Student Employment Paperwork Packet

Name: ____________________________

(Last) (First) (Middle Initial)

Date: ____________________________  Student ID: ____________________________

Department for which I’ll be working: ____________________________

Supervisor, if known: ____________________________

Area to be filled out by Student Employment Staff

☐ Paperwork Track __________

☐ Workflow __________

☐ Index (payroll, confidentiality, universal availability notice) __________

☐ E-verify __________

☐ Banner __________

☐ E-verify Workbook __________

☐ Index (I-9 information) __________
Form W-4 (2018)

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 www.irs.gov/FormW4.

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 2018 if both of the following apply.
• For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
• For 2018 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 2018 expires February 15, 2019. 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 2018 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 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 2018. 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.

Filings with multiple jobs or working spouses. If you have more than one job at a time, or if you’re married 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, 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 Other 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.

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 can 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 might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. 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, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don’t qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. 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 income includes all of your wage and nonwage income, such as interest or dividends.

Employee’s Withholding Allowance Certificate

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

Form W-4

Employee’s Withholding Allowance Certificate

Whether you’re 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.

<table>
<thead>
<tr>
<th>1</th>
<th>Your first name and middle initial</th>
<th>Last name</th>
<th>2</th>
<th>Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Single</td>
<td>Married</td>
<td>Married, but withheld at higher Single rate.</td>
<td></td>
</tr>
<tr>
<td>Note: If married filing separately, check “Married, but withheld at higher Single rate.”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3 | Single | Married | Married, but withheld at higher Single rate. |
|---|---|---|---|

Note: If married filing separately, check “Married, but withheld at higher Single rate.”

<table>
<thead>
<tr>
<th>4</th>
<th>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.</th>
</tr>
</thead>
</table>

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 | Total number of allowances you’re claiming (from the applicable worksheet on the following pages) |
|---|---|

5 | Total number of allowances you’re claiming (from the applicable worksheet on the following pages) |
|---|---|

6 | Additional amount, if any, you want withheld from each paycheck |
|---|---|

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|---|---|

7 | I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. |
|---|---|

7 | I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. |
|---|---|

• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and

• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write “Exempt” here. If you do not meet both conditions, write “Nonexempt” here. |

7 | I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. |
|---|---|

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

Employee’s signature

(This form is not valid unless you sign it.)

Date

8 | Employer’s name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) |
|---|---|

9 | First date of employment |

10 | Employer identification number (EIN) |

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Form W-4 (2018)
You may file a new Form WH-4 at any time if the number of exemptions decreases. It should be submitted along with the regular state and county tax withholding. Penalties are imposed for willingly supplying false information or information which would reduce the withholding exemption.

(c) the person who you claim as an exemption will receive more than $1,000 of income during the tax year.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Nonresident alien limitation. A nonresident alien is allowed to claim only one exemption for withholding tax purposes. If you are a nonresident alien, enter “1” on line 1, then skip to line 7. You are considered to be a nonresident alien if you are not a citizen of the United States and do not meet the green card test and the substantial presence test (get Publication 519 from www.irs.gov for information about these tests).

All other employees should complete lines 1 through 7.

Lines 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state and federal guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than $1,000 gross income during the tax year (unless the person is your son, stepson, daughter, stepdaughter and/or foster child).

(e) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4;

(b) if you and/or your spouse are legally blind.

Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or blind.

Nonresident aliens must skip lines 2 through 6. See instructions

5. Add lines 1, 2, 3, and 4. Enter the total here ..................................................................................................................................... ►

6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions). ..................................................................................................................................... ►

7. Enter the amount of additional state withholding (if any) you want withheld each pay period ........................................................... $ __________

8. Enter the amount of additional county withholding (if any) you want withheld each pay period.............................................................. $ __________

I hereby declare that to the best of my knowledge the above statements are true.

Signature: ______________________________________________________________________ Date: __________________________

Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you did not live or work in Indiana on January 1 of the current year, enter “not applicable” on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.

How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter “1” ..............................

2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter “1”.................

3. You are allowed one (1) exemption for each dependent. Enter number claimed ............................................................

4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or blind.

(b) if you and/or your spouse are legally blind.

Check box(es) for additional exemptions: You are 65 or older ☐ or blind ☐ Spouse is 65 or older ☐ or blind ☐

Enter the total number of boxes checked .....................................................................................................................................

5. Add lines 1, 2, 3, and 4. Enter the total here .....................................................................................................................................

6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions). .....................................................................................................................................

7. Enter the amount of additional state withholding (if any) you want withheld each pay period $ __________

8. Enter the amount of additional county withholding (if any) you want withheld each pay period $ __________

I hereby declare that to the best of my knowledge the above statements are true.

