

**\*Please download this pdf to your desktop.  
Fill out the form, rename and save it.**



**Don Stroh Administration Center - 5606 So. 147<sup>th</sup> Street, Omaha, NE 68137 - 402-715-8200 - (Fax) 402-715-8409**

*Congratulations!*

We are excited to have you become part of the Millard Public Schools!

We appreciate your help in expediting the hiring process by completing the new hire paperwork prior to your scheduled appointment at the Don Stroh Administration Center.

Please bring **ALL** forms and documents with you to your scheduled appointment at the Don Stroh Administration Center. A check list has been provided below to help you with this process. We will review the forms and answer any questions at that time but please call 402-715-8200 if you have questions prior to your appointment. *Thank you!*

√ [Form check list](#)

| <b>Forms</b>  | <b>Required For:</b> | <b>Exception</b> |
|---|----------------------|------------------|
| Demographic Form  | All Employee Types   |                  |
| I-9 Form  | All Employee Types   |                  |
| OneSource Background Check Forms                          | All Employee Types   |                  |
| W-4 Form  | All Employee Types   |                  |
| Nebraska W-4N Form  | All Employee Types   |                  |
| Direct Deposit Enrollment / Change Form                   | All Employee Types   |                  |
| 403(b) Plan Notice  | All Employee Types   |                  |
| MPS Board Policies & Rules Acknowledgement                | All Employee Types   |                  |
| <a href="#">Employee Acknowledgement (HIPPA)</a>          | All Employee Types   | Substitutes      |
| <a href="#">Health, Dental, LTD Enrollment Form</a>       | All Employee Types   | Substitutes      |
| <a href="#">HSA Savings Account Application</a>           | All Employee Types   | Substitutes      |
| <a href="#">Discovery Benefits (FSA) Spending Account</a> | All Employee Types   | Substitutes      |
| <a href="#">Life Insurance Enrollment Form</a>            | All Employee Types   | Substitutes      |
| <a href="#">Nebraska Retirement Enrollment Form</a>       | All Employee Types   | Substitutes      |

√ **‘Must Have’ Items to bring with you:**

| <u>Document / Item</u>   | <b>Required For:</b>   | <b>Exception</b> |
|--|--|------------------|
| Voided Check for Direct Deposit  | All Employee Types   |                  |
| Valid Driver’s License or Passport   | All Employee Types   |                  |
| Social Security Card (Original Card - <b>Name</b> on SS card will be the official name with MPS) | All Employee Types   |                  |
| State Birth Certificate (Original with Raised Seal)  | All Employee Types   |                  |
| <u>Official</u> Transcripts  | Certificated Staff including Nurses<br><b>*Paraprofessionals may need a copy of their unofficial transcripts</b> | Substitutes      |
| *Teaching Certificate / Nursing Certification  | Certificated Staff   |                  |
| Social Security Number for Dependents/Beneficiaries  | All Employee Types   | Substitutes      |





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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

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

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

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

|   |   |                                |                           |                |                                       |                   |
|---|---|--------------------------------|---------------------------|----------------|---------------------------------------|-------------------|
| Last Name <i>(Family Name)</i>          |   | First Name <i>(Given Name)</i> |                           | Middle Initial | Other Last Names Used <i>(if any)</i> |                   |
| Address <i>(Street Number and Name)</i> |   |                                | Apt. Number               | City or Town   |                                       | State<br>ZIP Code |
| Date of Birth <i>(mm/dd/yyyy)</i>       | U.S. Social Security Number<br>□□□□ - □□ - □□□□ |                                | Employee's E-mail Address |                | Employee's Telephone Number           |                   |

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

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

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

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

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

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

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

Employer Completes Next Page



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

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

|                                     |                         |                         |      |                                |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| <b>Employee Info from Section 1</b> | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity                    | AND | List C<br>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                                  |    | Additional Information                |     | QR Code - Sections 2 & 3<br>Do Not Write In This Space |
| 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                                       |   | Today's Date (mm/dd/yyyy) | Title of Employer or Authorized Representative<br>HR Specialist    |                   |
| Last Name of Employer or Authorized Representative                                       | First Name of Employer or Authorized Representative |                           | Employer's Business or Organization Name<br>Millard Public Schools |                   |
| Employer's Business or Organization Address (Street Number and Name)<br>5606 S 147th St. |   | City or Town<br>Omaha     | State<br>NE  | ZIP Code<br>68137 |

