



# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No.1615-0047  
Expires 07/31/2026

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

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

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

|                         |                         |                         |                                |
|-------------------------|-------------------------|-------------------------|--------------------------------|
| Last Name (Family Name) | First Name (Given Name) | Middle Initial (if any) | Other Last Names Used (if any) |
|-------------------------|-------------------------|-------------------------|--------------------------------|

|                                  |                      |              |       |          |
|----------------------------------|----------------------|--------------|-------|----------|
| Address (Street Number and Name) | Apt. Number (if any) | City or Town | State | ZIP Code |
|----------------------------------|----------------------|--------------|-------|----------|

|                            |                             |                          |                             |
|----------------------------|-----------------------------|--------------------------|-----------------------------|
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | Employee's Email Address | Employee's Telephone Number |
|----------------------------|-----------------------------|--------------------------|-----------------------------|

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

1. A citizen of the United States

2. A noncitizen national of the United States (See Instructions.)

3. A lawful permanent resident (Enter USCIS or A-Number.)

4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) \_\_\_\_\_

If you check Item Number 4., enter one of these:

|                |    |                            |    |   |
|----------------|----|----------------------------|----|---|
| USCIS A-Number | OR | Form I-94 Admission Number | OR | Foreign Passport Number and Country of Issuance |
|----------------|----|----------------------------|----|---|

|                       |                           |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

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

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

|                          | List A | OR | List B | AND | List C |
|--------------------------|--------|----|--------|-----|--------|
| Document Title 1         |        |    |        |     |        |
| Issuing Authority        |        |    |        |     |        |
| Document Number (if any) |        |    |        |     |        |
| Expiration Date (if any) |        |    |        |     |        |

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

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

|  |  |                           |
|--|--|---------------------------|
| Last Name, First Name and Title of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) |
|--|--|---------------------------|

|  |  |
|--|--|
| Employer's Business or Organization Name | Employer's Business or Organization Address, City or Town, State, ZIP Code |
|--|--|

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

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

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

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

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

| LIST A<br>Documents that Establish Both Identity and Employment Authorization   | OR | LIST B<br>Documents that Establish Identity   | AND | LIST C<br>Documents that Establish Employment Authorization  |
|---|----|---|-----|--|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol> | OR | <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item <b>Number 4.</b> document, not a List C document.</p> </li> </ol> |

### Acceptable Receipts

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

For receipt validity dates, see the M-274.

|  |    |   |  |   |
|--|----|---|--|---|
| <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul> | OR | <p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p> |  | <p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p> |
|--|----|---|--|---|

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



# Supplement A, Preparer and/or Translator Certification for Section 1

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

**USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026**

|  |  |   |
|--|--|---|
| Last Name ( <i>Family Name</i> ) from Section 1. | First Name ( <i>Given Name</i> ) from Section 1. | Middle Initial (if any) from Section 1. |
|--|--|---|

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |

**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       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |

**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       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |

**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       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |



# Supplement B, Reverification and Rehire (formerly Section 3)

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

USCIS  
Form I-9  
Supplement B  
OMB No. 1615-0047  
Expires 07/31/2026

|  |  |   |
|--|--|---|
| Last Name ( <i>Family Name</i> ) from Section 1. | First Name ( <i>Given Name</i> ) from Section 1. | Middle initial (if any) from Section 1. |
|--|--|---|

**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

|   |                                   |                         |                |
|---|-----------------------------------|-------------------------|----------------|
| Date of Rehire ( <i>if applicable</i> ) | New Name ( <i>if applicable</i> ) |                         |                |
| Date ( <i>mm/dd/yyyy</i> )              | Last Name (Family Name)           | First Name (Given Name) | Middle Initial |

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

|                |                          |  |
|----------------|--------------------------|--|
| Document Title | Document Number (if any) | Expiration Date (if any) ( <i>mm/dd/yyyy</i> ) |
|----------------|--------------------------|--|

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

|   |  |                                    |
|---|--|------------------------------------|
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> ) |
|---|--|------------------------------------|

|  |  |
|--|--|
| Additional Information (Initial and date each notation.) | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |
|--|--|

|   |                                   |                         |                |
|---|-----------------------------------|-------------------------|----------------|
| Date of Rehire ( <i>if applicable</i> ) | New Name ( <i>if applicable</i> ) |                         |                |
| Date ( <i>mm/dd/yyyy</i> )              | Last Name (Family Name)           | First Name (Given Name) | Middle Initial |

