

NEW HIRE FORMS CHECKLIST

SUBSTITUTES

ITEM	FORM	DESCRIPTION	# OF PAGES
1.	IRS FORM W-4	Employee's Withholding Allowance Certificate	2
2.	NYS FORM IT-2104	Employee's Withholding Allowance Certificate	7
3.	DEPT. HOMELAND SECURITY FORM I-9	Employment Eligibility Verification	5
4.	DFSD AUTOMATIC OPT IN/OPT OUT	Group Health Insurance	1
5.	HEALTH INSURANCE INFORMATION SHEET	Dependent Information	1
6.	DIRECT DEPOSIT AUTHORIZATION	Checking/Savings Account Information	1
7.	NYS TRS NOTICE	Teacher's Retirement System	2
8.	DFSD 403(b)	Universal Availability Notice and Waiver	5
9.		Two Forms of ID: Passport or Driver's License & SS Card	
10.		Canceled/Voided Check	

Form W-4 (2016)

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. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

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 may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>

For accuracy, **complete all worksheets that apply.** {

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 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 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2016</h1>
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, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
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 lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details	1	\$	
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$	
6	Enter an estimate of your 2016 nonwage income (such as dividends or interest)	6	\$	
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8		
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1		
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not 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 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. 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

Table 2

Married Filing Jointly		All Others		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	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 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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 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.



Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial		Last name		Your social security number											
Permanent home address (number and street or rural route)			Apartment number		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>										
City, village, or post office			State	ZIP code	Married, but withhold at higher single rate <input type="checkbox"/>										
<p>Are you a resident of New York City? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Complete the worksheet on page 3 before making any entries.</p> <p>1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 17) <table border="1"><tr><td>1</td><td></td></tr></table></p> <p>2 Total number of allowances for New York City (from line 28) <table border="1"><tr><td>2</td><td></td></tr></table></p> <p>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</p> <p>3 New York State amount <table border="1"><tr><td>3</td><td></td></tr></table></p> <p>4 New York City amount <table border="1"><tr><td>4</td><td></td></tr></table></p> <p>5 Yonkers amount <table border="1"><tr><td>5</td><td></td></tr></table></p>						1		2		3		4		5	
1															
2															
3															
4															
5															

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

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

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

Employer: Keep this certificate with your records.

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

A Employee claimed more than 14 exemption allowances for NYS A

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

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

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

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

Changes effective for 2016

Form IT-2104 has been revised for tax year 2016. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2016 Form IT-2104 and give it to your employer.

Who should file this form

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

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim

is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$106,950 or more during the tax year.
- The total income of you and your spouse has increased to \$106,950 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.

- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

Exemption from withholding

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

Withholding allowances

You may **not** claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute in Part 1 and Part 3 on page 3 of this form. If you want more tax withheld, you may claim fewer allowances. **If you claim more than 14 allowances**, your employer **must send** a copy of your **Form IT-2104** to the New York State Tax Department. You may then be asked to verify your allowances. If you arrive at negative allowances (less than zero) on lines 1 or 2 and your employer cannot accommodate negative allowances, **enter 0** and see *Additional dollar amount(s)* below.

Income from sources other than wages – If you have more than \$1,000 of income from sources other than wages (such as interest, dividends, or alimony received), reduce the number of allowances claimed on line 1 and line 2 (if applicable) of the IT-2104 certificate by one for each \$1,000 of nonwage income. If you arrive at negative allowances (less than zero), see *Withholding allowances* above. You may also consider filing estimated tax, especially if you have significant amounts of nonwage income. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for Form IT-2105, *Estimated Tax Payment Voucher for Individuals*, or see *Need help?* on page 6.

Other credits (Worksheet line 13) – If you will be eligible to claim any credits other than the credits listed in the worksheet, such as an investment tax credit, you may claim additional allowances.

Find your filing status and your New York adjusted gross income (NYAGI) in the chart below, and divide the amount of the expected credit by the number indicated. Enter the result (rounded to the nearest whole number) on line 13.

Single and NYAGI is:	Head of household and NYAGI is:	Married and NYAGI is:	Divide amount of expected credit by:
Less than \$214,000	Less than \$267,500	Less than \$321,050	66
Between \$214,000 and \$1,070,350	Between \$267,500 and \$1,605,650	Between \$321,050 and \$2,140,900	68
Over \$1,070,350	Over \$1,605,650	Over \$2,140,900	88

Example: You are married and expect your New York adjusted gross income to be less than \$321,050. In addition, you expect to receive a flow-through of an investment tax credit from the S corporation of which you are a shareholder. The investment tax credit will be \$160. Divide the expected credit by 66. $160/66 = 2.4242$. The additional withholding allowance(s) would be 2. Enter 2 on line 13.