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

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

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

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

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

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

## 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.

| <b>LIST A</b><br><b>Documents that Establish Both Identity and Employment Authorization</b>  | <b>OR</b> | <b>LIST B</b><br><b>Documents that Establish Identity</b>   | <b>AND</b> | <b>LIST C</b><br><b>Documents that Establish Employment Authorization</b>   |
|--|-----------|---|------------|---|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the 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.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol> | OR        | <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND        | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol> |

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

**Refer to the instructions for more information about acceptable receipts.**



All designated fields must be completed or the request will be returned and not processed. Please type or print legibly. **This form is for use only by organizations who have registered with CFS to obtain CAN Registry and/or APS Registry information.** For information on how to register your organization go to: [http://dhhs.ne.gov/children\\_family\\_services/Pages/nea\\_cr.aspx](http://dhhs.ne.gov/children_family_services/Pages/nea_cr.aspx) .

**ORGANIZATION INFORMATION**

|                                   |                              |
|-----------------------------------|------------------------------|
| Registered Organization ID Number | Registered Organization Name |
|-----------------------------------|------------------------------|

**APPLICANT INFORMATION**

|       |        |           |
|-------|--------|-----------|
| First | Middle | Last Name |
|-------|--------|-----------|

|                      |     |                               |
|----------------------|-----|-------------------------------|
| Date of Birth<br>/ / | Age | Social Security Number<br>- - |
|----------------------|-----|-------------------------------|

Current Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Applicant's E-Mail Address (Please leave the E-Mail field blank if you prefer to receive correspondence by U.S. Mail).

Other names, such as a maiden name, former married name, or nickname, used in the past 20 years:

Names and birthdates of your children and children who lived with you:

All previous addresses at which you have resided in the past 20 years (minimum City & State):



**APPLICANT DISCLOSURE AND AUTHORIZATION FORM**

**[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by [One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com]. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**PLEASE PRINT LEGIBLY**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Alias: \_\_\_\_\_

\*Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Driver's License: \_\_\_\_\_

Present Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

All Previous Addresses in the Last Seven Years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*This information will be used for background screening purposes only and will not be used for any other purpose.*



## STATE LAW NOTICES AND DISCLOSURES – BACKGROUND INVESTIGATION

Pursuant to state law, the following disclosures are provided to state residents.

CALIFORNIA applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check the box if you would like to receive a copy of the investigative consumer report or consumer credit report at no charge if one is obtained by the Company.

Check box to receive report.

NEW YORK applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645, [www.onesourcebackground.com](http://www.onesourcebackground.com).

NEW YORK applicants or employees only: By signing below, you also acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

WASHINGTON applicants or employees only: You have the right to request from One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645, [www.onesourcebackground.com](http://www.onesourcebackground.com) a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

MASSACHUSETTS, MINNESOTA and OKLAHOMA applicants or employees only: Please check the box if you would like to receive a copy of your consumer report, free of charge, if one is obtained by the Company.

Check box to receive report.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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



### Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

|                     |                             |                                      |
|---------------------|-----------------------------|--------------------------------------|
| Printed Name: _____ | Date of Birth: _____<br>/ / | Social Security Number: _____<br>/ / |
|---------------------|-----------------------------|--------------------------------------|

I want this information released because I am conducting the following business transaction:

**Background Check for Employment**

Reason (s) for using CBSV: (Please select all that apply)

- Mortgage Service       Banking Service
- Background Check       License Requirement
- Credit Check       Other

with the following company ("the Company"):

Company Name: One Source - The Background Check Company

Company Address: 10842 Old Mill Rd, Suite 6, Omaha, NE 68154

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

Computer Information Development LLC  
713 W Duarte Rd #106, Arcadia, CA 91007

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

**This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:**

This consent is valid for \_\_\_\_\_ days from the date signed. \_\_\_\_\_ (Please initial.)

