



**THE UNIVERSITY OF TEXAS**  
**ATHLETICS COMPLIANCE SERVICES**  
*Camp/Clinic General Employee Questionnaire*



*This form must be completed by all camp/clinic employees not employed by or affiliated with The University of Texas (e.g., high school coaches, two-year college coaches, etc.) prior to the start of the camp/clinic. No camp employee will be compensated without this form approved and on file with the Compliance Office. Questions? Contact us at 512-471-7285.*

Name (please print legibly) \_\_\_\_\_ Sport Camp and Dates \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Email \_\_\_\_\_

-----  
 Please read thoroughly, initial by each statement and sign and date below that you understand and agree to the following NCAA provisions surrounding your employment with The University of Texas. By signing you also affirm that all information you provide is truthful, accurate, and you understand that a violation of any of the below provisions could affect your association with the institution or the eligibility of any involved athletes.

1. Are you a high school, prep school or two-year college coach? Yes \_\_\_ No \_\_\_

a. If YES, what is the name and location of your school?

Name of School/College: \_\_\_\_\_ City/State: \_\_\_\_\_

b. If NO, are you a high school student enrolled in grades 9 through 12? Yes \_\_\_ No \_\_\_

c. If NO, are you affiliated, related to, or have knowledge of any prospects being recruited by the University of Texas? Yes \_\_\_ No \_\_\_

o Name of prospect(s)? \_\_\_\_\_

o What is/are your relationship to the prospect(s)? (circle one) \_\_\_\_\_

- Parent
- Sibling
- Relative
- Friend
- Other: \_\_\_\_\_

As a camp/clinic employee of The University of Texas, you understand and will immediately report any discrepancies regarding the following statements to the Compliance Office or Camp Director (please initial by each statement):

2. \_\_\_\_\_ I understand that I must be compensated at a rate commensurate with the going rate for camp or clinic  
 (initial) counselors of like teaching ability and camp or clinic experience.

3. \_\_\_\_\_ I understand that I may not be paid on the basis of the value that I may have for the coaching staff  
 (initial) because of my reputation or contact with prospects.

4. \_\_\_\_\_ I understand that I may not be compensated or reimbursed based on the number of campers I send  
 (initial) to the camp.

5. \_\_\_\_\_ I am not a prospect-aged individual in grades 9 through 12.  
 (initial)

6. \_\_\_\_\_ I am not affiliated (coach, trainer, advisor) with a men's basketball prospect (grades 9 thru 12)  
 (initial) currently being recruited by The University of Texas

\_\_\_\_\_  
 Camp/Clinic Employee Signature

\_\_\_\_\_  
 Date

**Compliance Office Use Only:**

Compliance Signature \_\_\_\_\_ Date Approved \_\_\_\_\_



Clearly print all information. Provide all information requested. This information is used for identification purposes only. Return this document to your department, not HRS.

First name	Middle name	Last name	Suffix	Maiden/former name (if applicable)
				Years at this address:
Present street address (No P.O. Boxes)	City	State	Zip code	Years at this address:
Previous street address (No P.O. Boxes)	City	State	Zip code	
Gender	Driver's license / ID number (include state)	Social Security number	UT EID	Date of birth (MM/DD/YYYY)
<input type="checkbox"/> Male <input type="checkbox"/> Female				
<input type="checkbox"/> California, Minnesota, and Oklahoma applicants only: check with HireRight can request a copy.	Please check here to have a copy of your consumer report sent directly to you. Only those applicants who are receiving a background check with HireRight can request a copy.			
<b>Authorization to conduct background check</b> I authorize the University of Texas at Austin my consumer, criminal, driving, and other related reports to include education, license, and certification information in connection with my employment or potential employment (including contract for services) with The University of Texas at Austin. I do hereby release all agents, servants, and employees of The University of Texas at Austin, the person in charge of such law enforcement agency or department and all members of such law enforcement agency or department from all liability resulting from the furnishing of this information to The University of Texas at Austin.				
I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my access to The University of Texas at Austin.				
Signature of applicant	Date			
<b>This section to be completed by the department</b> Important instructions: Send this completed form to Human Resource Services, Employee Records at the above address. The department account number specified below will be charged for processing this request. Sub-accounts ending between 50-59 should be used.				
<input type="checkbox"/> Identity has been confirmed by hiring department	Hiring department witness			
Job title of hire	Job Code	Recruiting job no. (if applicable)	Position ID	Department and hiring unit code
Department account number	Department contact name	Department contact phone		
Department EIDs (three maximum)	<p><b>Notice Concerning Your Information</b> The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that The University of Texas at Austin collects about you. It also gives you the right to request a copy of that information; and to have the University correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, PO Box 8179, Austin, Texas, 78713, e-mail: <a href="mailto:df@www.utexas.edu">df@www.utexas.edu</a>.</p> <p>Disclosure of Social Security numbers (SSN) is requested from you in order for The University of Texas at Austin to complete a background check. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in dismissal or ineligibility to be hired. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.</p>			
Authorized signature for department				
For HRS use only	Date	Initials	V	Date
			<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	



