

# New Applicant Request

<https://www.nj.gov/education/crimhist>

1. Access the Office of Student Protection Review's [New Applicant process](#).
2. Select the first option: "**New Administration Fee Request (New Applicants Only)**".
3. Enter your Social Security number to ascertain whether you are eligible for the process. Click "**Continue**."
4. If you are eligible for the process, the screen will display four (4) options as to the job position(s) and employer. Please select the appropriate option and proceed to the next screen.
  - a. All job positions, except school bus drivers and bus aides, for public schools, private schools for students with disabilities and charter schools;
  - b. All school bus drivers and bus aides for public schools, private schools for students with disabilities, charter schools and authorized school bus contractors;
  - c. All job positions, except school bus drivers and bus aides, for nonpublic schools; or
  - d. All school bus drivers and bus aides for nonpublic schools and other agencies.
5. Complete the requested applicant information to include the county/district/school/contractor codes furnished to you by your employer and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the Applicant Authorization and Certification form (AA&C) by checking the box.
6. Complete the required payment information. There is a \$10.00 administrative fee for the Department to process the request and issue an approval letter. There will also be an additional \$1.00 convenience fee charged by the private vendor, NicUSA for processing the credit card information. Accepted methods of payment are Visa, MasterCard, American Express or Discover credit cards.
7. You **must** click the "**Make Payment**" button only *one time* to complete the transaction. After completing the transaction, you will be presented with three required steps:
  - a. View and/or print your New Administration Fee Payment Request confirmation page;
  - b. Complete and/or print your IdentoGO NJ Universal Fingerprint Form;
  - c. Click here to schedule your fingerprinting appointment with MorphoTrust
8. Select the first option -- "**View and/or print your New Administration Fee Payment Request confirmation page**" and print a copy of the receipt by clicking the print button in the upper right corner of the page and presenting a copy to the employing entity.
9. Next select the second option – "**View and/or print your IdentoGO NJ Universal Fingerprint Form**." You must print the IdentoGO NJ Fingerprint Form and fill in the boxes for height, weight, maiden name (if applicable), place of birth, country of citizenship, hair color, and eye color and present it to MorphoTrust at the time of LiveScan fingerprinting.
10. Access the MorphoTrust web page by selecting the third option "**Click here to schedule your fingerprinting appointment with MorphoTrust**" or call 1-877-503-5981 to schedule a fingerprinting appointment.
11. In about two weeks, you will be able to view and print your "**Applicant Approval Employment History**" by accessing the [Office of Student Protection website](#). Provide a copy to your employer.

# Archive Applicant Request

<https://www.nj.gov/education/crimhist>

1. Access the [Archive process](#).
2. Select the second option: "**Archive Application Request (Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February 2003).**"
3. Enter your Social Security number to ascertain if you are eligible for the process. Click "**Continue.**"
4. Select the appropriate Applicant Authorization and Certification form (AA&C) that is suitable to your job position and employer.
5. Complete the requested applicant information to include the county/district/school/ contractor codes furnished to you by your employer and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box. Click "**Next**"
6. Submit your credit card payment. Total payment is \$29.75 (\$28.75 plus a \$1.00 convenience fee charged by the private vendor). Click "**Continue**" and then click "**Make Payment**" at the bottom of the next page.
7. The Payment Confirmation page will state "**Your ePayment transaction has been processed successfully.**" You should print a copy of this receipt.
8. In about two weeks, you will be able to view and print your "**Applicant Approval Employment History**" by accessing it on the [Office of Student Protection website](#). Provide a copy to your employer.



# WOODBRIIDGE TOWNSHIP SCHOOL DISTRICT

## NEW EMPLOYEE HEALTH HISTORY

**\*\*Please Note - This is a two-sided form. This side MUST be completed by a physician. \*\***

PATIENT NAME: \_\_\_\_\_ DATE \_\_\_\_\_  
Last First Middle

Please check box if normal. If not normal, please explain in space provided below.