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Relationship (if not the individual to whom the SSN was issued): \_\_\_\_\_

Contact information of individual signing authorization:

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone Number \_\_\_\_\_

---

**Privacy Act Statement**

SSA is authorized to collect the information on this form under Sections 205 and 1106 of the Social Security Act and the Privacy Act of 1974 (5 U.S.C. § 552a). We need this information to provide the verification of your name and SSN to the Company and/or the Company's Agent named on this form. Giving us this information is voluntary. However, we cannot honor your request to release this information without your consent. SSA may also use the information we collect on this form for such purposes authorized by law, including to ensure the Company and/or Company's Agent's appropriate use of the SSN verification service.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send to this address only comments relating to our time estimate, not the completed form.***

---

TEAR OFF

---

**NOTICE TO NUMBER HOLDER**

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>

# Employee's Withholding Certificate

**2021**

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

**Step 1:**  
**Enter Personal Information**

|  |           |  |
|--|-----------|--|
| (a) First name and middle initial  | Last name | (b) Social security number   |
| Address  |           | ▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> . |
| City or town, state, and ZIP code  |           |  |
| (c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b>   |           |  |
| <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying widow(er)</b>  |           |  |
| <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) |           |  |

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

**Step 2:**  
**Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:**  
**Claim Dependents**

|   |       |             |
|---|-------|-------------|
| If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): |       |             |
| Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$                       | _____ |             |
| Multiply the number of other dependents by \$500 . . . . . ▶ \$                               | _____ |             |
| Add the amounts above and enter the total here . . . . .                                      |       | <b>3</b> \$ |

**Step 4 (optional):**  
**Other Adjustments**

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

**Step 5:**  
**Sign Here**

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

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

**Employers Only**

|                             |                          |                                      |
|-----------------------------|--------------------------|--------------------------------------|
| Employer's name and address | First date of employment | Employer identification number (EIN) |
|-----------------------------|--------------------------|--------------------------------------|

## General Instructions

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

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

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

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

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

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

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

## Specific Instructions

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

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

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

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



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

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

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



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

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

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

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



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$25,100 if you're married filing jointly or qualifying widow(er); \$18,800 if you're head of household; \$12,550 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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

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

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

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

**Married Filing Jointly or Qualifying Widow(er)**

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                   |                   |                   |                   |                   |                   |                   |                   |                   |                     |                     |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
|  | \$0 - 9,999                                   | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999                                    | \$0   | \$190             | \$850             | \$890             | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,100           | \$1,870             | \$1,870             |
| \$10,000 - 19,999                              | 190   | 1,190             | 1,890             | 2,090             | 2,220             | 2,220             | 2,220             | 2,220             | 2,300             | 3,300             | 4,070               | 4,070               |
| \$20,000 - 29,999                              | 850   | 1,890             | 2,750             | 2,950             | 3,080             | 3,080             | 3,080             | 3,160             | 4,160             | 5,160             | 5,930               | 5,930               |
| \$30,000 - 39,999                              | 890   | 2,090             | 2,950             | 3,150             | 3,280             | 3,280             | 3,360             | 4,360             | 5,360             | 6,360             | 7,130               | 7,130               |
| \$40,000 - 49,999                              | 1,020   | 2,220             | 3,080             | 3,280             | 3,410             | 3,490             | 4,490             | 5,490             | 6,490             | 7,490             | 8,260               | 8,260               |
| \$50,000 - 59,999                              | 1,020   | 2,220             | 3,080             | 3,280             | 3,490             | 4,490             | 5,490             | 6,490             | 7,490             | 8,490             | 9,260               | 9,260               |
| \$60,000 - 69,999                              | 1,020   | 2,220             | 3,080             | 3,360             | 4,490             | 5,490             | 6,490             | 7,490             | 8,490             | 9,490             | 10,260              | 10,260              |
| \$70,000 - 79,999                              | 1,020   | 2,220             | 3,160             | 4,360             | 5,490             | 6,490             | 7,490             | 8,490             | 9,490             | 10,490            | 11,260              | 11,260              |
| \$80,000 - 99,999                              | 1,020   | 3,150             | 5,010             | 6,210             | 7,340             | 8,340             | 9,340             | 10,340            | 11,340            | 12,340            | 13,260              | 13,460              |
| \$100,000 - 149,999                            | 1,870   | 4,070             | 5,930             | 7,130             | 8,260             | 9,320             | 10,520            | 11,720            | 12,920            | 14,120            | 15,090              | 15,290              |
| \$150,000 - 239,999                            | 2,040   | 4,440             | 6,500             | 7,900             | 9,230             | 10,430            | 11,630            | 12,830            | 14,030            | 15,230            | 16,190              | 16,400              |
| \$240,000 - 259,999                            | 2,040   | 4,440             | 6,500             | 7,900             | 9,230             | 10,430            | 11,630            | 12,830            | 14,030            | 15,270            | 17,040              | 18,040              |
| \$260,000 - 279,999                            | 2,040   | 4,440             | 6,500             | 7,900             | 9,230             | 10,430            | 11,630            | 12,870            | 14,870            | 16,870            | 18,640              | 19,640              |
| \$280,000 - 299,999                            | 2,040   | 4,440             | 6,500             | 7,900             | 9,230             | 10,470            | 12,470            | 14,470            | 16,470            | 18,470            | 20,240              | 21,240              |
| \$300,000 - 319,999                            | 2,040   | 4,440             | 6,500             | 7,940             | 10,070            | 12,070            | 14,070            | 16,070            | 18,070            | 20,070            | 21,840              | 22,840              |
| \$320,000 - 364,999                            | 2,720   | 5,920             | 8,780             | 10,980            | 13,110            | 15,110            | 17,110            | 19,110            | 21,190            | 23,490            | 25,560              | 26,860              |
| \$365,000 - 524,999                            | 2,970   | 6,470             | 9,630             | 12,130            | 14,560            | 16,860            | 19,160            | 21,460            | 23,760            | 26,060            | 28,130              | 29,430              |
| \$525,000 and over                             | 3,140   | 6,840             | 10,200            | 12,900            | 15,530            | 18,030            | 20,530            | 23,030            | 25,530            | 28,030            | 30,300              | 31,800              |