# Employment Application

For non-academic positions less than 20 hours per week or less than 4 1/2 months in length  
CT020 - Revised 8/2008

The University of Texas at Austin does not discriminate on any basis prohibited by applicable law including race, color, religion, sex, national origin, disability, age, citizenship status, or Vietnam era or special disabled veteran's status in recruitment, employment, promotion, compensation, benefits or training. It is also the university's policy to maintain a work environment free from discrimination on the basis of sexual orientation. The information on the Application, together with any attachments, is the property of the university.

Print all information. Answer all questions completely. Please return completed application to the department to which you are applying.

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_ UT EID \_\_\_\_\_  Mark if currently employed at UT Austin  
 Mark if eligible to work in the US

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_ E-mail address \_\_\_\_\_ Date available to start work \_\_\_\_\_ Hours per week available \_\_\_\_\_

If you are related by kinship or marriage to any current employee or to any member of the Board of Regents of The University of Texas System, provide their name, relationship and department.

If your age is below 18 years, give date of birth \_\_\_\_\_ If you are a UT Austin student, how many hours are you currently enrolled? \_\_\_\_\_

Current driver's license type  Commercial  Operator  None

Education General education  High School graduate  GED  Other \_\_\_\_\_ Highest grade completed \_\_\_\_\_

School name and location \_\_\_\_\_

Beginning attendance date (MM/YYYY) \_\_\_\_\_ End attendance date (MM/YYYY) \_\_\_\_\_ Major(s) \_\_\_\_\_

Currently enrolled  Graduated Undergraduate hours \_\_\_\_\_ Graduate hours \_\_\_\_\_ Completed degree level \_\_\_\_\_

School name and location \_\_\_\_\_

Beginning attendance date (MM/YYYY) \_\_\_\_\_ End attendance date (MM/YYYY) \_\_\_\_\_ Major(s) \_\_\_\_\_

Currently enrolled  Graduated Undergraduate hours \_\_\_\_\_ Graduate hours \_\_\_\_\_ Completed degree level \_\_\_\_\_

School name and location \_\_\_\_\_

Beginning attendance date (MM/YYYY) \_\_\_\_\_ End attendance date (MM/YYYY) \_\_\_\_\_ Major(s) \_\_\_\_\_

Currently enrolled  Graduated Undergraduate hours \_\_\_\_\_ Graduate hours \_\_\_\_\_ Completed degree level \_\_\_\_\_



**Work history**  
Start with your **first job** and work forward to the **most recent**. You may list both paid and non-paid jobs, such as internships or volunteer work. Include any previous UT Austin work experience here.