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

- less than \$106,950, you should each mark an **X** in the box *Married*, but withhold at higher single rate on the certificate front, and divide the

total number of allowances that you compute on line 17 and line 28 (if applicable) between you and your working spouse.

- \$106,950 or more, use the chart(s) in Part 4 and enter the additional withholding dollar amount on line 3.

Taxpayers with more than one job – If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to. Your withholding will better match your total tax if you claim all of your allowances at your higher-paying job and zero allowances at the lower-paying job. In addition, to make sure that you have enough tax withheld, if you are a single taxpayer or head of household with two or more jobs, and your combined wages from all jobs are under \$106,950, reduce the number of allowances by seven on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see *Withholding allowances* above.

If you are a single or a head of household taxpayer, and your combined wages from all of your jobs are between \$106,950 and \$2,248,076, use the chart(s) in Part 5 and enter the additional withholding dollar amount from the chart on line 3.

If you are a married taxpayer, and your combined wages from all of your jobs are \$106,950 or more, use the chart(s) in Part 4 and enter the additional withholding dollar amount from the chart on line 3 (Substitute the words *Higher-paying job for Higher earner’s wages* within the chart).

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

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

Heads of households with only one job – If you will use the head-of-household filing status on your state income tax return, mark the *Single or Head of household* box on the front of the certificate. If you have only one job, you may also wish to claim two additional withholding allowances on line 14.

Additional dollar amount(s)

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

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

Avoid underwithholding

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

(continued)

Employers

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

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

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

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

Worksheet

See the instructions before completing this worksheet.

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

6	Enter the number of dependents that you will claim on your state return (<i>do not include yourself or, if married, your spouse</i>)	6	_____
For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.			
7	College tuition credit	7	_____
8	New York State household credit	8	_____
9	Real property tax credit	9	_____
For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.			
10	Child and dependent care credit	10	_____
11	Earned income credit	11	_____
12	Empire State child credit	12	_____
13	Other credits (<i>see instructions</i>)	13	_____
14	Head of household status and only one job (<i>enter 2 if the situation applies</i>)	14	_____
15	Enter an estimate of your federal adjustments to income, such as alimony you will pay for the tax year and deductible IRA contributions you will make for the tax year. Total estimate \$ _____ Divide this estimate by \$1,000. Drop any fraction and enter the number	15	_____
16	If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 25. All others enter 0	16	_____
17	Add lines 6 through 16. Enter the result here and on line 1. If you have more than one job, or if you and your spouse both work, see instructions for <i>Taxpayers with more than one job</i> or <i>Married couples with both spouses working</i>	17	_____

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

18	Enter your estimated federal itemized deductions for the tax year	18	_____
19	Enter your estimated state, local, and foreign income taxes or state and local general sales taxes included on line 18	19	_____
20	Subtract line 19 from line 18	20	_____
21	Enter your estimated college tuition itemized deduction	21	_____
22	Add lines 20 and 21	22	_____
23	Based on your federal filing status, enter the applicable amount from the table below	23	_____
Standard deduction table			
Single (cannot be claimed as a dependent)	\$ 7,950	Qualifying widow(er)	\$15,950
Single (can be claimed as a dependent)	\$ 3,100	Married filing jointly	\$15,950
Head of household	\$11,150	Married filing separate returns	\$ 7,950
24	Subtract line 23 from line 22 (<i>if line 23 is larger than line 22, enter 0 here and on line 16 above</i>)	24	_____
25	Divide line 24 by \$1,000. Drop any fraction and enter the result here and on line 16 above	25	_____

Part 3 – Complete this part to compute your withholding allowances for New York City (line 2).

26	Enter the amount from line 6 above	26	_____
27	Add lines 14 through 16 above and enter total here	27	_____
28	Add lines 26 and 27. Enter the result here and on line 2	28	_____

