

New Employee Personnel Information Form

The New Employee Personnel Information Form is mandatory and will be completed in a printed or typed form. It is the employee's responsibility to inform the Human Resources Department of any updates and or changes. Such changes will be made in writing, on the City of Vicksburg's Employee Personnel Information Update form.

Name: _____

Last

First

Middle

Physical Address: _____

Mailing Address (if not the same as above): _____

Home Phone: () _____ Mobile: () _____

Mobile Carrier: _____ Can this office text message you? Yes/ No

Active Personal Email Address: _____

Social Security Number: _____ Driver's License Number _____

Issuing State: _____

Spouse: _____ Phone: () _____

List two contacts in the case of an emergency:

Name: _____ Phone: () _____

Name: _____ Phone: () _____

The following is required for EEOC and Government Agencies:

Date of Birth: ____/____/____ Sex: Male/ Female Race: _____

Employee's Signature: _____ Date: ____/____/____

Department: _____

Position: _____ Hire Date: ____/____/____

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.

Filers 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

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
1 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 filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
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		7			
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.)					
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)	

Department of Revenue
P.O. Box 960
Jackson Mississippi 39205

MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

IMPORTANT: THIS CERTIFICATE MAY BE USED FOR PAY PERIODS IN CALENDAR YEAR 2010 and after

Employee's Name _____ SSN _____

Employee's Residence Address _____
Number and Street City or Town State Zip Code

		CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION		Amount Claimed	
Marital Status		Personal Exemption Allowed			
EMPLOYEE: File this form with your employer. Otherwise, he must withhold Mississippi income tax from the full amount of your wages. EMPLOYER: Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be advised.	1. Single	(<input type="checkbox"/>) Enter \$6,000 as exemption.....▶		\$	
	2. Married (Check One)	(a)	(<input type="checkbox"/>) Spouse NOT employed: Enter \$12,000.....▶		\$
		(b)	(<input type="checkbox"/>) Spouse IS employed: Enter that part of \$12,000 claimed by you, in multiples of \$500. See instructions 2(b) below.....▶		\$
	3. Head of Family	(<input type="checkbox"/>) Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) & (d) below.....▶		\$	
	4. Dependents	Number Claimed	You may claim \$1,500 for each dependent,* other than for taxpayer and spouse, who receives chief support from you and who qualifies as a dependent for Federal income tax purposes. *A head of family may claim \$1,500 for each dependent excluding the one which qualifies you as head of family. Multiply number of dependents claimed by you by \$1,500. Enter amount claimed.....▶		\$
5. Age and Blindness Exemption		Age 65 or older (<input type="checkbox"/>) Husband (<input type="checkbox"/>) Wife (<input type="checkbox"/>) Single Blind (<input type="checkbox"/>) Husband (<input type="checkbox"/>) Wife (<input type="checkbox"/>) Single Multiply number of blocks checked by \$1,500. Enter amount claimed.....▶ Note: No exemption allowed for age or blindness for dependents.		\$	
6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5.....▶				\$	
7. Additional dollar amount withholding per pay period if agreed to by your employer.....▶				\$	
8. If you meet the conditions set forth under the Service Member Civil Relief, as amended by the Military Spouses Residency Relief Act and have no Mississippi tax liability, write "Exempt" on line 8. You must attach a copy of the Federal Form DD-2058 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim.....▶					

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or I am entitled to claim exempt status.

Employee's Signature: _____ Date: _____

INSTRUCTIONS

1. THE PERSONAL EXEMPTIONS ALLOWED ARE:

- (a) Single individuals - \$6,000
- (b) Married individuals (jointly) - \$12,000
- (c) Head of family - \$9,500
- (d) Dependents - \$1,500
- (e) Aged 65 and over - \$1,500
- (f) Blindness - \$1,500

2. CLAIMING PERSONAL EXEMPTIONS:

- (a) SINGLE INDIVIDUALS enter \$6,000 on Line 1.
- (b) MARRIED INDIVIDUALS are allowed a joint exemption of \$12,000. If the spouse is not employed, enter \$12,000 on Line 2(a). If the spouse is employed, the exemption of \$12,000 may be divided between taxpayer and spouse in any manner they choose - in multiples of \$500. For example - taxpayer may claim \$6,500 and spouse claims \$5,500; or taxpayer may claim \$8,000 and spouse claims \$4,000. The total claimed by taxpayer and spouse may not exceed \$12,000. Enter amount claimed by you on Line 2(b).
- (c) A HEAD OF FAMILY is a single individual who maintains a home which is the principal place of abode for himself and at least one dependent. Single individuals qualifying as a head of family enter \$9,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (d).
- (d) An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer. A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent excluding the one which is required for head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but should not include themselves or their spouse. Married taxpayers may divide the number of their dependents between them in any manner they choose; for example, a married couple has 3 children who qualify

as dependents. The taxpayer may claim 2 dependents and the spouse 1; or the taxpayer 3 and the spouse none. Enter the amount of dependent exemption on line 4.