Employer _____	Department _____	State _____	Zip code _____
Street address _____	City _____	Supervisor's name _____	Supervisor's phone _____
Title _____	Average number of hours you worked each week _____	Number of employees you supervised, if any _____	
<input type="checkbox"/> Mark if currently employed with this employer			
Job duties _____			
Reason for leaving _____			
Starting salary _____	End salary _____	Begin date _____	End date _____
Employer _____	Department _____	City _____	State _____
Street address _____	City _____	Supervisor's name _____	Supervisor's phone _____
Title _____	Average number of hours you worked each week _____	Number of employees you supervised, if any _____	
<input type="checkbox"/> Mark if currently employed with this employer			
Job duties _____			
Reason for leaving _____			
Starting salary _____	End salary _____	Begin date _____	End date _____
Employer _____	Department _____	City _____	State _____
Street address _____	City _____	Supervisor's name _____	Supervisor's phone _____
Title _____	Average number of hours you worked each week _____	Number of employees you supervised, if any _____	
<input type="checkbox"/> Mark if currently employed with this employer			
Job duties _____			
Reason for leaving _____			
Starting salary _____	End salary _____	Begin date _____	End date _____



**Criminal Conviction Record**

The University of Texas at Austin has an obligation to provide a safe environment for all members of the UT Austin community and to protect the property of UT Austin. For these reasons, all job applicants must provide and certify their complete adult criminal conviction record. **This includes any conviction and/or deferred adjudications where the final disposition is still pending (i.e. the original charge has not been judicially dismissed) from the age of 17 until now.** Before an applicant is referred to or hired for a specific job vacancy, the recency, severity and direct job relatedness of his or her conviction(s) are compared to the functions of the vacant position. Based on that review, an applicant may not be referred, or hired. However, a criminal conviction DOES NOT necessarily disqualify an individual from being hired.

If an individual is hired into a security sensitive position, a conviction verification is conducted. **If the verification results show that false statements, including omission(s), were made by the applicant on his or her adult criminal conviction record, then his or her application for employment, as well as any actions based on it, will be voided and the person will not be eligible for future employment with The University of Texas at Austin.**

If you have any criminal convictions (misdemeanors and/or felonies) or deferred adjudications where the final disposition is still pending (i.e., the original charge has not been judicially dismissed from the age of 17 until now), **complete the information below and list all information from the oldest to the most recent** (for additional space, please request an additional form).

Date of conviction MM/YYYY	Location of conviction City, State	Name of court	Mark appropriate box	Nature of conviction No abbreviations
_____	_____	_____	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Deferred adjudication <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	_____
_____	_____	_____	<input type="checkbox"/> Deferred adjudication <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	_____
_____	_____	_____	<input type="checkbox"/> Deferred adjudication	_____

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination. I understand any current or former employment at The University of Texas at Austin must be disclosed on my application. I understand that any offer of employment is contingent upon my agreement to abide by the rules and regulations of The Board of Regents of The University of Texas System.

I hereby authorize The University of Texas at Austin or any law enforcement agency to furnish to The University of Texas at Austin my criminal conviction record for a deferred adjudication, misdemeanor or felony offense at age 17 or older. I do hereby release all agents, servants, and employees of UT Austin, the person in charge of such law enforcement agency or department and all members of such law enforcement agency or department from all liability resulting from the furnishing of this information to The University of Texas at Austin.

I authorize The University of Texas at Austin to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

Signature of employee \_\_\_\_\_ Date \_\_\_\_\_

**Notice Concerning Your Information**

The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that The University of Texas at Austin collects about you. It also gives you the right to request a copy of that information; and to have the University correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, PO Box 8179, Austin, Texas, 78713, e-mail: [cfio@www.utexas.edu](mailto:cfio@www.utexas.edu).



Information requested is used for insurance eligibility and the faculty/staff directory. Only use this form if you **do not** have access to Y18 in \*define or access to web page <https://utdirect.utexas.edu/pnbiog>. Return the completed form to the Human Resource Service Center, NOA 2.200, Mail Code J5600.

\_\_\_\_\_  
First name Middle name Last name

\_\_\_\_\_  
UT EID E-mail Home phone

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City State Zip code

**Office Location**

*Primary location*

\_\_\_\_\_  
Building Room Office phone

*Secondary location*

\_\_\_\_\_  
Building Room Office phone

\_\_\_\_\_  
Pager Fax Campus mail code

**Emergency Contacts**

*Primary contact*

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Phone 1 Phone 2

*Secondary contact*

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Phone 1 Phone 2

**Teaching Experience**

Please indicate the years of HIGHER education teaching experience you have (excluding TA experience)

Total years of teaching experience \_\_\_\_\_

Total years of teaching experience at UT Austin \_\_\_\_\_

**Former Foster Children**

Are you less than the age of 25 and an orphan under permanent managing conservatorship of the Department of Family and Protective Services (DFPS)?

