

#### APPALACHIAN STATE UNIVERSITY

## **Student Employee New-Hire Paperwork**

Congrats on landing your first on campus job!

<u>In order to be hired and paid on time</u>, you must complete the new hire process by following steps 1-6 outlined below.

**E-Verify is conducted in Room 389 or 390** of the John E Thomas (JET) Building.

No appointment is necessary (unless you are a Foreign National student, if so use the Foreign National New-Hire packet on our website and an appointment is REQUIRED)

#### **Processing times:**

Monday - Thursday: 10am - 12pm and 2pm - 4pm

Friday: 10am - 2pm

## **DIRECTIONS:**

Bring the ALL of the following documents:

- 1. **Student Temporary Authorization** (see page 2, complete with your supervisor)
- 2. I-9 identifying documentation, must be ORIGINAL AND UNEXPIRED (see page 6)
- 3. **Section 1 of** *I-9* (see page 5)
- 4. **NC-4EZ** (State Tax Form, see page 4)
- 5. **W-4** (Federal Tax Form, see page 3) \*Personal Allowances Worksheet can be found on IRS website
- 6. The online direct deposit form must be completed on the <u>AppalNet</u> employee self-service tab.

We will have to turn you away if you do not have items 1 and/or 2

Your new hire processing time will increase if you do not arrive with items 3, 4 and 5, as we will give you the forms to fill out on site.

\*\*\*This packet is for students who have secured employment on campus, not an application for employment. Please contact our office for additional questions - (828) 262-4099

## Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to <a href="https://www.irs.gov/FormW4">www.irs.gov/FormW4</a>.

**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.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## **General Instructions**

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at **www.irs.gov/W4App** to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Separate here and give Form W. 4 to your ampleyor. Keep the worksheet(s) for your records

## Specific Instructions Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give i of in w-4 to your employer. Reep the worksheet(s) for your records.								
_ '	W-4	Employe	e's Withholding	g Allowance (	Certificate		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service		► Whether you're entitled to claim a certain number of allowances or exemption from w subject to review by the IRS. Your employer may be required to send a copy of this form					2019	
1	Your first name a	and middle initial	Last name		2 You	ır social se	ecurity number	
Home address (number and street or rural route)				3 Single Married Married, but withhold at higher Single rate.  Note: If married filing separately, check "Married, but withhold at higher Single rate."				
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 800-772-1213 for a replacement card. ▶ □				
5	5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)						5	
6	, , , , , , , , , , , , , , , , , , , ,					6 \$		
7	7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption.						n.	
	• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b>							
	• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.							
	If you meet both conditions, write "Exempt" here							
Under		jury, I declare that I have ex				s true, co	rrect, and complete.	
•	oyee's signature form is not valid	e unless you sign it.) ►		,	Date	<b>&gt;</b>	,	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and boxes 8, 9, and 10 if sending to State Directory of New Hires.)				IRS and complete	9 First date of employment		oloyer identification hber (EIN)	