- (e) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both have reached the AGE of 65 before the close of the taxable year. No additional exemption is authorized for dependents by reason of age. Check applicable blocks on Line 5.
- (f) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both are BLIND. No additional exemption is authorized for dependents by reason of blindness. Check applicable blocks on Line 5. Multiply number of blocks checked on Line 5 by \$1,500 and enter amount of exemption claimed.
- 3. TOTAL EXEMPTION CLAIMED:
Add the amount of exemptions claimed in each category and enter the total on Line 6. This amount will be used as a basis for withholding income tax under the appropriate withholding tables.
- 4. A NEW EXEMPTION CERTIFICATE MUST BE FILED WITH YOUR EMPLOYER WITHIN 30 DAYS AFTER ANY CHANGE IN YOUR EXEMPTION STATUS.
- 5. PENALTIES ARE IMPOSED FOR WILLFULLY SUPPLYING FALSE INFORMATION OR WILLFUL FAILURE TO SUPPLY INFORMATION WHICH WOULD REDUCE THE WITHHOLDING EXEMPTION.
- 6. IF THE EMPLOYEE FAILS TO FILE AN EXEMPTION CERTIFICATE WITH HIS EMPLOYER, INCOME TAX MUST BE WITHHELD BY THE EMPLOYER ON TOTAL WAGES WITHOUT THE BENEFIT OF EXEMPTION.
- 7. IMPORTANT: USE THIS FORM ONLY FOR PAY PERIODS IN 2000 AND AFTER.
- 8. To comply with the Military Spouses Residency Relief Act (PL 111-97) Signed into law November 11, 2009.



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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

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

Section 1. Employee Information 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 (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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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



Employer Completes Next Page



Authorization Agreement for Direct Deposit

New Checking

New Savings

Changes

Cancel

Employee Data			
Last Name	First Name	Middle Name	Social Security Number
Daytime Phone Number	Bank Name	Bank Phone Number	

Conditions For Direct Deposit
<ol style="list-style-type: none"> 1. Direct Deposit will be credited to my account on Fridays. 2. The first direct deposit will be approximately 30 days after the authorization is received in the Payroll Department. 3. I will notify the Payroll Department properly, in writing, of any changes in my bank account number. 4. I can cancel at any time. The City of Vicksburg can also cancel at any time (where permitted by state law). 5. I understand the cancellation must be received in the Payroll Department, in writing, no later than five (5) days prior to my regular pay day. 6. I understand that I must have an account in a depository that is a member of the automated clearing house_ 7. I have attached a copy of a voided checking accounts or (deposit slip) for saving account.

Instructions
<ol style="list-style-type: none"> 1. Attach a copy of a personal preprinted voided check for a checking account or a deposit slip for a savings account. 2. Do not attach a deposit slip for checking, only savings. Deposit slips will not be accepted for checking accounts. 3. Forward this completed for to your local Human Resources Department or Payroll Department.

Complete this section if you request a bank change		
New Bank ACH Routing Number	New Checking or Savings Account Number	New Bank Phone Number
Old Bank ACH Routing Number	Old Checking or Savings Account Number	Old Bank Phone Number

Sign your Name below to authorize direct deposit or if you are requesting a bank change	
Employee Signature	Date

COMPLETE THIS SECTION IF YOU ARE CANCELING YOUR DIRECT DEPOSIT	
Must be received five (5) days prior to pay period to take effect for the next pay period.	
Please 'Cancel my direct deposit. Employee Signature	Date

For office use only		
Employer	ID Number	Transaction Code

Date Keyed:



Non-Covered Employment Acknowledgment

Form 4A – Revised 12/1/2013

Complete only if employee is not receiving PERS service retirement benefits and is not contributing to PERS through another employer. Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

1 Employee Information

First Name: _____ MI: _____ Last Name: _____ Gender: M F

Social Security No.: _____ Birth Date mm/dd/ccyy: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work

2 Employee Acknowledgment

I hereby acknowledge that I am not receiving service retirement benefits from PERS and that my employment does not meet the eligibility requirements of PERS Board of Trustees Regulation 25, Eligibility of Part-time Employees for State Retirement Annuity Service Credit, and PERS Board of Trustees Regulation 36, Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS), and that I, therefore, am not eligible for coverage for this employment under the provisions of PERS. If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

Employee's Signature: _____ Date mm/dd/ccyy: _____

3 Employer Certification – This section must be completed by an authorized employer representative, not the employee.

Employee's Position Held/Job Title: _____

Employee's Hire Date mm/dd/ccyy: _____ Employee's Termination Date mm/dd/ccyy: _____

Employer Name: City of Vicksburg Employer No.: 0428 001

Employer Representative's Name: Lois Roby Employer Representative's Title: Data Entry/Receptionist Clerk

Employer Representative's Phone: (601) 801-3460 Fax: (601) 631-3748 E-Mail: loisr@vicksburg.org

As employer representative, I understand that wages earned and paid to the above named individual during this period of employment **will not** be subject to withholding for state retirement. I further understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in an attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above information is true and correct and that employment in this position does not meet the eligibility requirements of PERS Board of Trustees Regulation 25, Eligibility of Part-time Employees for State Retirement Annuity Service Credit, and PERS Board of Trustees Regulation 36, Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS).

Employer Representative's Signature: _____ Date mm/dd/ccyy: _____