Nose		Abdomen	
Mouth		Hernia	
Throat		Skin (Non-Commn.)	
Thyroid		Posture	
Lymph Nodes		Orthopedic	
Heart		Extremities	
Resp.		Reflexes	
Lungs		Urinalysis (if indicated)	
		Hemoglobin (if indicated)	

Explanation (if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Allergies: \_\_\_\_\_ Hearing \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Vision: \_\_\_\_\_ Right: \_\_\_\_\_ Left: \_\_\_\_\_

Mandatory Mantoux Text (5TU) \_\_\_\_\_ Reaction \_\_\_\_\_  
OR (date) (Induration in MM)

Blood Test: Quanteferon Gold \_\_\_\_\_ Results \_\_\_\_\_  
(date)

Mandatory Chest X-Ray for Positive Mantoux Text Reactors: Date: \_\_\_\_\_

Chest X-Ray Findings: \_\_\_\_\_ INH Preventive Therapy \_\_\_\_\_  
Yes No

General Health:      Excellent \_\_\_\_\_      Good \_\_\_\_\_      Fair \_\_\_\_\_      Poor \_\_\_\_\_

Remarks and recommendations: \_\_\_\_\_  
 Free of any contagious or infectious disease and able to perform all the duties usually required of an employee.

Examining physician certifies that the above named employee is free from any contagious or infectious disease.

\_\_\_\_\_  
 Name of Examining Physician (**Please print**)

\_\_\_\_\_  
 Signature of Examining Physician

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Physician's Telephone Number

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

# 2023

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**TIP:** If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**Step 5: Sign Here**

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

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.)

\_\_\_\_\_  
**Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**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

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$27,700 if you're married filing jointly or a qualifying surviving spouse; \$20,800 if you're head of household; \$13,850 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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 territories for use in administering their tax laws; and to the Department of Health and Human Services for use 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.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



State of New Jersey – Division of Taxation  
Employee's Withholding Allowance Certificate

1. SS#			2. Filing Status: (Check only one box) 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married/Civil Union Couple Joint 3. <input type="checkbox"/> Married/Civil Union Partner Separate 4. <input type="checkbox"/> Head of Household 5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner			
Name						
Address						
City	State	Zip				
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here.....						
4. Total number of allowances you are claiming (see instructions).....					3.	
5. Additional amount you want deducted from each pay .....					4.	
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here.....					5. \$	
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.					6.	
Employee's Signature				Date		
Employer's Name and Address				Employer Identification Number		

**BASIC INSTRUCTIONS**

- Line 1 Enter your name, address, and Social Security number in the spaces provided.
- Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.  
Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er) Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.
- Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.
- Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
- Line 5 Enter the amount of additional withholdings you want deducted from each pay.
- Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
  - Your filing status is **SINGLE** or **MARRIED/CIVIL UNION PARTNER SEPARATE** and your wages plus your taxable nonwage income will be \$10,000 or less for the current year.
  - Your filing status is **MARRIED/CIVIL UNION COUPLE JOINT**, and your wages combined with your spouse's/civil union partner's wages plus your taxable nonwage income will be \$20,000 or less for the current year.
  - Your filing status is **HEAD OF HOUSEHOLD** or **QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable nonwage income will be \$20,000 or less for the current year.

Your exemption is good for ONE year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at (609) 292-6400.

**Instruction A - Wage Chart**

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. **It is not intended to provide withholding for other income or wages.** If you need additional withholdings for other income or wages, use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households, or qualifying widow(er)/surviving civil union partner. **Single individuals or married/civil union partners filing separate returns do not need to use this chart.** If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount.)