**Single or Married Filing Separately**

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                   |                   |                   |                   |                   |                   |                   |                   |                   |                     |                     |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
|  | \$0 - 9,999                                   | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999                                    | \$440   | \$940             | \$1,020           | \$1,020           | \$1,410           | \$1,870           | \$1,870           | \$1,870           | \$1,870           | \$2,030           | \$2,040             | \$2,040             |
| \$10,000 - 19,999                              | 940   | 1,540             | 1,620             | 2,020             | 3,020             | 3,470             | 3,470             | 3,470             | 3,640             | 3,840             | 3,840               | 3,840               |
| \$20,000 - 29,999                              | 1,020   | 1,620             | 2,100             | 3,100             | 4,100             | 4,550             | 4,550             | 4,720             | 4,920             | 5,120             | 5,120               | 5,120               |
| \$30,000 - 39,999                              | 1,020   | 2,020             | 3,100             | 4,100             | 5,100             | 5,550             | 5,720             | 5,920             | 6,120             | 6,320             | 6,320               | 6,320               |
| \$40,000 - 59,999                              | 1,870   | 3,470             | 4,550             | 5,550             | 6,690             | 7,340             | 7,540             | 7,740             | 7,940             | 8,140             | 8,150               | 8,150               |
| \$60,000 - 79,999                              | 1,870   | 3,470             | 4,690             | 5,890             | 7,090             | 7,740             | 7,940             | 8,140             | 8,340             | 8,540             | 9,190               | 9,990               |
| \$80,000 - 99,999                              | 2,000   | 3,810             | 5,090             | 6,290             | 7,490             | 8,140             | 8,340             | 8,540             | 9,390             | 10,390            | 11,190              | 11,990              |
| \$100,000 - 124,999                            | 2,040   | 3,840             | 5,120             | 6,320             | 7,520             | 8,360             | 9,360             | 10,360            | 11,360            | 12,360            | 13,410              | 14,510              |
| \$125,000 - 149,999                            | 2,040   | 3,840             | 5,120             | 6,910             | 8,910             | 10,360            | 11,360            | 12,450            | 13,750            | 15,050            | 16,160              | 17,260              |
| \$150,000 - 174,999                            | 2,220   | 4,830             | 6,910             | 8,910             | 10,910            | 12,600            | 13,900            | 15,200            | 16,500            | 17,800            | 18,910              | 20,010              |
| \$175,000 - 199,999                            | 2,720   | 5,320             | 7,490             | 9,790             | 12,090            | 13,850            | 15,150            | 16,450            | 17,750            | 19,050            | 20,150              | 21,250              |
| \$200,000 - 249,999                            | 2,970   | 5,880             | 8,260             | 10,560            | 12,860            | 14,620            | 15,920            | 17,220            | 18,520            | 19,820            | 20,930              | 22,030              |
| \$250,000 - 399,999                            | 2,970   | 5,880             | 8,260             | 10,560            | 12,860            | 14,620            | 15,920            | 17,220            | 18,520            | 19,820            | 20,930              | 22,030              |
| \$400,000 - 449,999                            | 2,970   | 5,880             | 8,260             | 10,560            | 12,860            | 14,620            | 15,920            | 17,220            | 18,520            | 19,910            | 21,220              | 22,520              |
| \$450,000 and over                             | 3,140   | 6,250             | 8,830             | 11,330            | 13,830            | 15,790            | 17,290            | 18,790            | 20,290            | 21,790            | 23,100              | 24,400              |

