	154,976 - 197,475	1,330
405,326 - 605,325	1,450	197,476 - 497,475	1,450
605,326 and over	1,540	497,476 and over	1,540

Privacy Act and Paperwork Reduction Act Notice

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

U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be

retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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



Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 08/31/2019

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

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

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

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Other Last Names Used (if any)											
Address (Street Number and Name)		Apt. Number	City or Town	State ZIP Code										
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <table border="1"><tr><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td>-</td><td>[]</td><td>[]</td><td>[]</td></tr></table>				-			-	[]	[]	[]	Employee's E-mail Address		Employee's Telephone Number
			-			-	[]	[]	[]					

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. (See instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: OR 2. Form I-94 Admission Number: OR 3. Foreign Passport Number: Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee

Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator	Today's Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	
Address (Street Number and Name)	City or Town	State ZIP Code



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization				
Document Title	OR	List B Identity	AND	List C Employment Authorization
Issuing Authority		Document Title	Document Title	
Document Number		Issuing Authority	Issuing Authority	
Expiration Date (if any)(mm/dd/yyyy)		Document Number	Document Number	
Document Title		Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space

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

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

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

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

A. New Name (if applicable)		B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
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 (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		
		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 card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

SECTION 1. - IMPORTANT INFORMATION/INSTRUCTIONS

PLEASE NOTE: Direct Deposit requests must allow sufficient time for processing and bank pre-notification, and may not be effective for the next pay date. Late requests may result in a paper check being issued. This form must be signed and dated; and any omission will result in delayed processing.

Place your mouse pointer over the below buttons in order to view a sample of the required supporting documents.

[View Sample Voided Check](#)[View Sample Voided Deposit Slip](#)**SECTION 2. - EMPLOYEE INFORMATION**

MCID: Employee Name:
Primary Phone Number: Phone Type:
Secondary Phone Number: Phone Type:

SECTION 3. - ACCOUNT INFORMATION

Primary Account Action: Add New Account Wave Direct Deposit
Account Type: Checking Account Savings Account
Amount Type: I want the full amount of my net pay to be deposited in the below account.
After all other deposits are made, I want the remaining funds to be deposited in the below account.

Financial Institution:
Routing Number: Account Number:

Secondary Account Action: Add 2nd Account No 2nd Account
Account Type: Checking Account Savings Account
Amount Type: I want the partial amount of from my net pay to be deposited in the below account.
Financial Institution:
Routing Number: Account Number:

Tertiary Account Action: Add 3rd Account No 3rd Account
Account Type: Checking Account Savings Account
Amount Type: I want the partial amount of from my net pay to be deposited in the below account.
Financial Institution:
Routing Number: Account Number:

I hereby instruct Morehouse College to deposit my net pay directly into my Checking, Savings, or Cash Pay Account. I understand that I am responsible for checking my deposit notice for correctness each payday and for verifying that funds have been credited to my account before making expenditures. This instruction will remain in effect until the Morehouse College payroll office is notified in writing with a new form completed and submitted **TEN business days prior to the next deposit**. I understand that if I close or move an account I must notify the Payroll Office immediately to assist in misdirection of funds. I understand if a payroll action has already been transmitted to a financial institution, confirmation of reversal must be received before Morehouse College will reissue a replacement payment. I understand that Morehouse has the right to correct deposit entries or errors by creating or debiting my account as necessary.

Employee Signature: Date:

PAYROLL USE ONLY: DO NOT WRITE BELOW THIS LINE

Date Entered: Entered By:

The Morehouse Technology Group (MTG) supports and deploys the following resources: desktops, laptops, handheld computers, tablets, printers, scanners, data networks and servers, internet, e-mail, numerous applications and software programs, cellular telephones and electronic and video communications. These resources are all considered property of Morehouse College.

In addition, users of the College's information technology resources will safeguard these resources from unauthorized use and misuse, to include, but not be limited to:

ONLY ACCESSING OR ATTEMPTING TO ACCESS TECHNOLOGY RESOURCES THAT THEY HAVE BEEN AUTHORIZED TO USE;

- Not granting any unauthorized individual access to information technology resources;
- Not disclosing/sharing their passwords or authorization codes to any individual, inside or outside the College;
- Not copying, disclosing, transferring, examining, renaming or changing any information or programs belonging to another user unless given permission to do so by the user;
- Not installing or configuring any software and/or equipment allowing them to remotely access, monitor, or administer any computer, server or device on the College's networks; and
- Treating all electronic material in the same manner as equivalent hard copies with regard to confidentiality, release of information and open records requests.