**HOW TO USE THE CHART**

- 1) Find the amount of your wages in the left-hand column.
- 2) Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.
- 3) Follow along the row that contains your wages until you come to the column that contains the other wages.
- 4) This meeting point indicates the Withholding Table that best reflects your income situation.
- 5) If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

**NOTE:** If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

**WAGE CHART**

		Total of All Other Wages	0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
<b>YOUR WAGES</b>	0 10,000		B	B	B	B	B	B	B	B	B	B
	10,001 20,000		B	B	B	B	C	C	C	C	C	C
	20,001 30,000		B	B	B	A	A	D	D	D	D	D
	30,001 40,000		B	B	A	A	A	A	A	E	E	E
	40,001 50,000		B	C	A	A	A	A	A	E	E	E
	50,001 60,000		B	C	D	A	A	A	E	E	E	E
	60,001 70,000		B	C	D	A	A	E	E	E	E	E
	70,001 80,000		B	C	D	E	E	E	E	E	E	E
	80,001 90,000		B	C	D	E	E	E	E	E	E	E
	OVER 90,000		B	C	D	E	E	E	E	E	E	E

## RATE TABLES FOR WAGE CHART

The rate tables listed below correspond to the letters in the Wage Chart on the front page. Use these to estimate the amount of withholding that will occur if you choose to use the wage chart. Compare this to your estimated income tax liability for your New Jersey Income Tax return to see if this is the correct amount of withholding that you should have.