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

|                |                          |  |
|----------------|--------------------------|--|
| Document Title | Document Number (if any) | Expiration Date (if any) ( <i>mm/dd/yyyy</i> ) |
|----------------|--------------------------|--|

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

|   |  |                                    |
|---|--|------------------------------------|
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> ) |
|---|--|------------------------------------|

|  |  |
|--|--|
| Additional Information (Initial and date each notation.) | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |
|--|--|

|   |                                   |                         |                |
|---|-----------------------------------|-------------------------|----------------|
| Date of Rehire ( <i>if applicable</i> ) | New Name ( <i>if applicable</i> ) |                         |                |
| Date ( <i>mm/dd/yyyy</i> )              | Last Name (Family Name)           | First Name (Given Name) | Middle Initial |

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

|                |                          |  |
|----------------|--------------------------|--|
| Document Title | Document Number (if any) | Expiration Date (if any) ( <i>mm/dd/yyyy</i> ) |
|----------------|--------------------------|--|

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

|   |  |                                    |
|---|--|------------------------------------|
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> ) |
|---|--|------------------------------------|

|  |  |
|--|--|
| Additional Information (Initial and date each notation.) | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |
|--|--|

# Employee's Withholding Certificate

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.

### Step 1: Enter Personal Information

|   |           |   |
|---|-----------|---|
| (a) First name and middle initial   | Last name | (b) Social security number  |
| Address   |           | 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 <a href="http://www.ssa.gov">www.ssa.gov</a> . |
| City or town, state, and ZIP code   |           |   |
| (c) <input type="checkbox"/> Single or Married filing separately  |           |   |
| <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse  |           |   |
| <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) |           |   |

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

### 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](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; 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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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 Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ \_\_\_\_\_

Multiply the number of other dependents by \$500 . . . . . \$ \_\_\_\_\_

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .

**3** \$

### 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.

\_\_\_\_\_  
Employee's signature (This form is not valid unless you sign it.)

\_\_\_\_\_  
Date

### Employers Only

Employer's name and address

First date of  
employment

Employer identification  
number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

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

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

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. 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](http://www.irs.gov/W4App) to figure the amount to have withheld.

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

## Specific Instructions

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

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

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

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



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

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

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



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

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

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . 1 \$ \_\_\_\_\_
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . 2a \$ \_\_\_\_\_
  - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . 2b \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . 2c \$ \_\_\_\_\_
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . 3 \_\_\_\_\_
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . 4 \$ \_\_\_\_\_

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



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . 1 \$ \_\_\_\_\_
- 2 Enter:
 

|   |  |
|---|--|
| } | • \$29,200 if you're married filing jointly or a qualifying surviving spouse |
|   | • \$21,900 if you're head of household                                       |
|   | • \$14,600 if you're single or married filing separately                     |

 . . . . . 2 \$ \_\_\_\_\_
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . 5 \$ \_\_\_\_\_