Yes  No

**Information Release -- Do Not Release My... (Mark all that apply)**

- Social Security Number
- Family Information
- Home Address(es)
- Home Phone Number(s)

**Ethnicity**

Are you Hispanic?  Yes  No

**Race (check all that apply)**

- American Indian/Alaskan native
- Asian
- Black
- Native Hawaiian/Pacific Islander
- White

**Gender**  Male  Female

**Education**

Indicate highest level of education achieved.

- Less than high school
- High school diploma/GED
- Associate's degree
- Certificate of completion
- Bachelor's degree
- Master's degree
- Professional degree (LLB, JD, ThD, PharmD)
- Doctorate (PhD, EdD)
- Medical degree (MD, DVM, DDS)

Highest degree abbreviation \_\_\_\_\_

\_\_\_\_\_  
Signature of employee EID Date form signed Year degree completed



## Instructions

You can acknowledge these sections of the Texas Government Code online at [https://utdirect.utexas.edu/pnethc/pn\\_ethics.WBX](https://utdirect.utexas.edu/pnethc/pn_ethics.WBX).

If you do not have access to the web, print a copy of this form, complete the **receipt** section of this document, make a copy of this document for your file, and then return the original signed form by campus mail to:

Human Resource Services, Employee Records Services, mail code J5600.

### § 572.051. Standards of Conduct

A state officer or employee should not:

1. accept or solicit any gift, favor, or service that might reasonably tend to influence the officer or employee in the discharge of official duties or that the officer or employee knows or should know is being offered with the intent to influence the officer's or employee's official conduct;
2. accept other employment or engage in a business or professional activity that the officer or employee might reasonably expect would require or induce the officer or employee to disclose confidential information acquired by reason of the official position;
3. accept other employment or compensation that could reasonably be expected to impair the officer's or employee's independence of judgment in the performance of the officer's or employee's official duties;
4. make personal investments that could reasonably be expected to create a substantial conflict between the officer's or employee's private interest and the public interest; or
5. intentionally or knowingly solicit, accept, or agree to accept any benefit for having exercised the officer's or employee's official powers or performed the officer's or employee's official duties in favor of another.

**State law requires that the following sections from the Government Code (556.004, 556.005, 556.006, 556.007, 556.008) be provided and a signed receipt secured from each officer or employee.**

### § 556.004. Political Activities By Certain Public Entities and Individuals

- a. A state agency may not use any money under its control, including appropriated money, to finance or otherwise support the candidacy of a person for an office in the legislative, executive, or judicial branch of state government or of the government of the United States. This prohibition extends to the direct or indirect employment of a person to perform an action described by this subsection.
- b. A state officer or employee may not use a state-owned or state-leased motor vehicle for a purpose described by Subsection (a).
- c. A state officer or employee may not use official authority or influence or permit the use of a program administered by the state agency of which the person is an officer or employee to interfere with or affect the result of an election or nomination of a candidate or to achieve any other political purpose.
- d. A state employee may not coerce, attempt to coerce, command, restrict, attempt to restrict, or prevent the payment, loan, or contribution of any thing of value to a person or political organization for a political purpose.
- e. For purposes of Subsection (c), a state officer or employee does not interfere with or affect the results of an election or nomination if the individual's conduct is permitted by a law relating to the individual's office or employment and is not otherwise unlawful.

### § 556.005. Employment of Lobbyist

- a. A state agency may not use appropriated money to employ, as a regular full-time or part-time or contract employee, a person who is required by Chapter 305 to register as a lobbyist. Except for an institution of higher education as defined by Section 61.003, Education Code, a state agency may not use any money under its control to employ or contract with an individual who is required by Chapter 305 to register as a lobbyist.
- b. A state agency may not use appropriated money to pay, on behalf of the agency or an officer or employee of the agency, membership dues to an organization that pays part or all of the salary of a person who is required by Chapter 305 to register as a lobbyist.
- c. A state agency that violates Subsection (a) is subject to a reduction of amounts appropriated for administration by the General Appropriations Act for the biennium following the biennium in which the violation occurs in an amount not to exceed \$100,000 for each violation.
- d. A state agency administering a statewide retirement plan may enter into a contract to receive assistance or advice regarding the qualified tax status of the plan or on other federal matters affecting the administration of the state agency or its programs if the contractor is not required by Chapter 305 to register as a lobbyist.