<b>RATE "A"</b>											
<b>WEEKLY PAYROLL PERIOD (Allowance \$19.20)</b>						<b>ANNUAL PAYROLL PERIOD (Allowance \$1,000)</b>					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over		Of Excess Over			Over	But Not Over		Of Excess Over		
\$ 0	\$ 385		1.5%	\$ 0		\$ 0	\$ 20,000		1.5%	\$ 0	
\$ 385	\$ 673	\$ 5.77 +	2.0%	\$ 385		\$ 20,000	\$ 35,000	\$ 300.00 +	2.0%	\$ 20,000	
\$ 673	\$ 769	\$ 11.54 +	3.9%	\$ 673		\$ 35,000	\$ 40,000	\$ 600.00 +	3.9%	\$ 35,000	
\$ 769	\$ 1,442	\$ 15.29 +	6.1%	\$ 769		\$ 40,000	\$ 75,000	\$ 795.00 +	6.1%	\$ 40,000	
\$ 1,442	\$ 9,615	\$ 56.35 +	7.0%	\$ 1,442		\$ 75,000	\$ 500,000	\$ 2,930.00 +	7.0%	\$ 75,000	
\$ 9,615	\$ 19,231	\$ 628.46 +	9.9%	\$ 9,615		\$ 500,000	\$ 1,000,000	\$ 32,680.00 +	9.9%	\$ 500,000	
\$ 19,231	\$ 1,580.38	+ 11.8%	\$ 19,231		\$ 1,000,000	over	\$ 82,180.00	+ 11.8%	\$ 1,000,000		
<b>RATE "B"</b>											
<b>WEEKLY PAYROLL PERIOD (Allowance \$19.20)</b>						<b>ANNUAL PAYROLL PERIOD (Allowance \$1,000)</b>					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over		Of Excess Over			Over	But Not Over		Of Excess Over		
\$ 0	\$ 385		1.5%	\$ 0		\$ 0	\$ 20,000		1.5%	\$ 0	
\$ 385	\$ 962	\$ 5.77 +	2.0%	\$ 385		\$ 20,000	\$ 50,000	\$ 300.00 +	2.0%	\$ 20,000	
\$ 962	\$ 1,346	\$ 17.31 +	2.7%	\$ 962		\$ 50,000	\$ 70,000	\$ 900.00 +	2.7%	\$ 50,000	
\$ 1,346	\$ 1,538	\$ 27.69 +	3.9%	\$ 1,346		\$ 70,000	\$ 80,000	\$ 1,440.00 +	3.9%	\$ 70,000	
\$ 1,538	\$ 2,885	\$ 35.19 +	6.1%	\$ 1,538		\$ 80,000	\$ 150,000	\$ 1,830.00 +	6.1%	\$ 80,000	
\$ 2,885	\$ 9,615	\$ 117.31 +	7.0%	\$ 2,885		\$ 150,000	\$ 500,000	\$ 6,100.00 +	7.0%	\$ 150,000	
\$ 9,615	\$ 19,231	\$ 588.46 +	9.9%	\$ 9,615		\$ 500,000	\$ 1,000,000	\$ 30,600.00 +	9.9%	\$ 500,000	
\$ 19,231	\$ 1,540.38	+ 11.8%	\$ 19,231		\$ 1,000,000		\$ 80,100.00	+ 11.8%	\$ 1,000,000		
<b>RATE "C"</b>											
<b>WEEKLY PAYROLL PERIOD (Allowance \$19.20)</b>						<b>ANNUAL PAYROLL PERIOD (Allowance \$1,000)</b>					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over		Of Excess Over			Over	But Not Over		Of Excess Over		
\$ 0	\$ 385		1.5%	\$ 0		\$ 0	\$ 20,000		1.5%	\$ 0	
\$ 385	\$ 769	\$ 5.77 +	2.3%	\$ 385		\$ 20,000	\$ 40,000	\$ 300.00 +	2.3%	\$ 20,000	
\$ 769	\$ 962	\$ 14.62 +	2.8%	\$ 769		\$ 40,000	\$ 50,000	\$ 760.00 +	2.8%	\$ 40,000	
\$ 962	\$ 1,154	\$ 20.00 +	3.5%	\$ 962		\$ 50,000	\$ 60,000	\$ 1,040.00 +	3.5%	\$ 50,000	
\$ 1,154	\$ 2,885	\$ 26.73 +	5.6%	\$ 1,154		\$ 60,000	\$ 150,000	\$ 1,390.00 +	5.6%	\$ 60,000	
\$ 2,885	\$ 9,615	\$ 123.65 +	6.6%	\$ 2,885		\$ 150,000	\$ 500,000	\$ 6,430.00 +	6.6%	\$ 150,000	
\$ 9,615	\$ 19,231	\$ 567.88 +	9.9%	\$ 9,615		\$ 500,000	\$ 1,000,000	\$ 29,530.00 +	9.9%	\$ 500,000	
\$ 19,231	\$ 1,519.81	+ 11.8%	\$ 19,231		\$ 1,000,000		\$ 79,030.00	+ 11.8%	\$ 1,000,000		
<b>RATE "D"</b>											
<b>WEEKLY PAYROLL PERIOD (Allowance \$19.20)</b>						<b>ANNUAL PAYROLL PERIOD (Allowance \$1,000)</b>					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over		Of Excess Over			Over	But Not Over		Of Excess Over		
\$ 0	\$ 385		1.5%	\$ 0		\$ 0	\$ 20,000		1.5%	\$ 0	
\$ 385	\$ 769	\$ 5.77 +	2.7%	\$ 385		\$ 20,000	\$ 40,000	\$ 300.00 +	2.7%	\$ 20,000	
\$ 769	\$ 962	\$ 16.15 +	3.4%	\$ 769		\$ 40,000	\$ 50,000	\$ 840.00 +	3.4%	\$ 40,000	
\$ 962	\$ 1,154	\$ 22.69 +	4.3%	\$ 962		\$ 50,000	\$ 60,000	\$ 1,180.00 +	4.3%	\$ 50,000	
\$ 1,154	\$ 2,885	\$ 30.96 +	5.6%	\$ 1,154		\$ 60,000	\$ 150,000	\$ 1,610.00 +	5.6%	\$ 60,000	
\$ 2,885	\$ 9,615	\$ 127.88 +	6.5%	\$ 2,885		\$ 150,000	\$ 500,000	\$ 6,650.00 +	6.5%	\$ 150,000	
\$ 9,615	\$ 19,231	\$ 565.38 +	9.9%	\$ 9,615		\$ 500,000	\$ 1,000,000	\$ 29,400.00 +	9.9%	\$ 500,000	
\$ 19,231	\$ 1,517.31	+ 11.8%	\$ 19,231		\$ 1,000,000		\$ 78,900.00	+ 11.8%	\$ 1,000,000		
<b>RATE "E"</b>											
<b>WEEKLY PAYROLL PERIOD (Allowance \$19.20)</b>						<b>ANNUAL PAYROLL PERIOD (Allowance \$1,000)</b>					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over		Of Excess Over			Over	But Not Over		Of Excess Over		
\$ 0	\$ 385		1.5%	\$ 0		\$ 0	\$ 20,000		1.5%	\$ 0	
\$ 385	\$ 673	\$ 5.77 +	2.0%	\$ 385		\$ 20,000	\$ 35,000	\$ 300.00 +	2.0%	\$ 20,000	
\$ 673	\$ 1,923	\$ 11.54 +	5.8%	\$ 673		\$ 35,000	\$ 100,000	\$ 600.00 +	5.8%	\$ 35,000	
\$ 1,923	\$ 9,615	\$ 84.04 +	6.5%	\$ 1,923		\$ 100,000	\$ 500,000	\$ 4,370.00 +	6.5%	\$ 100,000	
\$ 9,615	\$ 19,231	\$ 584.04 +	9.9%	\$ 9,615		\$ 500,000	\$ 1,000,000	\$ 30,370.00 +	9.9%	\$ 500,000	
\$ 19,231	\$ 1,535.96	+ 11.8%	\$ 19,231		\$ 1,000,000		\$ 79,870.00	+ 11.8%	\$ 1,000,000		



