Maryland
Student Employment
Payroll Packet

Special Instructions

1. You will fill out the Form I-9 in Career Engagement when you come in with the rest of your packet complete.

2. When completing the W-4 Form, use your home address and only fill out line 5 OR 7, not both.

3. When completing the MD State Tax Form, please note that you can only answer number 1 OR 3 OR 4 OR 5 (no more than ONE)

4. You must complete two copies of the PA Employee’s Nonwithholding Application Certificate (Form REV-419 EX)

7/16/2019
Student Confidentiality Agreement

I understand that during my employment with Gettysburg College, I may have access to confidential information regarding students, employees and/or the business of the College. I understand that I have a duty to maintain the confidentiality of all such information and I agree to uphold this obligation. I understand that this duty includes a duty not to share any such information with any unauthorized third persons, and I agree to uphold this obligation, as well.

I understand and agree that if I share any such confidential information in violation of this policy or the law, my employment with Gettysburg College will be terminated. I understand further that this obligation of confidentiality survives my employment with the College.

_______________________________  ________________________________
Print Name & Student ID Number

_______________________________
Anticipated Graduation Date

_______________________________  ________________________________
Signature Date
NOTICE OF RIGHTS AND DUTIES

Pennsylvania law requires employers to notify employees of their rights and duties regarding medical services provided under the Workers' Compensation Law (the Act). This notice will provide you a summary of the applicable provisions of the Act:

1. Your employer has established a medical panel, which includes at least six designated health care providers, no more than four of whom are coordinated care organizations and no fewer than three of whom are physicians. The employer has not included on this list a physician or health care provider who is employed, owned or controlled by the employer or the employer's insurer unless employment, ownership or control is disclosed on the list.

2. You have a duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.

3. You have the right to seek treatment or medical consultation from a non-designated provider during the 90-day period, but these services shall be at your expense for the applicable 90 days.

4. You have the right to have all reasonable medical supplies and treatment related to the injury paid for by your employer as long as treatment is obtained from the designated provider during the 90-day period.

5. You have the right, during this 90-day period, to switch from one health care provider on the list to another health care provider on the list, and that all treatment shall be paid for by your employer.

6. You have the right to seek treatment from a referral provider if a designated provider refers you, and your employer shall pay for treatment rendered by the referral provider.

7. You have the right to seek emergency medical treatment from any provider, but subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.

8. You have a right to seek treatment from any health care provider after the 90-day period has ended, and that treatment shall be paid for by your employer, if it is reasonable and necessary.

9. After ninety (90) days from the date of first treatment, you have a duty to notify your employer of treatment by a non-designated provider within 5 days of the first visit to that provider. Your employer may not be required to pay for treatment rendered by the non-designated provider prior to receiving this notification. However, your employer shall pay for these services once notified, unless the treatment is found unreasonable by a utilization review organization.

10. You have the right to seek an additional opinion from any health care provider of your choice when a designated provider prescribes invasive surgery for you. If the additional opinion differs from the opinion of the designated provider and the additional opinion provides a specific and detailed course of treatment, you shall determine which course of treatment to follow. If you opt to follow the course of treatment outlined by the additional opinion, the treatment shall be performed by one of the health care providers on your employer's designated list for 90 days from the date of the first visit to the provider of the additional opinion.

ACKNOWLEDGEMENT OF RIGHTS AND DUTIES

I hereby acknowledge that my employer has provided me with a copy of this "Notice of Rights and Duties". I have been informed of and I understand my rights and duties pertaining to medical treatment for work related injuries described. This notice was presented to me at (check one):

- Time of hire or orientation
- Immediately after the injury, or as soon thereafter as possible
- Other: [ ]

____________________________  ____________
Employee Signature                  Date

____________________________  ____________
Employer Representative            Date
WORKER’S COMPENSATION INFORMATION

To all employees:

The workers’ compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers’ compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.

You should report immediately any injury or work-related illness to your employer.

Your benefits could be delayed or denied if you do not notify your employer immediately.

If your claim is denied by your employer, you have the right to request a hearing before a Workers’ Compensation Judge.

The Bureau of Workers’ Compensation cannot provide legal advice. However, you may contact the Bureau of Workers’ Compensation for additional general information at:

Bureau of Workers’ Compensation
1171 South Cameron Street, Room 103
Harrisburg, Pennsylvania 17104-2501
Telephone Nol within Pennsylvania: 800-482-2383
Telephone No. outside of this Commonwealth: 717-772-4447
TTY-800-362-4228 (for hearing and speech impaired only);
www.state.pa.us, Pa keyword: workers’ comp.

Also attached to this sheet is a complete list of panel physicians and medical providers for your reference.

I, __________________________, employee of Gettysburg College (employer), certify that I have been provided with, read and understood the information set forth above consistent with the requirements of the Pennsylvania Workers’ Compensation Act.