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

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

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

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

**Married Filing Jointly or Qualifying Surviving Spouse**

| 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   | \$0               | \$780             | \$850             | \$940             | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,020             | \$1,370             |
| \$10,000 - 19,999                              | 0   | 780               | 1,780             | 1,940             | 2,140             | 2,220             | 2,220             | 2,220             | 2,220             | 2,220             | 2,570               | 3,570               |
| \$20,000 - 29,999                              | 780   | 1,780             | 2,870             | 3,140             | 3,340             | 3,420             | 3,420             | 3,420             | 3,420             | 3,770             | 4,770               | 5,770               |
| \$30,000 - 39,999                              | 850   | 1,940             | 3,140             | 3,410             | 3,610             | 3,690             | 3,690             | 3,690             | 4,040             | 5,040             | 6,040               | 7,040               |
| \$40,000 - 49,999                              | 940   | 2,140             | 3,340             | 3,610             | 3,810             | 3,890             | 3,890             | 4,240             | 5,240             | 6,240             | 7,240               | 8,240               |
| \$50,000 - 59,999                              | 1,020   | 2,220             | 3,420             | 3,690             | 3,890             | 3,970             | 4,320             | 5,320             | 6,320             | 7,320             | 8,320               | 9,320               |
| \$60,000 - 69,999                              | 1,020   | 2,220             | 3,420             | 3,690             | 3,890             | 4,320             | 5,320             | 6,320             | 7,320             | 8,320             | 9,320               | 10,320              |
| \$70,000 - 79,999                              | 1,020   | 2,220             | 3,420             | 3,690             | 4,240             | 5,320             | 6,320             | 7,320             | 8,320             | 9,320             | 10,320              | 11,320              |
| \$80,000 - 99,999                              | 1,020   | 2,220             | 3,620             | 4,890             | 6,090             | 7,170             | 8,170             | 9,170             | 10,170            | 11,170            | 12,170              | 13,170              |
| \$100,000 - 149,999                            | 1,870   | 4,070             | 6,270             | 7,540             | 8,740             | 9,820             | 10,820            | 11,820            | 12,830            | 14,030            | 15,230              | 16,430              |
| \$150,000 - 239,999                            | 1,960   | 4,360             | 6,760             | 8,230             | 9,630             | 10,910            | 12,110            | 13,310            | 14,510            | 15,710            | 16,910              | 18,110              |
| \$240,000 - 259,999                            | 2,040   | 4,440             | 6,840             | 8,310             | 9,710             | 10,990            | 12,190            | 13,390            | 14,590            | 15,790            | 16,990              | 18,190              |
| \$260,000 - 279,999                            | 2,040   | 4,440             | 6,840             | 8,310             | 9,710             | 10,990            | 12,190            | 13,390            | 14,590            | 15,790            | 16,990              | 18,190              |
| \$280,000 - 299,999                            | 2,040   | 4,440             | 6,840             | 8,310             | 9,710             | 10,990            | 12,190            | 13,390            | 14,590            | 15,790            | 16,990              | 18,380              |
| \$300,000 - 319,999                            | 2,040   | 4,440             | 6,840             | 8,310             | 9,710             | 10,990            | 12,190            | 13,390            | 14,590            | 15,980            | 17,980              | 19,980              |
| \$320,000 - 364,999                            | 2,040   | 4,440             | 6,840             | 8,310             | 9,710             | 11,280            | 13,280            | 15,280            | 17,280            | 19,280            | 21,280              | 23,280              |
| \$365,000 - 524,999                            | 2,720   | 6,010             | 9,510             | 12,080            | 14,580            | 16,950            | 19,250            | 21,550            | 23,850            | 26,150            | 28,450              | 30,750              |
| \$525,000 and over                             | 3,140   | 6,840             | 10,540            | 13,310            | 16,010            | 18,590            | 21,090            | 23,590            | 26,090            | 28,590            | 31,090              | 33,590              |

**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                                    | \$240   | \$870             | \$1,020           | \$1,020           | \$1,020           | \$1,540           | \$1,870           | \$1,870           | \$1,870           | \$1,870           | \$1,910             | \$2,040             |
| \$10,000 - 19,999                              | 870   | 1,680             | 1,830             | 1,830             | 2,350             | 3,350             | 3,680             | 3,680             | 3,680             | 3,720             | 3,920               | 4,050               |
| \$20,000 - 29,999                              | 1,020   | 1,830             | 1,980             | 2,510             | 3,510             | 4,510             | 4,830             | 4,830             | 4,870             | 5,070             | 5,270               | 5,400               |
| \$30,000 - 39,999                              | 1,020   | 1,830             | 2,510             | 3,510             | 4,510             | 5,510             | 5,830             | 5,870             | 6,070             | 6,270             | 6,470               | 6,600               |
| \$40,000 - 59,999                              | 1,390   | 3,200             | 4,360             | 5,360             | 6,360             | 7,370             | 7,890             | 8,090             | 8,290             | 8,490             | 8,690               | 8,820               |
| \$60,000 - 79,999                              | 1,870   | 3,680             | 4,830             | 5,840             | 7,040             | 8,240             | 8,770             | 8,970             | 9,170             | 9,370             | 9,570               | 9,700               |
| \$80,000 - 99,999                              | 1,870   | 3,690             | 5,040             | 6,240             | 7,440             | 8,640             | 9,170             | 9,370             | 9,570             | 9,770             | 9,970               | 10,810              |
| \$100,000 - 124,999                            | 2,040   | 4,050             | 5,400             | 6,600             | 7,800             | 9,000             | 9,530             | 9,730             | 10,180            | 11,180            | 12,180              | 13,120              |
| \$125,000 - 149,999                            | 2,040   | 4,050             | 5,400             | 6,600             | 7,800             | 9,000             | 10,180            | 11,180            | 12,180            | 13,180            | 14,180              | 15,310              |
| \$150,000 - 174,999                            | 2,040   | 4,050             | 5,400             | 6,860             | 8,860             | 10,860            | 12,180            | 13,180            | 14,230            | 15,530            | 16,830              | 18,060              |
| \$175,000 - 199,999                            | 2,040   | 4,710             | 6,860             | 8,860             | 10,860            | 12,860            | 14,380            | 15,680            | 16,980            | 18,280            | 19,580              | 20,810              |
| \$200,000 - 249,999                            | 2,720   | 5,610             | 8,060             | 10,360            | 12,660            | 14,960            | 16,590            | 17,890            | 19,190            | 20,490            | 21,790              | 23,020              |
| \$250,000 - 399,999                            | 2,970   | 6,080             | 8,540             | 10,840            | 13,140            | 15,440            | 17,060            | 18,360            | 19,660            | 20,960            | 22,260              | 23,500              |
| \$400,000 - 449,999                            | 2,970   | 6,080             | 8,540             | 10,840            | 13,140            | 15,440            | 17,060            | 18,360            | 19,660            | 20,960            | 22,260              | 23,500              |
| \$450,000 and over                             | 3,140   | 6,450             | 9,110             | 11,610            | 14,110            | 16,610            | 18,430            | 19,930            | 21,430            | 22,930            | 24,430              | 25,870              |