**Head of Household**

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                   |                   |                   |                   |                   |                   |                   |                   |                   |                     |                     |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
|  | \$0 - 9,999                                   | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999                                    | \$0   | \$820             | \$930             | \$1,020           | \$1,020           | \$1,020           | \$1,420           | \$1,870           | \$1,870           | \$1,910           | \$2,040             | \$2,040             |
| \$10,000 - 19,999                              | 820   | 1,900             | 2,130             | 2,220             | 2,220             | 2,620             | 3,620             | 4,070             | 4,110             | 4,310             | 4,440               | 4,440               |
| \$20,000 - 29,999                              | 930   | 2,130             | 2,360             | 2,450             | 2,850             | 3,850             | 4,850             | 5,340             | 5,540             | 5,740             | 5,870               | 5,870               |
| \$30,000 - 39,999                              | 1,020   | 2,220             | 2,450             | 2,940             | 3,940             | 4,940             | 5,980             | 6,630             | 6,830             | 7,030             | 7,160               | 7,160               |
| \$40,000 - 59,999                              | 1,020   | 2,470             | 3,700             | 4,790             | 5,800             | 7,000             | 8,200             | 8,850             | 9,050             | 9,250             | 9,380               | 9,380               |
| \$60,000 - 79,999                              | 1,870   | 4,070             | 5,310             | 6,600             | 7,800             | 9,000             | 10,200            | 10,850            | 11,050            | 11,250            | 11,520              | 12,320              |
| \$80,000 - 99,999                              | 1,880   | 4,280             | 5,710             | 7,000             | 8,200             | 9,400             | 10,600            | 11,250            | 11,590            | 12,590            | 13,520              | 14,320              |
| \$100,000 - 124,999                            | 2,040   | 4,440             | 5,870             | 7,160             | 8,360             | 9,560             | 11,240            | 12,690            | 13,690            | 14,690            | 15,670              | 16,770              |
| \$125,000 - 149,999                            | 2,040   | 4,440             | 5,870             | 7,240             | 9,240             | 11,240            | 13,240            | 14,690            | 15,890            | 17,190            | 18,420              | 19,520              |
| \$150,000 - 174,999                            | 2,040   | 4,920             | 7,150             | 9,240             | 11,240            | 13,290            | 15,590            | 17,340            | 18,640            | 19,940            | 21,170              | 22,270              |
| \$175,000 - 199,999                            | 2,720   | 5,920             | 8,150             | 10,440            | 12,740            | 15,040            | 17,340            | 19,090            | 20,390            | 21,690            | 22,920              | 24,020              |
| \$200,000 - 249,999                            | 2,970   | 6,470             | 9,000             | 11,390            | 13,690            | 15,990            | 18,290            | 20,040            | 21,340            | 22,640            | 23,880              | 24,980              |
| \$250,000 - 349,999                            | 2,970   | 6,470             | 9,000             | 11,390            | 13,690            | 15,990            | 18,290            | 20,040            | 21,340            | 22,640            | 23,880              | 24,980              |
| \$350,000 - 449,999                            | 2,970   | 6,470             | 9,000             | 11,390            | 13,690            | 15,990            | 18,290            | 20,040            | 21,340            | 22,640            | 23,900              | 25,200              |
| \$450,000 and over                             | 3,140   | 6,840             | 9,570             | 12,160            | 14,660            | 17,160            | 19,660            | 21,610            | 23,110            | 24,610            | 26,050              | 27,350              |