Signature: ______________________________________________________________________ Date: __________________________
Authorization for Direct Deposit

Instructions:
1.) Fill in the form and submit it using the buttons in the top right corner of the page. If printing, please return the form to the Payroll office in the Administration Building either in person or via campus mail. Please use the address listed in the top left corner of this form.

2.) You may deposit into a maximum of 4 accounts. To deposit funds into more than the 2 accounts listed on the form, please fill out and attach an additional form. Please make sure to number the accounts in order from 1-4.

---

9 Digit BSU ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Last Name: [ ] [ ] [ ] [ ] [ ] [ ] [ ]
First Name: [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Middle Initial: [ ] [ ] [ ] [ ] [ ] [ ] [ ]

START direct deposit to the bank or credit union(s) elected below.

CHANGE my current direct deposit by stopping all authorizations on record.
A new direct deposit record will be created using the bank or credit union information listed below.

1.) Name of Bank or Credit Union: [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Account type (select only one):
○ Checking Account
○ Savings Account

Percent or Dollar Amount to be deposited. Use ONLY if depositing to more than one account:

% OR $ [ ] [ ]

9 digit Bank Routing Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Bank Account Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Only complete (2) if you are electing the remaining portion of your direct deposit to go to an additional bank or credit union.

2.) Name of Bank or Credit Union: [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Account type (select only one):
○ Checking Account
○ Savings Account

Percent or Dollar Amount to be deposited. Use only if depositing to more than one account:

% OR $ [ ] [ ]

9 digit Bank Routing Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Bank Account Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

I authorize Ball State University to deposit my payroll automatically to my account at the financial institution(s) indicated above. I understand that the earliest I can expect my checking or savings accounts to be credited will be on pay day. I further understand that if I change or terminate my account(s) without notifying Ball State’s Department of Payroll and Employee Benefits in writing, my pay will be delayed.

Name: [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Date: [ ] [ ] [ ] [ ] [ ] [ ] [ ]
WHAT IS A 403(b) and 457(b) PLAN?

403(b) and 457(b) plans are tax-deferred retirement plans for employees of certain tax-exempt, governmental organizations or public education institutions. An employer may sponsor 403(b) and 457(b) plans to provide a benefit to its employees to save for retirement on a tax-deferred basis. Contributing to a 403(b) or 457(b) plan may help to give you peace of mind through financial security during your retirement. Participation in the 403(b) or 457(b) plan sponsored by the University is completely voluntary. You may contribute a portion of your pay to the 403(b) plan as a pre-tax contribution or an after-tax (Roth) contribution (and to the 457(b) plan as a pre-tax contribution) in order to save toward your retirement. If you are already contributing to the 403(b) or a 457(b) plan, now may be the perfect time to think about increasing your contributions.

WHO IS ELIGIBLE TO CONTRIBUTE TO A 403(b) and 457(b) PLAN?

All University employees and students are eligible to participate in the University’s 403(b) plan and non-resident aliens who receive no earned income from the University which constitutes U.S. source income. Students may not participate in the 457(b) plan.

WHAT ARE THE BENEFITS OF CONTRIBUTING TO A 403(b) and 457(b) PLANS?

LOWER YOUR TAXES

You may make pre-tax contributions to the 403(b) plan and 457(b). This means that you are taxed on a lower amount of income. For example, if your federal marginal income tax rate is 25%, and if you contribute $100 a month to the 403(b) and/or 457(b) plan, you have reduced your federal income taxes by nearly $25. In effect, your $100 contribution costs you only $75. You will realize similar tax savings based on your state income tax rate. The tax savings can grow with the size of your contributions to the plans.

TAX-DEFERRED GROWTH

Interest and earnings on your contributions to the 403(b) and 457(b) plans grow tax-free until you withdraw them from the plan. The compounding interest on your contributions to the 403(b) and 457(b) plans can allow your account to grow more quickly than saving money in a savings account where interest and earnings are generally taxed each year.

TAKING THE INITIATIVE

Contributing to the 403(b) and 457(b) plans can help you take control of your future retirement needs. Other sources of retirement income, including state pension plans and, if applicable, Social Security, often do not adequately replace a person’s salary upon retirement. The 403(b) plan can be a great way to provide you with additional income at retirement.

POSSIBLE TAX CREDITS

If you contribute to the 403(b) and 457(b) plans, you may be able to receive a tax credit, which could reduce your overall federal income tax paid for the year. Please contact your tax advisor to learn more.

ROTH 403(b) OPTION

You may also choose to contribute a portion of your pay to the 403(b) plan on an after-tax (Roth) basis. If you wait at least five years before taking a distribution of your after-tax (Roth) account and meet certain other requirements, you can request a distribution of your entire account tax-free.