		Combined wages between \$1,177,450 and \$1,712,749									
Higher earner's wages		\$1,177,450	\$1,230,950	\$1,284,550	\$1,338,050	\$1,391,550	\$1,445,100	\$1,498,600	\$1,552,100	\$1,605,650	\$1,659,200
\$588,700	\$642,199	\$1,230,949	\$1,284,549	\$1,338,049	\$1,391,549	\$1,445,099	\$1,498,599	\$1,552,099	\$1,605,649	\$1,659,199	\$1,712,749
		\$14	\$17								
\$642,200	\$695,699	\$14	\$17	\$21	\$24						
\$695,700	\$749,249	\$14	\$17	\$21	\$24	\$27	\$30				
\$749,250	\$802,799	\$14	\$17	\$21	\$24	\$27	\$30	\$33	\$36		
\$802,800	\$856,299	\$14	\$17	\$21	\$24	\$27	\$30	\$33	\$36	\$39	\$42
\$856,300	\$909,849	\$23	\$17	\$21	\$24	\$27	\$30	\$33	\$36	\$39	\$42
\$909,850	\$963,399	\$21	\$26	\$21	\$24	\$27	\$30	\$33	\$36	\$39	\$42
\$963,400	\$1,016,899	\$18	\$24	\$29	\$24	\$27	\$30	\$33	\$36	\$39	\$42
\$1,016,900	\$1,070,349	\$26	\$22	\$27	\$32	\$27	\$30	\$33	\$36	\$39	\$42
\$1,070,350	\$1,123,949	\$29	\$27	\$23	\$28	\$33	\$28	\$31	\$34	\$37	\$41
\$1,123,950	\$1,177,449	\$19	\$29	\$27	\$23	\$28	\$33	\$28	\$31	\$34	\$37
\$1,177,450	\$1,230,949	\$9	\$19	\$29	\$27	\$23	\$28	\$33	\$28	\$31	\$34
\$1,230,950	\$1,284,549		\$9	\$19	\$29	\$27	\$23	\$28	\$33	\$28	\$31
\$1,284,550	\$1,338,049			\$9	\$19	\$29	\$27	\$23	\$28	\$33	\$28
\$1,338,050	\$1,391,549				\$9	\$19	\$29	\$27	\$23	\$28	\$33
\$1,391,550	\$1,445,099					\$9	\$19	\$29	\$27	\$23	\$28
\$1,445,100	\$1,498,599						\$9	\$19	\$29	\$27	\$23
\$1,498,600	\$1,552,099							\$9	\$19	\$29	\$28
\$1,552,100	\$1,605,649								\$9	\$19	\$29
\$1,605,650	\$1,659,199									\$9	\$19
\$1,659,200	\$1,712,749										\$9

		Combined wages between \$1,712,750 and \$2,248,076									
Higher earner's wages		\$1,712,750	\$1,766,250	\$1,819,800	\$1,873,300	\$1,926,800	\$1,980,350	\$2,033,900	\$2,087,400	\$2,140,900	\$2,194,500
\$856,300	\$909,849	\$1,766,249	\$1,819,799	\$1,873,299	\$1,926,799	\$1,980,349	\$2,033,899	\$2,087,399	\$2,140,899	\$2,194,499	\$2,248,076
		\$45	\$48								
\$909,850	\$963,399	\$45	\$48	\$51	\$54						
\$963,400	\$1,016,899	\$45	\$48	\$51	\$54	\$58	\$61				
\$1,016,900	\$1,070,349	\$45	\$48	\$51	\$54	\$58	\$61	\$64	\$67		
\$1,070,350	\$1,123,949	\$44	\$47	\$50	\$53	\$56	\$59	\$62	\$65	\$484	\$911
\$1,123,950	\$1,177,449	\$41	\$44	\$47	\$50	\$53	\$56	\$59	\$62	\$481	\$911
\$1,177,450	\$1,230,949	\$37	\$41	\$44	\$47	\$50	\$53	\$56	\$59	\$478	\$908
\$1,230,950	\$1,284,549	\$34	\$37	\$41	\$44	\$47	\$50	\$53	\$56	\$475	\$905
\$1,284,550	\$1,338,049	\$31	\$34	\$37	\$41	\$44	\$47	\$50	\$53	\$472	\$902
\$1,338,050	\$1,391,549	\$28	\$31	\$34	\$38	\$41	\$44	\$47	\$50	\$468	\$899
\$1,391,550	\$1,445,099	\$33	\$28	\$31	\$34	\$37	\$41	\$44	\$47	\$465	\$896
\$1,445,100	\$1,498,599	\$28	\$33	\$28	\$31	\$34	\$37	\$41	\$44	\$462	\$893
\$1,498,600	\$1,552,099	\$23	\$28	\$33	\$28	\$31	\$34	\$37	\$41	\$459	\$889
\$1,552,100	\$1,605,649	\$27	\$23	\$28	\$33	\$28	\$31	\$34	\$37	\$456	\$886
\$1,605,650	\$1,659,199	\$29	\$27	\$23	\$28	\$33	\$28	\$31	\$34	\$453	\$883
\$1,659,200	\$1,712,749	\$19	\$29	\$27	\$23	\$28	\$33	\$28	\$31	\$450	\$880
\$1,712,750	\$1,766,249	\$9	\$19	\$29	\$27	\$23	\$28	\$33	\$28	\$447	\$877
\$1,766,250	\$1,819,799		\$9	\$19	\$29	\$27	\$23	\$28	\$33	\$444	\$874
\$1,819,800	\$1,873,299			\$9	\$19	\$29	\$27	\$23	\$28	\$449	\$871
\$1,873,300	\$1,926,799				\$9	\$19	\$29	\$27	\$23	\$444	\$876
\$1,926,800	\$1,980,349					\$9	\$19	\$29	\$27	\$439	\$871
\$1,980,350	\$2,033,899						\$9	\$19	\$29	\$443	\$866
\$2,033,900	\$2,087,399							\$9	\$19	\$444	\$870
\$2,087,400	\$2,140,899								\$9	\$434	\$871
\$2,140,900	\$2,194,499									\$218	\$446
\$2,194,500	\$2,248,076										\$14