# Employee's Nebraska Withholding Allowance Certificate

FORM  
**W-4N**

• Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the Nebraska Department of Revenue (DOR). Your employer may be required to send a copy of this form to DOR.

|   |           |   |
|---|-----------|---|
| Your First Name and Initial                           | Last Name | Your Social Security Number   |
| Current Mailing Address (Number and Street or PO Box) |           | <input type="checkbox"/> Single <input type="checkbox"/> Married<br><b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. Individuals filing income tax returns with a "Head of Household" status check the "Single" box. |
| City  | State     | Zip Code  |

|   |          |
|---|----------|
| 1 Total number of allowances you are claiming (from line 4g on the worksheet below) . . . . .   | <b>1</b> |
| 2 Additional amount, if any, you want withheld from each paycheck for Nebraska income tax withheld . . . . .  | <b>2</b> |
| 3 I claim exemption from withholding and I can provide satisfactory evidence to my employer that I meet <b>both</b> of the following conditions for exemption.<br>• Last year I had a right to a refund of all Nebraska income tax withheld because I had no tax liability, and<br>• This year I expect a refund of all Nebraska income tax withheld because I expect to have no tax liability.<br>If you can provide evidence that you can meet both conditions, write "Exempt" here . . . . . | <b>3</b> |

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

**sign here** ▶

Employee's Signature

Date

|   |                    |
|---|--------------------|
| Employer's Name and Address (Employer: Complete employer information if sending to DOR) | Nebraska ID Number |
|---|--------------------|

— — — — — **Separate here and give Form W-4N to your employer. Keep the bottom part for your records.** — — — — —

**Personal Allowances Worksheet**

• Keep for your records.

**Allowances approximate tax deductions that may reduce your tax liability. The number of allowances is determined by many factors including, but not limited to, filing status, how many jobs you have, tax credits, and how many children or dependents that you claim on your tax return.**

**Allowances claimed on the Form W-4N are used by your employer to determine the Nebraska state income tax withheld from your wages to meet your Nebraska state income tax obligation.**

|   |           |
|---|-----------|
| 4 a Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .   | .4a _____ |
| b Enter "1" if:<br>• You are single and have only one job; or<br>• You are married, have only one job, and your spouse does not work; or<br>• Your wages from a second job or your spouse's wages (or the total of both for the year) are \$1,500 or less . . . . .   | .4b _____ |
| c Enter "1" for your <b>spouse</b> . 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) . . . . .  | .4c _____ |
| d Enter number of Nebraska personal exemptions (other than your spouse or yourself) you will claim on your Nebraska tax return. This is the number of children and dependents you will list on your Nebraska return that qualify for either the child or dependent tax credit on the federal return . . . . . | .4d _____ |
| e Enter "1" if you will file as <b>head of household</b> on your tax return . . . . .   | .4e _____ |
| f Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit. . . . .   | .4f _____ |
| g Enter total of lines a through f here and on line 1 above. (Note: This may be different from the number of exemptions you claim on your Nebraska tax return) . . . . .  | 4g _____  |

## Instructions

**Purpose.** The Nebraska Form W-4N was developed due to significant differences between the federal and Nebraska laws regarding standard deductions and because personal exemptions credits are allowed on the Nebraska return. Beginning January 1, 2020, the Nebraska Form W-4N will be used by your employer in conjunction with the [Nebraska Circular EN](#) to determine the correct Nebraska income tax withholding when the federal Form W-4 is completed on or after January 1, 2020. Employees who have completed the federal Form W-4 prior to January 1, 2020, are not required to submit a Nebraska Form W-4N and employers will continue to use the federal Form W-4 on file for Nebraska withholding purposes. For every federal Form W-4 employers receive, after January 1, 2020 a Nebraska W-4N must be completed. If you did not complete a federal Form W-4 prior to January 1, 2020 or beginning January 1, 2020 completed a federal Form W-4 but did not submit a Nebraska Form W-4N, your employer must withhold as if you were single and claimed no withholding allowances.