HOW MUCH CAN YOU CONTRIBUTE TO A 403(b) & 457(b) PLANS?

You may elect to contribute up to $18,500 of your pay to the 403(b) and also the 457(b) plan in 2018. (If you are age 50 or older, or will attain age 50 by the end of the calendar year, you may also elect to contribute up to an additional $6,000 of your pay to the 403(b) and/or 457(b) plans in 2018.)

HOW TO ENROLL IN THE PLAN

You must first select an investment provider with which to invest your contributions. Once you have opened an account with an investment provider, you should submit a 403(b) and 457(b) Plan Salary Reduction Agreement (SRA) to the Office of Payroll & Employee Benefits indicating the percentage of pay you would like to contribute to the 403(b) and/or 457(b) plans. A list of approved investment providers under the 403(b) and 457(b) plans and a SRA for making your elections can be found on the Payroll & Employee Benefits website at www.bsu.edu/benefits and following the Retirement Benefits link.

INVESTMENT CHOICES

You can contact the approved investment providers under the 403(b) and 457(b) plans for a comprehensive listing of the investment options offered by each investment provider.

DISTRIBUTIONS FROM THE PLAN

You or your beneficiary can take a distribution from the 403(b) and 457(b) plans at the earlier of:

1. Retirement
2. Total disability
3. Death of participant
4. Termination of employment
5. Attainment of age 59 ½ for 403(b) or age 70 ½ for 457(b)

Your investment provider will provide you with the distribution paperwork.

LOANS (403(b) Plan only)

Loans are limited to one at a time from all investment providers combined. You may borrow up to ½ of your balance up to a maximum of $50,000. Contact your investment provider for more information.

GENERAL PLAN INFORMATION

To obtain additional information about the 403(b) and 457(b) plans, please contact the Office of Payroll & Employee Benefits at 765-285-8461 or peb@bsu.edu.

Plan Name:
Ball State University Tax Deferred Annuity Plan - 403(b)
Ball State University 457(b) Deferred Compensation Plan
Plan Administrator:
Ball State University

Updated 01/23/18
BALL STATE UNIVERSITY

“Universal Availability Notice”
Acknowledgement for Participation in the University’s 403(b) Plan

I, ______________________________, acknowledge that I have received a copy of the University's “Important Information Regarding Your Retirement Savings" document for participation in the university's 403(b) Tax Deferred Annuity Plan, as well as a summary description of the university's other voluntary Roth 403(b) and 457(b) retirement plans.

I also understand that if I am interested in enrolling in any of these voluntary retirement plans or if I have any questions regarding these plans that I am to contact the Office of Payroll and Employee Benefits at (765) 285-8461 for assistance.

__________________________________________  ______________________________
Employee Signature                                        Employee (Student) I.D.

__________________________________________
Date
CONFIDENTIALITY AND INFORMATION ACCESS EMPLOYEE AGREEMENT

1. INTRODUCTION

This Confidentially and Information Access Employee Agreement must be read, understood, and signed by all employees who either access or may encounter Ball State University confidential information as a part of their assigned duties. Questions which arise during the course of employment may be directed to your immediate supervisor, Career Center, or the Office of Information Security Services. Employees signing this agreement should keep a copy for their records.

2. CONFIDENTIAL INFORMATION DEFINED

Ball State University is dedicated to safeguarding and maintaining the confidentiality, integrity, and availability of our student, employee, and organizational information. "Confidential Information" includes all of this information that is personally identifiable and non-public. I understand Confidential Information may be paper-based, electronic, or stored or transmitted in some other form, and that examples of Confidential Information include, but are not limited to:

a. Academic information, such as grades and class schedules
b. Bank and credit card account information, income, credit history, and consumer report information
c. Disciplinary or employment records or related information
d. Loan information, including loan applications and loan servicing, collection and processing
e. Money wiring and other electronic funds transfers
f. Other non-public personally identifiable information relating to a financial transaction
g. Social Security Numbers, driver's license numbers, or similar identification codes or numbers
h. Student account balance information, financial aid information

I understand the existence of information in one publicly available format does not imply approval to disclose it in another format. For example, I understand certain student directory information (such as telephone numbers and mailing addresses) may appear in the printed Ball State University Directory, however disclosure of the same information in another format such as an electronic file requires separate approval from the appropriate Data Steward. I will contact my supervisor or the Office of Institutional Effectiveness for help in determining the appropriate Data Steward for particular university data when dealing with Confidential Information if I am unsure how to proceed.