**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   | \$510             | \$850             | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,220           | \$1,870           | \$1,870           | \$1,870             | \$1,960             |
| \$10,000 - 19,999                              | 510   | 1,510             | 2,020             | 2,220             | 2,220             | 2,220             | 2,420             | 3,420             | 4,070             | 4,070             | 4,160               | 4,360               |
| \$20,000 - 29,999                              | 850   | 2,020             | 2,560             | 2,760             | 2,760             | 2,960             | 3,960             | 4,960             | 5,610             | 5,700             | 5,900               | 6,100               |
| \$30,000 - 39,999                              | 1,020   | 2,220             | 2,760             | 2,960             | 3,160             | 4,160             | 5,160             | 6,160             | 6,900             | 7,100             | 7,300               | 7,500               |
| \$40,000 - 59,999                              | 1,020   | 2,220             | 2,810             | 4,010             | 5,010             | 6,010             | 7,070             | 8,270             | 9,120             | 9,320             | 9,520               | 9,720               |
| \$60,000 - 79,999                              | 1,070   | 3,270             | 4,810             | 6,010             | 7,070             | 8,270             | 9,470             | 10,670            | 11,520            | 11,720            | 11,920              | 12,120              |
| \$80,000 - 99,999                              | 1,870   | 4,070             | 5,670             | 7,070             | 8,270             | 9,470             | 10,670            | 11,870            | 12,720            | 12,920            | 13,120              | 13,450              |
| \$100,000 - 124,999                            | 2,020   | 4,420             | 6,160             | 7,560             | 8,760             | 9,960             | 11,160            | 12,360            | 13,210            | 13,880            | 14,880              | 15,880              |
| \$125,000 - 149,999                            | 2,040   | 4,440             | 6,180             | 7,580             | 8,780             | 9,980             | 11,250            | 13,250            | 14,900            | 15,900            | 16,900              | 17,900              |
| \$150,000 - 174,999                            | 2,040   | 4,440             | 6,180             | 7,580             | 9,250             | 11,250            | 13,250            | 15,250            | 16,900            | 18,030            | 19,330              | 20,630              |
| \$175,000 - 199,999                            | 2,040   | 4,510             | 7,050             | 9,250             | 11,250            | 13,250            | 15,250            | 17,530            | 19,480            | 20,780            | 22,080              | 23,380              |
| \$200,000 - 249,999                            | 2,720   | 5,920             | 8,620             | 11,120            | 13,420            | 15,720            | 18,020            | 20,320            | 22,270            | 23,570            | 24,870              | 26,170              |
| \$250,000 - 449,999                            | 2,970   | 6,470             | 9,310             | 11,810            | 14,110            | 16,410            | 18,710            | 21,010            | 22,960            | 24,260            | 25,560              | 26,860              |
| \$450,000 and over                             | 3,140   | 6,840             | 9,880             | 12,580            | 15,080            | 17,580            | 20,080            | 22,580            | 24,730            | 26,230            | 27,730              | 29,230              |





## RESIDENCY CERTIFICATION FORM

### Local Earned Income Tax Withholding

#### TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be used by employers when a new employee is hired or when a current employee notifies employer of a name or address change. Use the Address Search Application at [dced.pa.gov/Act32](http://dced.pa.gov/Act32) to determine PSD codes, EIT rates, and tax collector contact information.