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

- a married couple with both spouses working, where one spouse's wages are more than \$1,124,038 but less than \$2,248,076, and the other spouse's wages are also more than \$1,124,038 but less than \$2,248,076;
- married taxpayers with only one spouse working, and that spouse works more than one job, with wages from each job under \$2,248,076, but combined wages from all jobs is over \$2,248,076.

If you are in one of these situations and you would like to request an additional dollar amount of withholding from your wages, please contact the Tax Department for assistance (see *Need help?* on page 6).

Part 5 – These charts are only for single taxpayers and head of household taxpayers with more than one job, and whose combined wages are between \$106,950 and \$2,248,076.

Enter the additional withholding dollar amount on line 3.

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

		Combined wages between \$106,950 and \$535,149										
Higher wage		\$106,950 \$128,399	\$128,400 \$149,749	\$149,750 \$171,149	\$171,150 \$192,549	\$192,550 \$235,399	\$235,400 \$278,249	\$278,250 \$321,049	\$321,050 \$374,599	\$374,600 \$428,099	\$428,100 \$481,649	\$481,650 \$535,149
\$53,450	\$74,799	\$13	\$18									
\$74,800	\$96,199	\$13	\$19	\$26	\$25							
\$96,200	\$117,649	\$8	\$17	\$23	\$26	\$27						
\$117,650	\$128,399	\$2	\$11	\$18	\$21	\$25	\$28					
\$128,400	\$139,099		\$4	\$15	\$18	\$22	\$28					
\$139,100	\$149,749		\$2	\$11	\$14	\$19	\$28	\$26				
\$149,750	\$160,499			\$4	\$11	\$15	\$28	\$24				
\$160,500	\$171,349			\$2	\$8	\$13	\$27	\$25	\$21			
\$171,350	\$192,549				\$3	\$11	\$25	\$28	\$22	\$24		
\$192,550	\$235,399					\$8	\$20	\$29	\$26	\$24	\$18	
\$235,400	\$278,249						\$8	\$16	\$23	\$18	\$18	\$12
\$278,250	\$321,049							\$7	\$15	\$22	\$15	\$16
\$321,050	\$374,599								\$8	\$16	\$22	\$15
\$374,600	\$428,099									\$8	\$16	\$22
\$428,100	\$481,649										\$8	\$16
\$481,650	\$535,149											\$8


		Combined wages between \$535,150 and \$1,177,449												
Higher wage		\$535,150 \$588,699	\$588,700 \$642,199	\$642,200 \$695,699	\$695,700 \$749,249	\$749,250 \$802,799	\$802,800 \$856,299	\$856,300 \$909,849	\$909,850 \$963,399	\$963,400 \$1,016,899	\$1,016,900 \$1,070,349	\$1,070,350 \$1,123,949	\$1,123,950 \$1,177,449	
\$235,400	\$278,249	\$9												
\$278,250	\$321,049	\$9	\$8											
\$321,050	\$374,599	\$17	\$8	\$8	\$8									
\$374,600	\$428,099	\$15	\$17	\$8	\$8	\$8	\$8							
\$428,100	\$481,649	\$22	\$15	\$17	\$8	\$8	\$8	\$8	\$8					
\$481,650	\$535,149	\$16	\$22	\$15	\$17	\$8	\$8	\$8	\$8	\$8	\$8			
\$535,150	\$588,699	\$8	\$16	\$22	\$15	\$17	\$8	\$8	\$8	\$8	\$8	\$224	\$450	
\$588,700	\$642,199		\$8	\$16	\$22	\$15	\$17	\$8	\$8	\$8	\$8	\$224	\$450	
\$642,200	\$695,699			\$8	\$16	\$22	\$15	\$17	\$8	\$8	\$8	\$224	\$450	
\$695,700	\$749,249				\$8	\$16	\$22	\$15	\$17	\$8	\$8	\$224	\$450	
\$749,250	\$802,799					\$8	\$16	\$22	\$15	\$17	\$8	\$224	\$450	
\$802,800	\$856,299						\$8	\$16	\$22	\$15	\$17	\$224	\$450	
\$856,300	\$909,849							\$8	\$16	\$22	\$15	\$232	\$450	
\$909,850	\$963,399								\$8	\$16	\$22	\$230	\$458	
\$963,400	\$1,016,899									\$8	\$16	\$237	\$456	
\$1,016,900	\$1,070,349										\$8	\$231	\$463	
\$1,070,350	\$1,123,949											\$115	\$242	
\$1,123,950	\$1,177,449												\$14	

(Part 5 continued on page 7)

Privacy notification

See our Web site or Publication 54, *Privacy Notification*.