Withholding allowances directly affect how much money is withheld from your pay. The amount withheld is reduced for each allowance taken. Depending on your personal circumstances, you may not want to claim every allowance you are eligible to take. If you do not have enough state income tax withheld, an underpayment penalty may be charged.

Complete Form W-4N so your employer can withhold the correct Nebraska income tax from your pay. When your personal or financial situation changes, consider completing a new Form W-4N.

If you claim exemption from withholding, skip lines 1 and 2, write “exempt” on line 3, and sign the form to validate it. **An exemption is good for only 1 year.** You must give your employer a new Form W-4N by February 15 each year to continue your exemption. You cannot claim exemption from withholding if another person can claim you on their tax return; and your total income exceeds \$1,100 and includes more than \$350 of unearned income.

If your employer is subject to the special withholding procedures specified in the Nebraska Circular EN, you may be required to submit documentation to your employer to support your claim for exemption from withholding.

### Employers

An employer may withhold an amount that is less than 1.5% of the employee’s taxable wages if the employee provides sufficient documentation to verify that a lesser amount of income tax withholding is justified in the employee’s particular circumstance. Documentation may include:

- Verification of number of children/dependents;
- Marital status; and/or
- The amount of itemized deductions.

Without documentation, the employee’s income tax withholding must be set at 1.5% or at a higher level within the nonshaded area of the income tax withholding tables.

**Penalties.** The employer may be subject to a penalty of up to \$1,000 for each employee under-withheld if the employee’s low income tax withholding is not substantiated.

A taxpayer who intentionally claims an excessive number of exemptions is guilty of a Class II misdemeanor.

Any person who willfully attempts to evade the Nebraska income tax is guilty of a Class IV felony.

Any person who willfully fails to withhold, deduct, and truthfully account for and pay over any income tax withheld is guilty of a Class IV felony.





**DIRECT DEPOSIT – ENROLLMENT/CHANGE FORM**

I, \_\_\_\_\_ request Millard Public Schools directly deposit my paycheck into the referenced account(s). I further authorize Millard Public Schools to request my bank to debit my account for any direct deposit made in error.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Employee Number: \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please attached a voided check or letter from your bank containing your routing information**

**Please Note: Direct Deposit change requests must be received by the Business Office at least 7 days prior to the next payday. If you close your account(s), please let the Payroll Department know immediately. We are not responsible for payments made to closed accounts.**

**PRIMARY BANK ACCOUNT:**

Bank Name: \_\_\_\_\_ Account Type: \_\_\_\_\_  
C = Checking, S = Savings

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

**SECONDARY BANK ACCOUNT (optional):**

Bank Name: \_\_\_\_\_ Account Type: \_\_\_\_\_  
C = Checking, S = Savings

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ \$ Amount to be Deposited: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account Type: \_\_\_\_\_  
C = Checking, S = Savings

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ \$ Amount to be Deposited: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account Type: \_\_\_\_\_  
C = Checking, S = Savings

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ \$ Amount to be Deposited: \_\_\_\_\_



## 403(b) UNIVERSAL AVAILABILITY NOTICE

**Employer: Millard Public Schools**

### **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 \$19,000 in 2019; 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. Millard does not match contribution into a 403(b).

### **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.

### **How Can I Get More Information?**

You can access further information at [www.omni403b.com](http://www.omni403b.com) or [www.403bwhyme.com](http://www.403bwhyme.com). The Universal Availability notice is posted on the MPS website: <http://hr.mpsomaha.org/home/benefits/retirement> - then open the 403(b) Information folder.

By signing, I hereby acknowledge that I have received a Retirement Plan Benefits Overview and have been informed of my eligibility to participate in the Plan. I understand my choice is completely voluntary and I may change my choice to participate at any time, subject to our specific provisions.

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**Employee Printed Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

- I am a **CURRENT** participant in a 403(b) Plan and I must complete the participation requirements above to continue participation.
- I **AM** interested in participating in the 403(b) Plan and would like more information.
- I am **NOT** interested in participating in the Plan at this time.

