Employee's Withholding Exemption Certificate

IT 4 Rev. 5/07

	laxation	3							
Print full name_		Social Security nu	ımber						
Home address a	nd ZIP code								
Public school dis	trict of residence		School district	no					
(See The Finder a	tax.ohio.gov.)								
	nption for yourself, enter "1" if claimed								
2. If married, pe	sonal exemption for your spouse if not separately clair	ned (enter "1" if claimed)		—					
3. Exemptions for	r dependents			···· —					
4. Add the exem	otions that you have claimed above and enter total								
5. Additional with	holding per pay period under agreement with employe	r		\$					
Under the penal	es of perjury, I certify that the number of exemptions of	laimed on this certificate do	oes not exceed the nun	nber to v	which I am entitled.				
O' and a traine		Data							
Signature		Date							
Public school of (See The Finder at 1. Personal exe 2. If married, pe 3. Exemptions f 4. Add the exem 5. Additional with Under the pena Signature	Employee's Wit	_		-	OMB No. 1545-0074				
	Complete Form W-4 so that your employer ca	n withhold the correct fede V-4 to your employer.	ral income tax from you	ır pay.	2020				
Department of the In Internal Revenue Ser	asary	subject to review by the I	RS.						
Step 1:	(a) First name and middle initial Last	name		(b) So	ocial security number				
Enter	Addison			-					
Personal	Address			name	s your name match the on your social security				
Information	City or town, state, and ZIP code	credit f	If not, to ensure you get for your earnings, contact						
					t 800-772-1213 or go to <i>sa.gov</i> .				
	(c) Single or Married filing separately								
	Married filing jointly (or Qualifying widow(er))			.,					
	Head of household (Check only if you're unmarried an	nd pay more than half the costs	of keeping up a nome for y	ourseit ar	nd a qualitying individual.)				
	os 2–4 ONLY if they apply to you; otherwise, s		2 for more informati	on on e	each step, who can				
ciaim exemption	n from withholding, when to use the online estim	ator, and privacy.							
Step 2:	Complete this step if you (1) hold more the	-							
Multiple Jobs	also works. The correct amount of withhol	ding depends on income	e earned from all of the	nese jol	bs.				
or Spouse	Do only one of the following.								
Works	(a) Use the estimator at 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 S	tep 4(c) below for roug	hly acc	urate withholding; or				
	(c) If there are only two jobs total, you may								
	is accurate for jobs with similar pay; oth	ierwise, more tax than ne	ecessary may be with	neia .	▶⊔				
	TIP: To be accurate, submit a 2020 Form	•		se) hav	e self-employment				
	income, including as an independent cont	ractor, use the estimator	•						
Complete Ste	os 3–4(b) on Form W-4 for only ONE of these j	obs. Leave those steps	blank for the other is	obs. (Yo	our withholding will				
	ate if you complete Steps 3–4(b) on the Form W-4			,	· ·				
Sten 3:	If your income will be \$200,000 or less (\$4	00 000 or loss if married	filing iointly):						
•	ii youi iiiooille wiii de \$200,000 di less (\$4	oo,ooo or iess ii mamed	ming jointry).						
	Multiply the number of qualifying childre	n under age 17 by \$2,000) ► <u></u> \$	_					
Dopondo ino			- 4						
	Multiply the number of other depender	its by \$500	\$	-					
	Add the amounts above and enter the total	ll here		3	\$				
Step 4	(a) Other income (not from jobs), If you			_					
(optional):	this year that won't have withholding, en								
Other	include interest, dividends, and retireme	nt income		4(a)	\$				
Adjustments	(b) Deductions If you consist to alsies of								
	(b) Deductions. If you expect to claim d and want to reduce your withholding,								
	enter the result here		· · · · · · ·	4(b)	\$				
	(c) Extra withholding. Enter any additiona	al tax you want withheld	each pay period	4(c)) \$				
Step 5:	Under penalties of perjury. I declare that this certificate	to the best of my knowled	dge and belief is true o	orrect s	and complete				
Sign	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.								
Here	\								
	Employee's signature (This form is not valid	ate							
Employers	Employer's name and address	<u> </u>	First date of	Employ	er identification				
Employers Only	Employer a hame and address		employment	number					
			ı						



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									
than the first day of emplo					st complete an	d sign S	ection 1 c	f Form I-9 no later	
Last Name (Family Name) First Name			me (Given Name)		Middle Initial	Other Last Names Used (if any)			
Address (Street Number and Name)			Number	er City or Town		•	State	ZIP Code	
Date of Birth (mm/dd/yyyy) U.S. Social Security Num			ber Employee's E-mail Address			Employee's Telephone Number			
I am aware that federal late connection with the comp I attest, under penalty of p	eletion of this	form.				or use o	f false do	ocuments in	
1. A citizen of the United S		ani (check or	e or the r	Ollowing boxe	:5).				
		(Coo instruction	nol						
2. A noncitizen national of		<u> </u>	-	J. mahawa					
3. A lawful permanent resident									
4. An alien authorized to w Some aliens may write '				_		_			
Aliens authorized to work must An Alien Registration Number 1. Alien Registration Number	/USCIS Number	OR Form I-94						R Code - Section 1 ot Write In This Space	
OR	ocolo mambor.	-			_				
2. Form I-94 Admission Num	ber:								
OR									
3. Foreign Passport Number:									
Country of Issuance:					_				
Signature of Employee Today					Today's Dat	lay's Date (mm/dd/yyyy)			
Preparer and/or Trans I did not use a preparer or t (Fields below must be comp	ranslator.	A preparer(s)	and/or trans	slator(s) assisted					
l attest, under penalty of p knowledge the informatio			in the co	mpletion of S	ection 1 of th	is form	and that	to the best of my	
Signature of Preparer or Trans	ator					Today's	Date (mm/	dd/yyyy)	
Last Name (Family Name)				First Name	e (Given Name)				
Address (Street Number and N	lame)		С	ity or Town			State	ZIP Code	

Employer Completes Next Page



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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.") Last Name (Family Name) First Name (Given Name) M.I. Citizenship/Immigration Status **Employee Info from Section 1** OR List B AND List C List A **Identity and Employment Authorization** Identity **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 QR Code - Sections 2 & 3 Issuing Authority Additional Information Do Not Write In This Space 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 Last Name of Employer or Authorized Representative First Name of Employer or Authorized Representative Employer's Business or Organization Name Employer's Business or Organization Address (Street Number and Name) State ZIP Code City or Town Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) A. New Name (if applicable) B. Date of Rehire (if applicable) Date (mm/dd/yyyy) Last Name (Family Name) Middle Initial First Name (Given Name) 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