Need help?

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

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

 **Telephone assistance**

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

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

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

Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): (518) 485-5082



Instructions for Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include **(1)** the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and **(2)** the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.
If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:
 - a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "**USCIS Privacy Act Statement**" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028**.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at **1-800-870-3676**. You may also obtain forms and information by contacting the USCIS National Customer Service Center at **1-800-375-5283**. For TDD (hearing impaired), call **1-800-767-1833**.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at I-9Central@dhs.gov or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028**.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling **1-888-897-7781**. For TDD (hearing impaired), call **1-877-875-6028**.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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" style="display: inline-table; width: 80px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											E-mail Address <table border="1" style="display: inline-table; width: 200px; height: 20px;"><tr><td> </td></tr></table>				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):

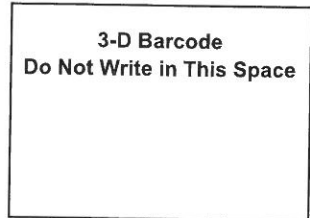
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

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



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	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) Last Name (Family Name) First Name (Given Name) Middle Initial		B. Date of Rehire (if applicable) (mm/dd/yyyy):
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print 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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 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. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security 		

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Dobbs Ferry Union Free School District Automatic Enrollment

What is Automatic Enrollment?

The Affordable Care Act (ACA) requires large employers to automatically enroll new employees and newly eligible employees in their group health plans beginning on January 1, 2015. Employers must also provide adequate notice for an employee to opt-out of any coverage for which they were automatically enrolled.

Please use this form to indicate whether you choose to opt-in for coverage, opt-out of coverage, or elect to use a health insurance buy-out offered by your bargaining unit or pursuant to Board Policy.

Personal Information

Full Name: _____
Last First M.I.

Home Phone: _____ Alternate Phone: _____

Email: _____ Birth Date: _____

Are you covered as a dependent under another plan? _____

Coverage

The plan into which you will be automatically enrolled is: SWSCHP Effective Date: _____

Your share of the **monthly** premium for Individual Coverage will be \$ 847.34.
Employee contributions for Two Persons or Family Coverage will be greater.

Sign here to opt-in for coverage: _____ Date: _____

Select type of coverage:

- Individual
- Two Persons – If enrolling spouse please attach verification that spouse does not have coverage available through his/her employer (letter on company letterhead) and copy of marriage certificate.
- Family – If enrolling children please attach copy of birth certificate.

Sign here to opt-out of coverage: _____ Date: _____

Sign here to opt for health insurance buyout (Proof of health insurance coverage is required): _____ Date: _____

Annual health insurance buyout amount: _____

Please return to the Business Office by: _____. Failure to return this form will result in your automatic enrollment in and employee deduction for individual coverage in the District's group health plan.

DOBBS FERRY UNION FREE SCHOOL DISTRICT

DIRECT DEPOSIT AUTHORIZATION FORM

Employee's Name: _____
(please print)

Please check off appropriate box.

Checking Account information: (Please attach a voided check from this account)

Name of Institution: _____

Branch: _____

Account Number: _____

Deposit my entire paycheck to my checking account.

Partial amount to my checking account.

Amount: \$

Savings Account Information:

Name of Institution: _____

Branch: _____

Account Number: _____

Routing Number: _____

(Please verify information with your bank)

Deposit my entire paycheck to my savings account.

Partial amount to my savings account.

Amount: \$

Change my current direct deposit- account number: _____
(to above account).

Please note:

The processing time for direct deposit is approximately two pay periods.
Missing information will result in delaying the process of your direct deposit.
It is the responsibility of the employee to notify the payroll department of any changes in the above information.

Employee's Signature

Date

DOBBS FERRY UNION FREE SCHOOL DISTRICT

NOTICE OF RIGHT TO JOIN THE NYS TEACHERS' RETIREMENT SYSTEM as required by CHAPTER 636 of the Laws of 1985:

I, _____ hereby
(please print full name)

acknowledge that I have been informed by, the Dobbs Ferry Union Free School District, my employer, that as an employee, not currently a member of the New York State Teachers' Retirement System who is or will be rendering less than full-time service for the school year, I may, as a matter of right, join the New York State Teachers' Retirement System.

