

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total 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 don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't 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 dependant(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 2017. 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	_____
B	Enter "1" if: <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
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	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • 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	_____
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	_____

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;">2017</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 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____
		10 Employer identification number (EIN) _____

WV/IT-104
Rev. 1/02

WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print or Type Full Name _____		Social Security Number _____	
Home Address _____	City or Town _____	State _____	Zip Code _____

1. If SINGLE, and you claim an exemption, enter "1", if you do not, enter "0" _____
2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.
 - (a) If you claim both of these exemptions, enter "2"
 - (b) If you claim one of these exemptions, enter "1" _____
 - (c) If you claim neither of these exemptions, enter "0"
3. If you claim exemptions for one or more dependents, enter the number of such exemptions _____
4. Add the number of exemptions which you have claimed above and enter the total _____
5. If you wish to have your West Virginia Income Tax withheld using the new Optional Two Earner Percentage Method, check here
6. Additional withholding per pay period under agreement with employer _____ \$ _____

Note that special withholding allowances provided on Federal Form W-4 may not be claimed on your West Virginia Form WV/IT-104

I CERTIFY, under penalties provided by law, that the number of exemptions claimed in this certificate is not in excess of those to which I am entitled.

Date _____ Signature _____

NONRESIDENTS - SEE REVERSE SIDE

↓ ↑ * Only complete one * ↑ ↓

WV/IT-104 R
Rev. 1/02

WEST VIRGINIA CERTIFICATE OF NONRESIDENCE

To be completed by employees who reside in Kentucky, Maryland, Ohio, Pennsylvania or Virginia.

If you are a resident of Kentucky, Maryland, Ohio, Pennsylvania or Virginia and your only source of income from West Virginia is wages or salaries, you are exempt from West Virginia Personal Income Tax Withholding. Upon receipt of this form, properly completed, your employer is authorized to discontinue the withholding of West Virginia Income Tax from your wages or salaries earned in West Virginia.

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

I hereby certify, under penalties provided by law, that I am not a resident of West Virginia, that I reside in the State of _____ and live at the address shown on this certificate, and request is hereby made to my employer to NOT withhold West Virginia income tax from wages paid to me. If at any time hereafter I become a resident of West Virginia, or otherwise lose my status of being exempt from West Virginia withholding taxes, I will properly notify my employer of such fact within ten (10) days from the date of change so that my employer may then withhold West Virginia income tax from my wages.

I certify that the above statements are true, correct, and complete.

Date _____ Signature _____



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

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

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		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): _____ 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: 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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

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

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

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



Employer Completes Next Page



WAYNE COUNTY BOARD OF EDUCATION

DRUG-FREE WORKPLACE VERIFICATION STATEMENT

NAME: _____

ADDRESS: _____ TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

Date Employed by Wayne County Board of Education: _____

I, _____, certify that I have received a copy of the West Virginia Drug-Free Workplace Policy.

As an employee of the Wayne County Board of Education, I agree to abide by the Drug-Free Workplace Policy which states that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance and or alcohol is prohibited in the workplace. Additionally, no employee shall report for work while under the influence of alcohol and/or an illegal drug.

The workplace shall be defined as a worksite where work is performed in connection with the employee's Wayne County Board of Education employment. The workplace shall include facilities, property, buildings, offices, structures, automobiles, trucks, trailers, other vehicles, and parking areas, whether owned or leased by the agency or entity.

The policy is applicable while employees are engaged in any work-related activity which includes performance of agency business during regularly scheduled work days, meal breaks, and/or occasions having a connection with the job or the agency.

In addition, I understand that under federal law and as a condition of employment, if I am convicted of any violation of a criminal drug offense in the workplace, I must report this conviction to my supervisor and the appointing authority within five (5) days of the conviction.

Employee Signature

Date



West Virginia DEPARTMENT OF
EDUCATION

Rev20151106

Office of Certification and
Professional Preparation
Building 6, Room 304
1900 Kanawha Boulevard, East
Charleston, WV 25305
Telephone: 304-558-7010
Fax: 304-558-7843

Form 7—Applicant Consent/Release of Background Results

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Consent Agreement

Police records: I hereby request a record check be made to find any police record on me, the individual named below, and by submitting this request, I understand that the submitted information will be retained by the West Virginia State Police in the Automated Fingerprint Identification System. I am authorizing that the results of the record check be released to the West Virginia Department of Education (WVDE) for official business purposes.

Other Information: I hereby authorize any representative of the WVDE bearing this release or a copy of this release to obtain information pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records regarding me. This release is executed with the full knowledge and understanding that the information is for the WVDE's official use. I further consent to the WVDE providing such information to any out-of-state educational agency should I apply for licensure in that state or already have been issued a license in such state. I further consent to the WVDE furnishing such information described above to third parties if necessary to the WVDE fulfilling its official responsibilities regarding my West Virginia application upon execution by such third parties confidentiality agreement. I hereby release any individual, agency and institution from any and all liability for damages of whatever kind which may result from complying or attempting to comply in good faith with this authorization and request to release information. I may be contacted at the address indicated below should there be any questions as to the validity or authenticity of this release.