**§ 556.0055. Restrictions on Lobbying Expenditures**

- a. A political subdivision or private entity that receives state funds may not use the funds to pay:
  - 1. lobbying expenses incurred by the recipient of the funds;
  - 2. a person or entity that is required to register with the Texas Ethics Commission under Chapter 305;
  - 3. any partner, employee, employer, relative, contractor, consultant, or related entity of a person or entity described by Subdivision (2); or
  - 4. a person or entity that has been hired to represent associations or other entities for the purpose of affecting the outcome of legislation, agency rules, ordinances, or other government policies.
- b. A political subdivision or private entity that violates Subsection (a) is not eligible to receive additional state funds.

**§ 556.006. Legislative Lobbying**

- a. A state agency may not use appropriated money to attempt to influence the passage or defeat of a legislative measure.
- b. This section does not prohibit a state officer or employee from using state resources to provide public information or to provide information responsive to a request.

**§ 556.007. Termination of Employment**

A state employee who causes an employee to be discharged, demoted, or otherwise discriminated against for providing information under Section 556.006(b) or who violates Section 556.004(c) or (d) is subject to immediate termination of employment.

**§ 556.008. Compensation Prohibition**

A state agency may not use appropriated money to compensate a state officer or employee who violates Section 556.004(a), (b), or (c) or Section 556.005 or 556.006(a), or who is subject to termination under Section 556.007.

**Receipt**

Receipt of the foregoing sections of the Texas Government Code is acknowledged this

\_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

Printed employee name

Employee signature

UT EID

**Notice Concerning Your Information**

The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that The University of Texas at Austin collects about you. It also gives you the right to request a copy of that information; and to have the University correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs; PO Box 8179, Austin, Texas, 78713, e-mail: [cfo@www.utexas.edu](mailto:cfo@www.utexas.edu).

**Form I-9, Employment Eligibility Verification**

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

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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

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

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

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

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR		AND
1. U.S. Passport or U.S. Passport Card	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	
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	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
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	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

**Instructions****Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

**What Is the Purpose of This Form?**

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

**When Should Form I-9 Be Used?**

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

**Filling Out Form I-9****Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

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

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

**Preparer/Translator Certification**

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

**Section 2, Employer**

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

**Employers must record in Section 2:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

### Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
  2. Record the document title, document number, and expiration date (if any) in Block C; and
  3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

#### What Is the Filing Fee?

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

#### USCIS Forms and Information

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

#### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

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

#### Privacy Act Notice

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

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

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

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

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## Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



# Selective Service Eligibility and Verification

Form EM165 · Revised 1/2009

**To be completed by all male employees age 18 through 25 at the time of hire (on or before the first day of employment).**

Males age 18 through 25 must provide verification of registration with the Selective Service or exemption as a condition of employment. This procedure is in compliance with Section 651.005 of the Texas Government Code. It applies to all employees of The University of Texas at Austin, including faculty and student employees, regardless of title, length or percent time of appointment, or source of funds. If you were employed with the state prior to September 1, 1999 and your state employment has been continuous, you are not required to complete the selective service form. For assistance or additional information, contact the Human Resource Service Center at 512-471-HRSC(4772) or [hrsc@austin.utexas.edu](mailto:hrsc@austin.utexas.edu).

Name \_\_\_\_\_ UT EID \_\_\_\_\_

Department \_\_\_\_\_ Mail code \_\_\_\_\_ Campus phone \_\_\_\_\_

**Section 1 — Registration based on age**

Are you a male age 18 through 25?  Yes  No \_\_\_\_\_  
Date of birth

If **yes**, continue to Section 2.  
If **no**, you do not need to complete this form.