3. PROTECTION OF CONFIDENTIAL INFORMATION

Protection of Confidential Information requires the following minimum standards, which I agree as a condition of my continued employment:

a. Download or Transmission of Confidential Information: I will not download or extract Confidential Information to removable storage devices such as compact discs or flash drives, or transmit such information to any non-university system including personally owned systems or entity without explicit approval to do so from my supervisor or the appropriate Data Steward and the Office of Information Security Services.

b. Access to Confidential Information: I will safeguard and maintain the confidentiality of all Confidential Information at all times and will only access, use, or disclose Confidential Information necessary to perform my assigned duties. I will disclose such information to other individuals or organizations only for legitimate University business, research, or academic purposes, and only after I have received prior approval to do so from my supervisor or the appropriate Data Steward.

c. Desktop and Laptop Computer Security: I will maintain the security of any computer or device I use to access or store Confidential Information to the best of my ability including the use of passwords, protected "screen savers", approved antivirus and anti-spyware software, and other measures as may be required by Information Technology Security procedures available at http://www.bsu.edu/security. If I am uncertain as to how to secure my computers or devices I will obtain the necessary help to ensure they are protected.
3. PROTECTION OF CONFIDENTIAL INFORMATION

3. PROTECTION OF CONFIDENTIAL INFORMATION (CONTINUED)

d. Servers and Vendors: I understand implementing servers on or off-campus requires compliance with a separate set of procedures available at http://www.bsu.edu/security. I will not implement servers or hosted systems before contacting the Office of Information Security Services to ensure alignment with applicable hosting procedures.

e. Duty to Protect Passwords: I understand passwords used to access university systems are Confidential Information and that I am responsible for access assigned to me. I will not disclose my university passwords for any reason absent the approval of the Office of Information Security Services. In the event I suspect my password has been lost or stolen I will immediately notify the IT Helpdesk (765-285-1517) or Computer Operations (765-285-1549) so that my password may be disabled or reset.

f. Duty of Renounce Access: In the event my duties and responsibilities or job assignment changes or my employment with the university ceases I affirm that I will maintain the confidentiality, integrity and availability of all Confidential Information and will promptly notify the appropriate systems administrator or other authority so that my access may be properly adjusted or removed.

g. Reporting An Information Security Breach Or Policy Violation: In the event I suspect a security breach or inappropriate disclosure of Confidential Information my first action will be to immediately notify either the Office of Information Security Services (765-285-4390), the Office of University Compliance (765-285-5162), or IT Computer Operations after-hours support (765-285-1419). I will then review the official procedures for Reporting an Information Security Incident or Suspected Violation and will take any additional subsequent steps required.

h. Appropriate Use of Technology: I understand the Information Technology Users’ Privileges and Responsibilities policy governs my usage and I agree to abide by the terms of this policy regarding the appropriate use of all technology and information systems at Ball State University.

i. Security Monitoring and Testing Software or Hardware: I will not use software, tools, or techniques (human, technical, or otherwise) designed or intended to break, exploit, or test the security of university technology resources without explicit written approval from the Office of Information Security Services.

j. Audit & Security Review of BSU Information Systems: I understand I have no personal expectation of privacy in any computer or storage system owned, maintained, or utilized by Ball State University. I further understand the university audits, logs, reviews, and utilizes information stored on or passing through information systems for legal or administrative purposes, and that the university may not provide notification of such access or usage.

k. Sanctions: I understand violations of this Agreement may result in disciplinary action up to and including termination of employment, suspension and loss of privileges, termination of authorization to Confidential Information, as well as legal sanctions.

PLEASE REFER ANY QUESTIONS RELATED TO THIS AGREEMENT TO YOUR SUPERVISOR OR THE CAREER CENTER.

By signing this Agreement, I acknowledge that I have read and fully understand and agree to comply with all of its terms and conditions. I also understand my current access may be revoked and I may be denied future access to university information unless I sign, date and return this Agreement in a timely manner.

Employee’s Signature ___________________________ Date ___________________________

Employee’s Printed Name ___________________________ Date ___________________________

Employee (student) ID ________________________________________________

Please Return This Completed Agreement To The Career Center.
Section 1. Employee Information and Attestation

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

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Number and Name)</td>
<td>Apt. Number</td>
<td>City or Town</td>
<td>State</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>U.S. Social Security Number</td>
<td>Employee's E-mail Address</td>
<td>Employee's Telephone Number</td>
</tr>
</tbody>
</table>

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

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

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):

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.

1. 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/dd/yyyy) ________________________________

Preparer and/or Translator Certification (check one):

- [ ] I did not use a preparer or translator.
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator ________________________________
Today's Date (mm/dd/yyyy) ________________________________

Last Name (Family Name) ________________________________
First Name (Given Name) ________________________________

Address (Street Number and Name) ________________________________
City or Town ________________________________
State ________________________________
ZIP Code ________________________________

QR Code - Section 1
Do Not Write In This Space

Employer Completes Next Page