Applicant Consent/Release of Information to County Board of Education/IHE

Check this box to release the results of the WV State Police criminal history background check to a county board of education for purposes of employment or student teaching.

Check this box to release the results of the WV State Police criminal history background check to _____ (IHE) for the purposes of student teaching placement.

Signature IHE Official _____ Date _____ (Requesting CIB results of applicant if within 90 days and with consent)

I understand according to W. Va. Code §18A-3-10, upon my written consent to the WVDE and within ninety (90) days of the State Police fingerprint analysis that the results of said analysis may be provided to a county board of education with which I am applying for employment without further cost to me. I understand that if I do not consent, I will have to undergo an additional state check for employment as per W. Va. Code §18-5-15c and I may be responsible for the cost of the background check.

APPLICANT INITIAL HERE: _____

Applicant Consent

Printed Full Legal Name _____

Current Address _____

Signature _____ Date _____

West Virginia County Board of Education Request for Criminal Identification Bureau Results

I verify that the individual identified below will be hired or has been hired by the

_____ County Board of Education or will be placed in one of the county's schools to complete a student teaching experience. I am requesting that the results from the CIB be forwarded to this office if the applicant has undergone a background check for a permit or initial licensure within the last ninety (90) days and has consented to their release.

Name of Individual _____

Social Security Number _____

Signature of Superintendent _____

Date _____

Verification of Notary Public

State _____ County _____

Taken, Subscribed and Sworn Before Me this _____ Day of _____, 20____.

My Commission Expires _____.

Signature of Notary Public _____

Requirement

According to W. Va. Code §18-A-3-10, any applicant for an initial license issued by the West Virginia Department of Education (WVDE) shall be fingerprinted by the West Virginia State Police in accordance with West Virginia Board of Education Policy 5202 in order to determine the applicant's suitability for licensure. The fingerprints shall be analyzed by the State Police for a state criminal history record check through the central abuse registry and then forwarded to the Federal Bureau of Investigation (FBI) for a national criminal history record check. Information contained in either the central abuse registry record or the FBI record may form the basis for the denial of a certificate for just cause. The applicant for initial certification pays for the cost of obtaining the central abuse registry record and the FBI record. Upon written consent to the WVDE by the applicant and within ninety days of the state fingerprint analysis, the results of a state analysis may be provided to a county board with which the applicant is applying for employment without further cost to the applicant. Information maintained by the WVDE or a county board of education which was obtained for the purpose of the criminal history check is exempt from the disclosure provisions of chapter twenty-nine-B of West Virginia Code. Nothing in this section prohibits disclosure or publication or information in a statistical or other form which does not identify the individuals involved or provide personal information.

Wayne County Schools

Direct Deposit Authorization Form

NAME: _____

LOCATION: _____

EMPLOYEE ID: 98900- _____

NAME OF BANK: _____

ACCOUNT NO. _____

Employee Signature

Date:

**Must attach a VOIDED CHECK to this form and return to the Finance Dept.
Payroll must receive notice at least 5 days prior to pay date in order to take effect.**

*Use for credit of previous teaching experience.

WAYNE COUNTY BOARD OF EDUCATION

P.O. Box 70, Wayne, WV 25570 ♦ Phone: (304) 272-5116 ♦ Fax: (304) 501-4690

VERIFICATION OF EXPERIENCE AND PERSONAL LEAVE

(use separate forms for each employer)

PART I. TO BE COMPLETED BY EMPLOYEE

Employee Information:

_____/_____/_____/_____/_____
(Last Name) (First Name) (Middle Name) (Maiden Name) Social Security #

_____/_____/_____/_____
(Address) (City) (State) (Zip)

Former Employer's Information:

Name of County/District: _____

Address: _____
(Address) (City) (State) (Zip)

Phone: _____ Fax: _____

Statement for Release of Information (must be signed by employee):

I, _____, authorize the release of information regarding experience and personal/sick
(employee name)
leave to the Wayne County School System. I was employed from _____ to _____

Employee Signature _____ Date _____

PART II. TO BE COMPLETED BY SUPERINTENDENT OR DESIGNEE OF PREVIOUS EMPLOYER

RECORD OF EXPERIENCE IN _____ COUNTY/DISTRICT IN THE STATE OF _____

School Year	Name of School	Position/Subject	Grade Taught	# of Months in School Year	If partial year worked-list # of days worked

SICK/PERSONAL LEAVE INFORMATION - Complete the following if sick leave days were earned in the STATE OF WEST VIRGINIA:

Number of unused personal (sick) leave days transferable to Wayne County as of the termination date of employment in your county: _____ days

Return to: Personnel Office of Wayne County Schools
P. O. Box 70, Wayne, West Virginia 25570
Preferred method: Fax: (304) 501-4690

SIGNED: _____

DATE: _____

Position/Title: _____