**Section 2 — Registration based on status**

As a male age 18 through 25, are you required to register for Selective Service?  
 Yes — You are required to register if you are a male U.S. citizen or immigrant alien male.  
No — You are not required to register if you are: a lawful non-immigrant alien on a student, visitor, tourist or diplomatic visa;  
 on active duty in the U.S. Armed Forces; or attending certain service academies. *Do not complete Section 3. Sign and date at the bottom of this form.*

**Section 3 — Verification of registration or exemption**

You must provide verification of registration or of exemption with Selective Service as a condition of employment with The University of Texas at Austin.

To verify that you have registered, enter your Selective Service Registration Number below. You will find the number on the Selective Service card issued to you upon registration, or online at <http://www.sss.gov>. **If you have not yet registered**, you must register **immediately** or you will not be able to be employed at the university. You may register online at <http://www.sss.gov>.

If you are not required to register, please state the reason you are exempt. There are very few reasons for exemption: men on active duty in the U.S. Armed Forces; cadets and midshipmen in the Service Academies; and certain other U.S. military colleges. Exemptions do not include student deferments or conscientious objectors. Human Resource Services will contact you for further information and documentation if you indicate exemption for any reason other than non-immigrant alien status.

\_\_\_\_\_ **Selective Service Number**

**Verification of exemption** — please state the reason you are exempt:

Return this form to your department contact or hiring supervisor who will keep a copy in your departmental employee file and send the original to the Human Resource Service Center, NOA 2.200, Mail Code J5600.

I certify that all the information, including attachments, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.

Signature of employee \_\_\_\_\_ Date \_\_\_\_\_



Information for reporting to State, Federal, and Equal Employment Opportunity Agencies  
Please return this completed form by campus mail to: Human Resource Service Center, Employee Records, J5600.

I am **not** an armed services veteran, a surviving spouse, or an orphan of a veteran.

**Texas Veteran Information**

**Veteran**

I have served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law or was discharged from military service for an established service-connected disability, **and** was honorably discharged from military service and I am competent.

**Surviving spouse of a veteran**

If you are a veteran's spouse who has not remarried and is competent, **and** the veteran served in the military for not less than 90 consecutive days during a national emergency and was killed while on active duty.

**Orphan of a veteran**

If you are a veteran's orphan who is competent, **and** the veteran served in the military for not less than 90 consecutive days during a national emergency and who was killed while on active duty.

**Federal Veteran Information — respond to both sections A and B**

**Section A** Categories under Vietnam Era Veterans Readjustment Assistance Act of 1974

**Veteran of the Vietnam era**

A veteran, any part of whose active U.S. military, ground, naval, or air service was during the period February 28, 1961 to May 7, 1975 or August 5, 1964 to May 7, 1975 who: (i.) served on active duty for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge; or (ii.) was discharged or released from active duty because of a service connected disability if any part of such duty was performed between the dates cited.

**Special disabled veteran**

A person who: (i) is a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability, and is (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38, U.S.C. 3106, to have a serious employment handicap, or (ii) was discharged or released from active duty because of a service connected disability.

**Newly separated veteran**

Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.

Military service dates from \_\_\_\_\_ to \_\_\_\_\_

**Other protected veteran**

Veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (<http://www.opm.gov/veterans/html/vgmedal2.asp>).

**Section B** Categories under Jobs for Veterans Act of 2002

**Disabled veteran**

This term means (A) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under the laws administered by the Secretary of Veterans Affairs, or (B) a person who was discharged or released from active duty because of a service connected disability.

**Armed forces service medal veteran**

Any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order No. 12985.

**Recently separated veteran**

Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Military service dates from \_\_\_\_\_ to \_\_\_\_\_

**Other protected veteran**

A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

**I certify that the above information is true and correct to the best of my knowledge and ability.**

Signature \_\_\_\_\_

UT EID \_\_\_\_\_

Date \_\_\_\_\_

The University of Texas At Austin  
Payroll Services Employee Information Form

Reset

Attach a Voided Personal Check Here  
If you select Direct Deposit

Please refer to the New Employee Checklist on the Human Resource Services Website for important employment information.  
<http://www.utexas.edu/hr/current/new/checklist.html>

I. Employee Information

UT EID: (Required) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Gender: Male  Female   
Department Name \_\_\_\_\_ Campus Mail Code \_\_\_\_\_ Bldg & Room # \_\_\_\_\_

Ethnicity and Race:

Are you Hispanic or Latino? (a person of Cuban, Mexican, Puerto Rican, South Central American, or other Spanish culture or origin, regardless of race). Yes:  No:

Please select the racial category or categories with which you most closely identify. Check as many as apply.