#### EMPLOYEE INFORMATION – RESIDENCE LOCATION

|  |  |   |  |                         |  |
|--|--|---|--|-------------------------|--|
| NAME (Last Name, First Name, Middle Initial) |  |   | SOCIAL SECURITY NUMBER   |                         |  |
|  |  |   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                         |  |
| STREET ADDRESS (No PO Box, RD or RR)         |  |   |  |                         |  |
| ADDRESS LINE 2                               |  |   |  |                         |  |
| CITY   |  | STATE   | ZIP CODE   | DAYTIME PHONE NUMBER    |  |
|  |  |   |  |                         |  |
| MUNICIPALITY (City, Borough or Township)     |  |   |  |                         |  |
| COUNTY                                       |  | RESIDENT PSD CODE   |  | TOTAL RESIDENT EIT RATE |  |
|  |  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |                         |  |

#### EMPLOYER INFORMATION – EMPLOYMENT LOCATION

|   |  |   |  |                                     |  |
|---|--|---|--|-------------------------------------|--|
| EMPLOYER BUSINESS NAME (Use Federal ID Name)                              |  |   | EMPLOYER FEIN  |                                     |  |
| WEST CHESTER UNIVERSITY STUDENT SERVICES, INC.                            |  |   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                     |  |
| STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR) |  |   |  |                                     |  |
| 110 W. ROSEDALE AVENUE  |  |   |  |                                     |  |
| ADDRESS LINE 2  |  |   |  |                                     |  |
| SYKES UNION ROOM 259  |  |   |  |                                     |  |
| CITY  |  | STATE   | ZIP CODE   | PHONE NUMBER                        |  |
| WEST CHESTER  |  | PA  | 19383  | 610-436-3559                        |  |
| MUNICIPALITY (City, Borough or Township)                                  |  |   |  |                                     |  |
| WEST GOSHEN TOWNSHIP  |  |   |  |                                     |  |
| COUNTY  |  | WORK LOCATION PSD CODE  |  | WORK LOCATION NON-RESIDENT EIT RATE |  |
| CHESTER   |  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  | 1.00%                               |  |

#### CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

|                       |               |                   |
|-----------------------|---------------|-------------------|
| SIGNATURE OF EMPLOYEE |               | DATE (MM/DD/YYYY) |
|                       |               |                   |
| PHONE NUMBER          | EMAIL ADDRESS |                   |
|                       |               |                   |

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES, and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

[dced.pa.gov/Act32](http://dced.pa.gov/Act32)

# LOCAL SERVICES TAX EXEMPTION APPLICATION



File completed application with your employer  
DO NOT USE THIS FORM TO REQUEST A REFUND  
[Click here to download LST Refund Application](#)

|            |       |          |       |
|------------|-------|----------|-------|
| Name       | _____ | Tax Year | _____ |
| Address    | _____ | SSN      | _____ |
| City/State | _____ | Phone    | _____ |
| Zip        | _____ |          |       |

### Reason for Exemption (check all that apply)

- Multiple Employers** *List all employers on page 2 of this form*  
Provide employer information on reverse side. Attach a copy of your final pay statement from each employer.  
Each statement must show:
- Name of employer
  - Length of payroll period
  - Amount of Local Services Tax withheld
  - Total earnings
- Notify employers of a change in principal place of employment within two weeks of the change**
- Income Exemption**  
Annual income \_\_\_\_\_  
*Income exemption for Local Services Tax is \$12,000 or less from all sources of earned income and net profits, when the LST tax rate exceeds \$10 per year. Attach copy(s) of final pay statement(s) from employer(s). You may also attach a copy of your prior year W-2(s).*
- Military (Active Duty or Disabled)**
- *If you are Active-Duty military, attach copy of orders. Annual training is not eligible for exemption from LST.*
  - *If you are disabled, attach a copy of your military discharge orders and a statement from the Department of Veterans' Affairs documenting your qualifying disability.*
- Clergy**

### INSTRUCTIONS FOR EMPLOYERS

1. If the employee qualifies for this exemption, do not withhold the Local Services Tax from payroll.
2. Employees earning less than \$12,000 in earned income from all sources are exempt from the municipal portion of the Local Services Tax when the tax rate exceeds \$10.
3. The school district in which your business is located may or may not levy the Local Services Tax. If it does, the income exemption may differ from the municipal exemption.
4. Contact the Tax Officer at [www.KeystoneCollects.com](http://www.KeystoneCollects.com) for additional information regarding the Local Services Tax.