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

**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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Asst. Superintendent for HR	
Last Name of Employer or Authorized Representative Gencarelli, Ed.D.		First Name of Employer or Authorized Representative Maria A.		Employer's Business or Organization Name Woodbridge Board of Ed.
Employer's Business or Organization Address (Street Number and Name) 428 School Street		City or Town Woodbridge		State NJ
				ZIP Code 07095

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**



**SPLIT DIRECT DEPOSIT AUTHORIZATION FORM**  
**WOODBRIIDGE TOWNSHIP BOARD OF EDUCATION**  
**COMPANY ID #226002417**

DIRECT DEPOSIT TAKES EFFECT ON THE **FIRST** PAY PERIOD FOLLOWING THE  
SUCCESSFUL COMPLETION OF PRE-NOTE PROCESS

Please check applicable box:

- FIRST REQUEST FOR DIRECT DEPOSIT
- CHANGE TO EXISTING DIRECT DEPOSIT

**PART I**

PRIMARY BANK DEPOSITORY: \_\_\_\_\_

BRANCH/TELEPHONE NUMBER: \_\_\_\_\_

TRANSIT/ABA (ROUTING NUMBER): \_\_\_\_\_

TYPE OF ACCOUNT (SAVINGS/CHECKING): \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

IS THIS BANK A MEMBER OF THE FEDERAL RESERVE?                      YES              NO

PLEASE SELECT **ONE** OF THE FOLLOWING OPTIONS FOR CONTRACTED BASE PAY **ONLY**:

DOLLAR AMOUNT OF BASE PAY TO BE DEPOSITED: \_\_\_\_\_

PERCENTAGE OF BASE PAY TO BE DEPOSITED: \_\_\_\_\_

Balance of base pay, if applicable, and any other income received will be deposited into secondary account indicated below in PART II. If no secondary account is provided, the net balance will go into Part I.

AUTHORIZED BANK EMPLOYEE SIGNATURE: \_\_\_\_\_

**PART II**

SECONDARY BANK DEPOSITORY: \_\_\_\_\_

BRANCH/TELEPHONE NUMBER: \_\_\_\_\_

TRANSIT/ABA (ROUTING NUMBER): \_\_\_\_\_

TYPE OF ACCOUNT (SAVINGS/CHECKING): \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

IS THIS BANK A MEMBER OF THE FEDERAL RESERVE?                      YES              NO

AUTHORIZED BANK EMPLOYEE SIGNATURE: \_\_\_\_\_

**PART III**

I hereby authorize the Woodbridge Township Board of Education to initiate credit entries and, in the event of a credit entry error, debit entries and adjustments, to my account(s) as indicated in the above named depository and to credit and/or debit the same to my account(s).

This authority remains in full force and effect until the Woodbridge Township Board of Education has received from me written notification of its termination. In that event, both the Board of Education and the financial institution named (depository) shall have a reasonable time in which to act.

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_                      DATE: \_\_\_\_\_