- (1)  American Indian or Alaska Native (2)  Asian (3)  Black or African American  
(4)  Native Hawaiian or Other Pacific Islander (5)  White

II. Payroll Check Distribution (Please Mark Only One Box)

- (1) Bank Direct Deposit (Complete Part III Below)  
 (2) Campus Mail – Will Be Sent to the Campus Mail Address Indicated by Above  
 (3) Will Pick Up Check At Payroll Services, Main Building, Room 134

III. Direct Deposit of Checks (Authorization Agreement for Direct Deposit)

I hereby authorize The University of Texas at Austin to initiate credit, and, if necessary, debit adjustments for any credit entries in error to my account indicated below and the depository named below, hereafter called BANK to credit and/or debits the same to such account. This authority is to remain in full force and effect until the University has received written notification from me of its termination in such time and such manner as to afford the UNIVERSITY and BANK reasonable opportunity to act on it.

Bank Name: \_\_\_\_\_ Type of Account:  Checking OR  Savings  
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

\* The routing number is usually the first nine digits on the lower left hand corner of your personal check; however, if deposit is to a credit union or an investment account, contact your financial institution for proper ACH routing instructions.

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

**The University of Texas At Austin  
Payroll Services Employee Information Form**

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**Special Instructions**

**Part I Employee Information:**

Enter UT EID (required; if you do not have a UT EID, or you do not know if you have one, go to the UT EID Self Service Tools at <http://www.utexas.edu/eid>). Complete Date of Birth, and Name as it appears on your Social Security card.

**Ethnicity and Race Definitions:**

**Hispanic or Latino**

Defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**American Indian or Alaska Native:**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

**Asian:**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American:**

A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander:**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or the other Pacific Islands.

**White:**

A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Part II Payroll Check Distribution Instructions:**

Checks to be deposited to a bank account are sent electronically if you complete Part III of this form (Direct Deposit of Checks: Authorization Agreement for Direct Deposit).

**Part III Direct Deposit of Checks:**

The authorization agreement authorizes us to reverse a deposit made in error. Employees who have a debit initiated will be notified. With payroll checks, this usually occurs because a department contacted us late in the month with information that an employee is not entitled to a full paycheck. These employees should usually be expecting a payment delay because they did not work the entire month. **This agreement only authorizes us to reverse a deposit. We are not authorized to remove any other funds from your account.** Questions concerning paychecks should be directed to Payroll Services at 471-5271.

It is important to verify the direct deposit with your financial institution *before* funds are withdrawn following the initial set-up, or a change in account number of financial institution.

# Form W-4 (2010)

**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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

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

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

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

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## 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:   
 • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . . B \_\_\_\_\_
- 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 \$1,800 of child or dependent care expenses for which you plan to claim a credit . . . . . F \_\_\_\_\_
- (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
- G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.   
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. . . . . 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 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.

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2010</b>
► 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.				
1 Type or print 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 2010, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . .				
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.				7
Employee's signature (Form is not valid unless you sign it.) ►			Date ►	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

### Deductions and Adjustments Worksheet

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

- 1 Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . . 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,400 \text{ if head of household} \\ \$5,700 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) . . . . . 4 \$ \_\_\_\_\_
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2010 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 \$ \_\_\_\_\_
- 8 Divide the amount on line 7 by \$3,650 and enter the result here. Drop any fraction . . . . . 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . 9 \_\_\_\_\_
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . 10 \_\_\_\_\_

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

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

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . 1 \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3." . . . . . 2 \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 \_\_\_\_\_

**Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
- 6 Subtract line 5 from line 4 . . . . . 6 \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_
- 9 Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 - 120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 - 105,000 -	12						
105,001 - 115,000 -	13						
115,001 - 130,000 -	14						
130,001 - and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it 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.