NO USER WILL:

- Access another user's e-mail or read, copy, or alter the contents of another person's mailbox without first obtaining his/her permission;
- Forge or knowingly send forged e-mail messages or attachments to any e-mail message;
- Use profane, obscene, offensive or inflammatory speech in any e-mail message; or
- Use the e-mail system to personally attack any individual or entity, share data that is not authorized for distribution and/or misrepresent oneself or the College;

NO INDIVIDUAL WILL USE THE COLLEGE'S TECHNOLOGY RESOURCES TO CREATE, COPY, VIEW, DISTRIBUTE, TRANSMIT, RETRIEVE, SAVE OR PRINT ANY STATEMENTS, IMAGES OR MATERIALS THAT:

- Are offensive, harassing or disparaging to others based on race, national origin, sex, sexual orientation, age, disability, or political or religious belief;
- Are sexually explicit or oriented; or
- May incite violence or describe or promote the use of weapons or devices associated with such activities.

NO INDIVIDUAL WILL USE THE COLLEGE'S TECHNOLOGY RESOURCES FOR:

- Illegal purposes or in support of such activities;
- Degrading and/or disrupting the performance of the College's computer systems or networks of any other entity's computer systems or networks;
- Downloading, participating in, or playing any recreational game;
- Accessing or participating in any chat rooms unrelated to the specific objectives of his/her job;
- Listening to radio/music via the internet or viewing any non-work-related video transmissions;
- Hosting a web site or providing any internet-related service without the approval of the MTG VP/CIO;
- Commercial purposes, product advertisements, or "for profit" personal activities;
- Union or political activities such as to further one's own or someone else's partisan or nonpartisan political campaign;
- Unauthorized use of copyrighted materials or other person's original writings;
- Distributing "junk" mail such as chain letters or making unauthorized solicitations (such as non-business related mass mailings offering items for sale or soliciting charitable contributions);
- Transmitting confidential information without proper authorization and following security procedures;
- Storing unauthorized data, information or software on any information technology resource; or
- Preventing the use of or disrupting the performance of any other information technology resource.

Violations of this Users Agreement may result in disciplinary action, up to and including termination.

Employee Name:

Employee Signature:

Date:

SECTION 1. - EMPLOYEE INFORMATION

Employee Name: MCID:
Department: Contact #:
Job Title: Building:
Supervisor: Room #:

SECTION 2. - ACCOUNT ACCESS TYPE

New Access (New Account)	*Extension (Extend Users Length of Access)	*Transfer (Department Transfer)	*Change (Name/Title/Position Change)
User Account	Network Account		

SECTION 3. - EMPLOYMENT STATUS

Hire Date:	Faculty – Full-Time	*Consultant (Requires End Date)
End Date:	Faculty - Adjunct	*Temporary Employee (Requires End Date)
	Staff - Full-Time	*Consultant/Temp End Date:
	Staff – Part-Time	

Is the employee a former student or temporary employee? Yes No

An Answer is Required for the Following Statement:

- I have read the Computing and Network Use Agreement
I have not read the Computing and Network Use Agreement

Employee Signature: Date:

HUMAN RESOURCES USE ONLY: DO NOT WRITE BELOW THIS LINE

Approved Denied

Human Resources Authorized Signature: Date:

MOREHOUSE TECHNOLOGY GROUP USE ONLY: DO NOT WRITE BELOW THIS LINE

User Account Name: Work Order #:
MTG Agent: Date Created:

SECTION 1. - EMPLOYEE INFORMATION

Employee Name:

Department:

Job Title:

Home Address:

City, State & Zipcode:

Primary Telephone Number:

SECTION 2. - EMERGENCY CONTACT INFORMATION**Primary Emergency Contact Person**

Full Name:

Relationship:

Address:

City, State, Zip:

Best Contact Number:

Contact Number Type:

Backup Contact Number:

Contact Number Type:

Secondary Emergency Contact Person

Full Name:

Relationship:

Address:

City, State, Zip:

Best Contact Number:

Contact Number Type:

Backup Contact Number:

Contact Number Type:

Employee Signature:

Date:

In the event the above information changes, please notify your manager and Human Resources immediately.