**Employee's Signature** 

# NC-4EZ Employee's Withholding Allowance Certificate

12-18	Allowan	ice Certific	ate						
Filing Status (Ma	ark one box only) Single or M	arried Filing Separately	Head of Household	Married Filing	Jointly or Surviving Spouse				
Social Security Nur	Social Security Number								
First Name	First Name M.I. Last Name								
Address	Address County (Enter first five letters)								
City			State	Zip Code	Country (If not U.S.)				
<ul> <li>Plan to claim the N.C. Child Deduction Amount (but no other N.C. deductions)</li> <li>Do not plan to claim N.C. tax credits</li> <li>Qualify to claim exempt status (See Lines 3 or 4 below)</li> <li>Important. If you plan to claim N.C. itemized deductions or plan to claim other N.C. deductions (other than the N.C. Child Deduction Amount), you must complete Form NC-4. If you are a nonresident alien, you must complete Form NC-4 NRA. In general, a nonresident alien is an alien (not a U.S. citizen) who has not passed the green card test or the substantial presence test. (See Publication 519, U.S. Tax Guide for Aliens, for more information on the green card test and the substantial presence test.)</li> <li>If you plan to claim the N.C. Child Deduction Amount, use the table below for your filing status, amount of income, and number of children under age 17 to determine the number of allowances to enter on Line 1. For married taxpayers, only one spouse may claim the allowance for the N.C. Child Deduction Amount for each child.</li> </ul>									
	larried Filing Separately		tly & Surviving Spouse	L	l of Household				
Income	# of Children under age 17		of Children under age 17		# of Children under age 17				
	1 2 3 4 5 6 7 8 9 10 # of Allowances	1	2 3 4 5 6 7 8 9 10 # of Allowances		1 2 3 4 5 6 7 8 9 10 # of Allowances				
20,001 - 30,000 30,001 - 40,000 40,001 - 50,000 50,001 - 60,000	1 2 3 4 5 6 7 8 9 10	60,001 - 80,000 0 80,001 - 100,000 0 100,001 - 120,000 0	2 3 4 5 6 7 8 9 10 1 2 3 4 4 5 6 7 8 1 1 2 3 3 4 4 5 6 0 1 1 2 2 2 3 3 4	30,001 - 45,000 ( 45,001 - 60,000 ( 60,001 - 75,000 ( 75,001 - 90,000 (	1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8				
Total number     Additional a	er of allowances you are clair	ning (Enter zero (0), or t	the number of allowances fro	m the table above)					
	It I am exempt from North Car I was entitled to a refund of all I expect a refund of all State inc	State income tax withheld	d because I had no tax liabili	ty; and	Check Here				

CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

If an exemption on Line 3 or Line 4 applies to you, enter the year the exemption became effective

number of allowances entered on Line 1 and any additional amount entered on Line 2.

5. I certify that I no longer meet the requirements for an exemption on Line 3 or Line 4 (Check applicable box)

Therefore, I revoke my exemption and request that my employer withhold North Carolina income tax based on the

Check Here

Date



## **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 than the first day of employment, but not			st complete an	d sign Se	ection 1 o	f Form I-9 no later	
Last Name (Family Name)	First Name (Given Nar	me (Given Name)		Other L	ast Names	s Used <i>(if any)</i>	
Address (Street Number and Name)	Apt. Number	Apt. Number City or Town			State	ZIP Code	
Date of Birth (mm/dd/yyyy)  U.S. Social Sec	urity Number Empl	yee'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 a	m (check one of the	following boxe	es):				
1. A citizen of the United States							
2. A noncitizen national of the United States	(See instructions)						
3. A lawful permanent resident (Alien Reg	gistration Number/USCI	S Number):					
4. An alien authorized to work until (expira	• • • • • • • • • • • • • • • • • • • •	-					
Some aliens may write "N/A" in the expira	,	,				OR Code Section 1	
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.							
Alien Registration Number/USCIS Number:     OR			_				
2. Form I-94 Admission Number: OR							
3. Foreign Passport Number:							
Country of Issuance:							
Signature of Employee Today's Date (mm/c					'dd/yyyy)		
Preparer and/or Translator Certif	ication (check o	ne):					
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	
L		1			-	1	

STOP

Employer Completes Next Page

STOP

# LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

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

	LIST A  Documents that Establish  Both Identity and  Employment Authorization	OR	LIST B  Documents that Establish Identity Al	ND	LIST C Documents that Establish Employment Authorization
3.	U.S. Passport or U.S. Passport Card  Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa  Employment Authorization Document that contains a photograph (Form		<ol> <li>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>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> </ol>		A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  Certification of report of birth issued by the Department of State (Forms
5.	I-766)  For a nonimmigrant alien authorized to work for a specific employer because of his or her status:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport;		<ol> <li>School ID card with a photograph</li> <li>Voter's registration card</li> <li>U.S. Military card or draft record</li> <li>Military dependent's ID card</li> <li>U.S. Coast Guard Merchant Mariner Card</li> </ol>	4.	DS-1350, FS-545, FS-240)  Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	and  (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		8. Native American tribal document  9. Driver's license issued by a Canadian government authority  For persons under age 18 who are unable to present a document listed above:		Identification Card for Use of Resident Citizen in the United States (Form I-179)  Employment authorization document issued by the Department of Homeland Security
6.	Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		<ol> <li>School record or report card</li> <li>Clinic, doctor, or hospital record</li> <li>Day-care or nursery school record</li> </ol>	-	

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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