# LOCAL SERVICES TAX EXEMPTION APPLICATION – PAGE 2



### EMPLOYMENT INFORMATION

1. List all places of employment for the applicable tax year.
2. List your **PRIMARY EMPLOYER** in column 1 (below) and any secondary employers in the other columns.
3. If you are self-employed, write SELF in the Employer Name field.

|                | 1. Primary Employer | 2. | 3. |
|----------------|---------------------|----|----|
| Employer Name  |                     |    |    |
| Address        |                     |    |    |
| Address 2      |                     |    |    |
| City/State/Zip |                     |    |    |
| Municipality   |                     |    |    |
| Employer Phone |                     |    |    |
| Start Date     |                     |    |    |
| End Date       |                     |    |    |
| Gross Earnings |                     |    |    |

|                | 4. | 5. | 6. |
|----------------|----|----|----|
| Employer Name  |    |    |    |
| Address        |    |    |    |
| Address 2      |    |    |    |
| City/State/Zip |    |    |    |
| Municipality   |    |    |    |
| Employer Phone |    |    |    |
| Start Date     |    |    |    |
| End Date       |    |    |    |
| Gross Earnings |    |    |    |

File completed application with your employer  
**DO NOT USE THIS FORM TO REQUEST A REFUND**  
[Click here to download LST Refund Application](#)

I declare under penalty of law that the information stated here and submitted with this form is true and correct. I understand and acknowledge that the information I provide with this application is subject to verification and audit at any time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**STUDENT SERVICES, INC.**  
**WEST CHESTER UNIVERSITY**  
**AUTHORIZATION FOR DIRECT DEPOSIT OF PAY**

**SECTION 1 EMPLOYEE INFORMATION**

|   |                      |   |          |
|---|----------------------|---|----------|
| NAME OF PAYEE (last, first, middle initial) |                      | SOCIAL SECURITY NUMBER  |          |
| ADDRESS (street, route, P.O. Box)           |                      | <b>ACTION TO BE TAKEN</b><br><br><input type="checkbox"/> Start Direct Deposit<br><input type="checkbox"/> Change of Financial Information<br><input type="checkbox"/> Change of Account Number<br><input type="checkbox"/> Stop Direct Deposit<br><input type="checkbox"/> Change in Direct Deposit Amount<br><input type="checkbox"/> Amount \$ _____ |          |
| CITY  | STATE                |   | ZIP CODE |
| TELEPHONE NUMBER                            |                      |   |          |
| PAYROLL ID NUMBER                           | DEPARTMENT OR AGENCY |   |          |

**EMPLOYEE CERTIFICATION**

Unless otherwise indicated above, I hereby authorize and request **Student Services, Inc., West Chester University** to direct the net amount of my biweekly pay for crediting to my account indicated at the FINANCIAL INSTITUTION designated below, and I further authorize the FINANCIAL INSTITUTION to credit the same to such account without responsibility for correctness of such amount.

This authorization will remain in effect until I initiate the required stop action in such time and such manner as to allow my EMPLOYER a reasonable opportunity to act upon it. Furthermore, I understand that termination of employment with my EMPLOYER shall constitute sufficient authorization to terminate this agreement.

I agree to notify my EMPLOYER if I wish to change the designated FINANCIAL INSTITUTION, account, or amount to which my net pay is to be deposited 30 days prior to the effective date of such change. I understand that failure to do so may delay the receipt of my net pay.

|                    |      |
|--------------------|------|
| EMPLOYEE SIGNATURE | DATE |
|--------------------|------|

**SECTION 2 FINANCIAL INSTITUTION INFORMATION**

|   |   |
|---|---|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION | ROUTING NUMBER  |
|   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
|   | TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS  |
|   | DEPOSITOR ACCOUNT NUMBER  |
|   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

# EMERGENCY CONTACT FORM

Employee Name \_\_\_\_\_

Employee Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

## EMERGENCY CONTACT #1

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## EMERGENCY CONTACT #2

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_