MOREHOUSE

COLLEGE

Office of Human Resources

To: Sale Hall (Basement)
Room 003 & 004

From: Office of Human Resources
Gloster Hall, Room 100

RE: Identification Referral

Date:

Hire Type:

Employee Name:

Morehouse Identification Number:

Title:

Department:

Approval:

Human Resources

Date

**EMPLOYEE VEHICLE PERMIT
AUTHORIZATION FOR PAYROLL DEDUCTION****Permit No.:****Date:****SECTION 1. - EMPLOYEE INFORMATION**

Last Name:

First Name:

MI:

MCID:

SECTION 2. - EMPLOYEE PAYROLL DEDUCTION INFORMATION

I have selected the following type of on-campus parking available to me for the period September 1st of the current year through August 31st of the subsequent year; and agree that the stated amount is to be deducted from my payroll check on a pre-tax basis as indicated. I further understand that if I purchase my parking permit after the 15th of the month, my deduction for the month will be at 50% of the equivalent rate.

Parking Benefit (Option 1 – General Parking \$400.00 Annually):

I wish to use the following deduction schedule:

Annual Deduction (a one-time payment of \$400.00)

Semi-Annual Deduction (2 payments of \$200.00 deducted each Semester)

Monthly Deduction (12 payments of \$33.33 deducted each Month)

Biweekly Deduction (26 payments of \$15.38 deducted each Biweekly pay-period)

Parking Benefit (Option 2 – Reserved Parking \$600.00 Annually):

I wish to use the following deduction schedule:

Annual Deduction (a one-time payment of \$600.00)

Semi-Annual Deduction (2 payments of \$300.00 deducted each Semester)

Monthly Deduction (12 payments of \$50.00 deducted each Month)

Biweekly Deduction (26 payments of \$23.07 deducted each Biweekly pay-period)

Parking Benefit (Option 3 – I wish to WAIVE Parking):

By signing below, I hereby authorize Morehouse College to deduct

from my payroll check, as indicated above.

I further understand that this is a pre-tax deduction, which will not be considered wages for Federal Insurance Contribution Act (FICA), Federal Unemployment Tax Act, or Federal and State income tax withholding.

Employee Signature:

Date:

PARKING REGISTRATION FORM

SECTION 1. - EMPLOYEE INFORMATION

Last Name:

First Name:

MI:

MCID:

Department/Building Name:

Work Phone Ext:

Email Address:
(Morehouse/Other)

Employee Type:

Permanent

Temporary

SECTION 2. - PAYMENT INFORMATION

Payment Type:

Payroll Deduction

Daily Rate (Pay per Entry/Exit)

Invoice (Department or Company to be billed)

Prepaid (\$ per month)

Other:

Method of Payment:

Cash

Check

Credit Card

Dept. Account

Amount Paid:

Date:

Amount Paid:

Date:

SECTION 3. - VEHICLE INFORMATION

Please Note: (Only one permit will be issued. Your permit may be transferred to whichever vehicle is driven.)

Model

Make

Color

Year

Tag

State

1.

2.

I have received a copy of the Morehouse College Parking Policy and Procedures and will abide by them. I understand that it is the responsibility of all parkers at Morehouse College to read and be familiar with the Parking Policies. I further understand that it is the responsibility of all employees to review their paychecks to ensure that parking fees are being deducted. If there is a concern or question, please contact Human Resources. (Non-Morehouse College and monthly parkers are required to pay a \$10.00 refundable cash deposit for the access card. Parking for Non-Morehouse College parkers and monthly parkers is on a space available basis only, and may be cancelled with a 30 day notice.) All permits and access materials remain the property of Morehouse College. Individuals terminating employment without returning parking access materials will receive a \$20.00 deduction from their final check. Parkers only pay for the privilege to park.

Employee Signature:

Date:

LOT	ACCESS CARD NO.	SPACE NO.	PERMIT NO.	DATE RECEIVED	DATE RETURNED	REP INITIALS

Morehouse College assumes no liability for loss, theft, damage or other adverse circumstances while parked on Morehouse College Property

Email Completed Forms to HR 