I further acknowledge that I understand under present law that if I elect to join the New York State Teachers' Retirement System, I must complete a Retirement System membership application, which must be notarized and filed with the Retirement System in order to be effective.

As a result of joining the Retirement System, I will be required to contribute, pursuant to Article 15 of the RSSL, 3-6% of my salary to the Retirement System, based on my annual wages.

If I join the System, my beneficiary will be protected by a death benefit should I die in service after I have been credited by the System with one year of service. Upon meeting eligibility requirements, I will be entitled to a lifetime pension or a disability pension if I become permanently and totally disabled from gainful employment.

I also understand if I do not elect to join, I may be unable to obtain credit at a later date for service rendered during the period I was not a member.

Employee' Signature

Date

*****If you decide to join the NYS Retirement System, please contact the Payroll Department as soon as possible to obtain a membership application.*****

Please check box if you already are a member of NYS TRS and provide the following:

Member number _____

Tier _____ Date of membership _____

DOBBS FERRY UNION FREE SCHOOL DISTRICT

403(b) UNIVERSAL AVAILABILITY NOTICE 2015

The Opportunity.

You have the opportunity to save for retirement by participating in the Dobbs Ferry Union Free School District's 403(b) plan. We recommend that all employees view a brief, 3-minute video presentation explaining what a 403(b) plan is, and how to contribute.

The video can be reached at www.403bwhyme.com.

If there are any questions, you may contact The OMNI Group at 877-544-6664.

How Can I Participate?

You can participate in the Plan with pre-tax contributions by completing and submitting a Salary Reduction Agreement ("SRA") online at <http://www.omni403b.com/>, or by submitting a completed SRA form, which can be found on the same website, to The OMNI Group either by facsimile to (585) 672-6194 or by mail at 1099 Jay St., Bldg F, Rochester, NY, 14611 ("OMNI").

How Much Can I Contribute Annually?

You may contribute up to \$18,000 in 2015; this amount is subject to change annually. If you have at least 15 years of service with your employer or you are at least 50 years old, you may also be able to make additional catch-up contributions. For appropriate limits for your particular circumstances, please contact OMNI's Customer Care Center at 1-877-544-6664.

What If I Already Have An Account?

If you are already contributing to the Plan, and you want to change your contribution amount or service provider, simply complete and submit a new SRA. See directions above for on-line and paper submission options.

What If I Do Not Want To Contribute?

If you do not want to take advantage of this program, simply submit an SRA with the option "I do not wish to participate at this time" selected. See directions above for on-line and paper submission options.

How can I get more information?

You can access further information at www.omni403b.com or www.403bwhyme.com.



U.S. Employee Benefits Services Group

SRA MANAGEMENT TEAM

1099 Jay Street, Bldg F, 2nd Fl • Rochester, NY 14611

PH: 1.877.544.6664 • WEB: www.omni403b.com • FAX: 1.585.672.6194

403(b) NEW HIRE INFORMATION PACKET

Please take the time to review this information about the 403(b) retirement plan offered by your employer. While most employees choose to take advantage of their 403(b) plan immediately, even if you choose not to contribute at this time, it is important to be familiar with the opportunities associated with your plan.

❖ **What is a 403(b) Plan?**

A 403(b) plan is a tax sheltered retirement savings plan. Eligible employees can contribute pre-tax dollars to their plan, which are invested in either an annuity contract or custodial account (mutual fund). Contributions will be allowed to grow tax free until the funds in question are withdrawn (usually at retirement, although it may be possible to access your funds prior to retirement in certain circumstances). The OMNI Group strongly recommends that you seek the input of a financial professional to select the proper investments to meet your retirement planning goals.

❖ **Why should I contribute?**

403(b) plans can play a vital role in building a secure retirement. The value of your investments may increase based upon fund performance and other factors, making it possible to build account balances that far exceed the amounts withdrawn from your paycheck. It is also important to remember that your taxable income will be lowered in proportion to the amount you choose to defer, minimizing the impact to your take home pay.

❖ **Who is eligible to contribute to a 403(b) Plan?**

All full time employees are eligible. Part time employees may or may not be eligible, depending on the specifics of your employer's plan.

❖ **How do I contribute?**

Your first step will be to contact a participating 403(b) investment provider to establish your investment account. A list of participating investment providers for your employer is available on OMNI's website at www.omni403b.com. After working with your provider to establish your account and select investment vehicle(s), you will then need to complete an OMNI online Salary Reduction Agreement (SRA) to initiate your deductions.

❖ **Who/what is The OMNI Group? Do I need to invest with OMNI?**

OMNI is a Third Party Administrator (TPA) of 403(b) plans. We work with your employer to help ensure compliance with IRS regulations governing the operation of 403(b) plans. OMNI also helps your employer remit 403(b) contributions to participating service providers. OMNI is NOT an investment provider- we do not offer and cannot recommend any specific investment vehicle.