I hereby acknowledge that I have been informed of the Millard Public Schools Board Policies and Rules found at:  
<https://www.mpsomaha.org/board/policies>

I further acknowledge that it is my responsibility to know and abide by all Policies and Rules of the Millard Public Schools Board of Education including, but not limited to the Policies and Rules on:

|        |   |
|--------|---|
| 1235.1 | Conduct on District Property                                  |
| 1315   | Gifts to School Personnel                                     |
| 1315.1 | Gifts to School Personnel                                     |
| 3911.1 | Employee Indemnification/Hold Harmless                        |
| 4001   | Non-Discrimination and Harassment Policy                      |
| 4001.1 | Non-Discrimination and Harassment                             |
| 4001.2 | Non-Discrimination and Harassment Complaint Procedures        |
| 4001.3 | Sexual Harassment Complaint Procedure                         |
| 4140   | Responsibilities and Duties                                   |
| 4140.1 | Responsibilities and Duties – Certificated                    |
| 4140.2 | Responsibilities and Duties – Non- Certificated               |
| 4153   | Professional Boundaries and Staff Relationships with Students |
| 4153.1 | Professional Boundaries and Staff Relationships with Students |
| 4155   | Code of Ethics  |
| 4155.1 | Code of Ethics  |
| 4163   | Remedial Action   |
| 4163.1 | Remedial Action – Certificated                                |
| 4163.2 | Remedial Action – Non- Certificated                           |
| 4172   | Smoking and Use of Tobacco and E-Cigarette Products           |
| 4172.1 | Smoking and Use of Tobacco and E-Cigarette Products           |
| 4173   | Drug-Free Workplace   |
| 4173.1 | Drug-Free Workplace   |
| 4173.2 | Drug-Free Workplace: Alcohol                                  |
| 4173.3 | Drug-Free Workplace: Drugs                                    |
| 4315   | Non-School Employment   |
| 4315.1 | Non-School Employment   |
| 4315.2 | Tutoring  |
| 4325   | Grievances  |
| 4325.1 | Grievance Procedure   |
| 6110   | Written Curriculum: Content Standards                         |
| 6110.1 | Written Curriculum: Content Standards                         |
| 6200   | Taught Curriculum: Instructional Delivery                     |
| 6200.1 | Taught Curriculum: Instructional Delivery                     |
| 6203   | Taught Curriculum: Lessons (Instructional) Plans              |
| 6240   | Taught Curriculum: Controversial Issues                       |
| 6240.1 | Taught Curriculum: Controversial Issues                       |
| 6315   | Millard Education Program: Use of Assessment Data             |
| 6315.1 | Millard Education Program: Use of Assessment Data             |

*I understand and acknowledge the Millard Public Schools Board Policies and Rules are amended from time to time and recognize that it is my responsibility to remain aware of all changes to Board Policies and Rule as may be posted on the Millard Public Schools website.*

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Notice of Nondiscrimination**

- The District does not discriminate on the basis of race, color, religion, national origin, marital status, disability, age, sex, sexual orientation, gender, gender identity, or on any other basis prohibited by federal, state, or local laws in admission to or access to or treatment of employment, or in its programs and activities. The District shall provide an employment, teaching and learning environment free from sexual harassment.
- Personnel violating this Policy shall be subject to disciplinary action.
- The following person has been designated to handle injuries regarding the non-discrimination and harassment policies: Associate Superintendent of Human Resources, 5606 S. 147<sup>th</sup> Street, Omaha, NE 68137 402-715-8200. The Associate Superintendent of Human Resources may delegate this responsibility as needed.
- Complaints by school personnel or job applicants regarding unlawful discrimination or unlawful harassment shall follow the procedures of District Rule 4001.2. School personnel or job applicant complaints regarding sexual harassment shall follow the procedures of District Rule 4001.3.

## Substitute Employee Acknowledgement

You are required to sign and return this form to Millard Public Schools Human Resources to confirm understanding of required notices the District must provide. This Substitute Employee Acknowledgement with your signature will be maintained as part of your employment record.

I, (print name) \_\_\_\_\_, acknowledge I have been provided notice regarding the availability of, and job provides access to, electronically deliverable copies of the compliance notices, including but not limited to the Marketplace Exchange Notice and Children's Health Insurance Program (CHIP) notice.

All required notices are available on the MPS Human Resources Department website accessible from the following link: <http://hr.mpsomaha.org/home/benefits/notices>

Signature: \_\_\_\_\_

Date \_\_\_\_\_