❖ **I don't want to contribute right now; do I still need to fill out a Salary Reduction Agreement (SRA)?**

IRS regulations mandate that all employees be provided meaningful notice of their eligibility to participate in a 403(b) plan. Accordingly, OMNI requires employees who do not wish to participate to complete a SRA form indicating that they do not wish to contribute for recordkeeping purposes.

❖ **Who can I call if I have more questions?**

OMNI's Customer Care Team is available at 877-544-6664 between the hours of 7:30 AM and 8:00 PM Eastern Standard Time.

Please sign and date to acknowledge receipt of this notice, and return to your employer along with the completed Salary Reduction Agreement found on the next page.

Employee Signature

Date

Participating Service Providers

Eligible Employees

All Employees

Employer Non-Elective Contributions

Available

Loans

Available for qualified applicants

Financial Hardship Distribution

Available for qualified applicants

Transfers Into Plan (A transfer of assets from one employer's 403(b) plan to another)

Available

Transfers Out of Plan (A transfer of assets from one employer's 403(b) plan to another)

Available

Rollover Contributions (A contribution of a distribution from another plan (i.e. 401(k), 457, IRA))

Please call OMNI to inquire.

ROTH 403(b)

Available

Contract Exchanges (a change of investment within a 403(b) plan)

Available. Please note that a new investment provider must be participating in your Employer's 403(b) plan. A list of your Employer's participating providers can be found under the *Participating Service Providers* section.

Distributions (i.e. Separation from Service, Attainment of 59 ½ years of age, Permanent Disability, or Death)

Available

Forms



AXA Equitable Life Insurance Company

MetLife

MetLife (FC)

Oppenheimer Shareholder

Plan Member Services Corp.

River Source Life Insurance Co of NY

Security Benefit

The Legend Group/ADSERV

VALIC

Voya Financial (ING Nat'l NY)

Effective July 1 2012, the following Service Providers are no longer authorized to establish new 403(b) accounts. Please note, Employees contributing to one of these service providers as of July 1, 2012 may continue their contributions without interruption.

Compass Capital Management
Confidential Planning - Smart Choice
Fidelity Management Trust Co.
ITT Hartford National Svc. Ctr.
LA Hertberg Associates, Inc.
Putnam Investments
T. Rowe Price Trust Company
Vanguard Fiduciary Trust Co.

For any questions concerning your employers list of participating providers, please contact OMNI at 877-544-6664.



U.S. Employee Benefits Services Group

SRA MANAGEMENT TEAM

1099 Jay Street, Bldg F, 2nd Fl • Rochester, NY 14611

PH: 1.877.544.6664 WEB: www.omni403b.com FAX: 1.585.672.6194

403(b) SALARY REDUCTION AGREEMENT FORM (SRA) For Tax Sheltered Annuities and Custodial Accounts

- Please supply the information requested below.
Read all agreements on this form before submitting.
Fields having an asterisk notation are required.

403(b)

IMPORTANT NOTICE: Before You Sign, Read All Information on this form:

A Tax Sheltered Annuity ("TSA") is an investment account that is set aside for your retirement (only), and is paid for with "pre-tax" dollars. A Custodial Account ("CA") is the group or individual custodial account or accounts, established for each Employee, by the Employer, or by each Employee individually, to hold assets of the Plan. Unless utilizing the catch-up provisions, your Maximum Allowable Contribution ("MAC") cannot exceed \$18,000 (\$24,000 if age 50 or over). Both TSA & CA receive tax deferred treatment.

Part 1: Employee Information

Please check here if you have contributed to another 403(b) or 401(k) plan with another employer this calendar year. If so, please provide the amount of the year-to-date contributions you have made to the other employer's plan: \$ and the name of the other employer:

* Social Security Number: * First Name: MI: * Last Name:

* Address:

* City: * State: * Zip:

* Date of Birth: * Phone: * Email address:

Part 2: Employer Information

* Full Organization Name, City and State: * Date of Hire: (mm/dd/yyyy)

Part 3: Contribution Information

OPTION 1: Recurring Contributions

WARNING!!! Any new recurring contributions will supercede all current recurring contributions to your employer's 403(b) plan administered by OMNI. If you are currently contributing to multiple service providers under your employer's 403(b) plan, please be sure to list all contributions you wish to continue. Any active 403(b) contributions found in our records, but not listed below WILL BE DISCONTINUED.

Also, a contribution may be discontinued by listing it below with an amount of zero.

Please withhold funds from my pay for the following 403(b) contributions until further notice:

Table with columns: Plan Type, Service Provider, Account #, Effective Date, Amount Per Pay, OR, Percent Per Pay Period. Includes checkboxes for 403(b) and ROTH 403(b).

If you have requested a percentage amount for any of the contributions above, please supply:

Your Annual Salary: Number of Pay Periods Per Year:

Please check here if you are NOT a full-time employee

OPTION 2: One-Time Contributions (Elective Contributions Only)

After this contribution, any 403(b) recurring contributions to this service provider should be:

Table with columns: Plan Type, Service Provider, Account #, Effective Date, Amount, DISCONTINUED, RESUMED. Includes checkboxes for 403(b) and ROTH 403(b).

Please check here if you are NOT a full-time employee

OPTION 3: Participation Opt Out

I do not wish to participate at this time. I understand that I may participate in the future simply by filling out a new Salary Reduction Agreement form.

Part 4: Agreements and Acknowledgements

The above named Employee where applicable, agrees as follows:

1. To modify his/her salary reduction as indicated above.
2. That his/her Employer transfers the above stated funds on Employee's behalf to OMNI for remittance to the selected Service Provider(s).
3. This SRA is legally binding and irrevocable with respect to amounts paid.
4. This SRA may be changed with respect to amounts not yet paid.
5. This SRA may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new SRA is submitted.
6. (a) That OMNI does not choose the annuity contract or custodial account in which your contributions are invested.
(b) OMNI does not endorse any authorized Service Provider, nor is it responsible for any investments.
(c) OMNI makes no representation regarding the advisability, appropriateness, or tax consequences of the purchase of the TSA and/or CA described herein.
(d) (i) OMNI shall not have any liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the TSA and/or CA, its terms, the selection of any service provider, the financial condition, operation of or benefits provided by said service provider, or his/her selection and purchase of shares by any service provider. Nothing herein shall affect the terms of employment between Employer and Employee.
(ii) Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness, or tax consequences of the purchase of the annuity and/or custodial account described herein.
(iii) The Employer shall not have any liability for any and all losses suffered by an Employee with regard to the selection(s) of any TSA and/or CA, any related terms and conditions, the selection of any service provider, the financial condition, operation of or benefits provided by any service provider or the selection and purchase of shares by any service provider.
7. To be responsible for setting up and signing the legal documents necessary to establish a TSA or CA.
8. To be responsible for naming a death beneficiary under their TSA or CA. This is normally done at the time the contract or account is established. Beneficiary designations should be reviewed periodically.
9. When provided all required information in a timely manner, OMNI is responsible for determining that salary reductions do not exceed the allowable contribution limits under applicable law, and will complete MAC calculations as required by law.
10. To contact OMNI and complete the appropriate OMNI forms for any requests for distributions, loans, hardship withdrawals, account exchanges plan-to-plan transfers or rollover contributions. Processing fees for the foregoing transactions may apply.
11. This SRA is subject to the terms of the Services Agreement between OMNI and Employer, and to the Information Sharing Agreement between OMNI and the Service Providers.
12. This agreement supercedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

Part 5: Employee Signature (Mandatory)

I certify that I have read this complete agreement and that my requested salary reduction(s), if in excess of my base limit, represent(s) my wish to utilize any catch-up provisions for which I may be eligible. I further certify that my salary reductions do not exceed contribution limits as determined by applicable law. I understand my responsibilities as an Employee under this Program, and I request that Employer take the action specified in this agreement. I understand that all rights under the TSA or CA established by me under the Plan are enforceable solely by my beneficiary, my authorized representative or me.

Employee Signature: _____ Date: _____

Part 6: Acknowledgement and Representation of Sales Agent/Representative (If Applicable)

I agree to comply with all pertinent written directives regarding the solicitation of Employee. A calculation of maximum allowance will be provided annually for Employee contributing more than \$18,000 (\$24,000 if over 50) or utilizing the "catch-up provisions". Furthermore, my employer (name) _____ agrees to indemnify and hold harmless the Employer, any individual member of the governing board and the Employee participating in the 403(b) Program against any claims based on an error in the MAC I provided, except where the error is based upon erroneous information provided by Employer or Employee. Additionally, I will notify OMNI regarding any distributions or loans to participants.

Sales Agent/Representative Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

Part 7: Employer Acknowledgement (If Applicable)

Salary: _____ # of TSA/CA Pay Periods: _____ Effective Payroll Date: _____

Employer Name & Title: _____

Employer Signature: _____ Date: _____

Please return this agreement to The OMNI Group, unless otherwise advised by your employer:

The OMNI Group
Water Tower Park • 1099 Jay Street, Building F • Rochester, NY 14611
Toll Free: (877) 544-OMNI ® • Fax: (585) 672-6194
Please visit our website at www.omni403b.com

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