Date: ________________________

signature
NOTICE TO EMPLOYEES

IN ACCORDANCE WITH THE PENNSYLVANIA WORKERS' COMPENSATION ACT, YOUR EMPLOYER, Gettysburg College IS PROVIDING THE FOLLOWING PANEL OF PHYSICIANS TO TREAT INJURED WORKERS. YOUR EMPLOYER'S THIRD PARTY ADMINISTRATOR (TPA) IS

RCM&D Self-Insured Services Company, Inc.
P. O. Box 42737
Baltimore, MD  21283
1-866-288-9290

IN CASE OF WORK-RELATED INJURY

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, hospital treatment, orthopedic appliances and prostheses, including training in their use.

2. In order to insure that your medical treatment will be paid by your employer or the insurance company, you must select from one of the licensed physicians or practitioners of the healing arts listed below:

<table>
<thead>
<tr>
<th>Occupational Medicine</th>
<th>Gettysburg WellSpan Occupational Health</th>
<th>Gettysburg, PA</th>
<th>717-339-2880</th>
<th>717-334-3921 (Fax)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>455 S. Washington Street, Suite 12</td>
<td>Gettysburg, PA</td>
<td>717-334-2183</td>
<td>717-337-5246 (Fax)</td>
</tr>
<tr>
<td></td>
<td>Gettysburg Family Practice</td>
<td>Hanover, PA</td>
<td>717-851-7070</td>
<td>717-630-0982 (Fax)</td>
</tr>
<tr>
<td></td>
<td>524 S. Washington Street</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Gettysburg, PA</td>
<td></td>
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<tr>
<td></td>
<td>Hanover WellSpan Occupational Health</td>
<td>1150 Carlisle Street, Suite 21</td>
<td>Gettysburg, PA</td>
<td>717-339-2500</td>
</tr>
<tr>
<td></td>
<td>Hanover, PA</td>
<td></td>
<td>717-339-2620</td>
<td>717-339-2621 (Fax)</td>
</tr>
<tr>
<td>Physical/Occupational Therapy</td>
<td>Adams County Physical Therapy</td>
<td>Hanover, PA</td>
<td>717-646-6104</td>
<td>717-646-6104 (Fax)</td>
</tr>
<tr>
<td></td>
<td>110 W. Eisenhower Drive, Suite E</td>
<td></td>
<td>717-646-0440</td>
<td>717-646-0444 (Fax)</td>
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<tr>
<td></td>
<td>Hanover, PA</td>
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<tr>
<td></td>
<td>Gentle OT/Hand Clinic</td>
<td>1010 Eichelberger Street, Suite 5</td>
<td>Hanover, PA</td>
<td>717-339-2500</td>
</tr>
<tr>
<td></td>
<td>Hanover, PA</td>
<td></td>
<td>717-339-2620</td>
<td>717-339-2621 (Fax)</td>
</tr>
<tr>
<td></td>
<td>WellSpan Rehabilitation</td>
<td>Gettysburg, PA</td>
<td>717-337-2937 (Fax)</td>
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<td></td>
<td>16-C Deatrick Drive</td>
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<td></td>
<td>Gettysburg, PA</td>
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<tr>
<td></td>
<td>40 V-Twin Drive, Suite 101</td>
<td>Gettysburg, PA</td>
<td>717-339-2500</td>
<td>717-339-2501 (Fax)</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>Wellspan Orthopedics- Hanover</td>
<td>Hanover, PA</td>
<td>717-812-7559</td>
<td>717-632-2422 (Fax)</td>
</tr>
<tr>
<td></td>
<td>207 Blooming Grove Road</td>
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<tr>
<td></td>
<td>Hanover, PA</td>
<td>Gettysburg, PA</td>
<td>717-339-2500</td>
<td>717-339-2501 (Fax)</td>
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<td></td>
<td>18 Deatrick Drive</td>
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<td></td>
<td>Gettysburg, PA</td>
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<tr>
<td>Orthopedic (cont'd)</td>
<td>OSS Health Gettysburg</td>
<td>Gettysburg, PA</td>
<td>717-848-4800</td>
<td>717-741-9836 (Fax)</td>
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<tr>
<td></td>
<td>20 Expedition Trail, Suite 110-B</td>
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<td></td>
<td>Gettysburg, PA, 17325</td>
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<tr>
<td>OSS Health Hanover</td>
<td>Hanover, PA</td>
<td></td>
<td>717-848-4800</td>
<td>717-741-9836 (Fax)</td>
</tr>
<tr>
<td>470 Eisenhower Drive</td>
<td>Hanover, PA, 17321</td>
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<tr>
<td>Chiropractor</td>
<td>Gettysburg Chiropractic</td>
<td>Gettysburg, PA</td>
<td>717-334-5566</td>
<td>717-337-1755 (Fax)</td>
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<tr>
<td></td>
<td>Center</td>
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<td></td>
<td>1080A Chambersburg Road</td>
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<td></td>
<td>Gettysburg, PA, 17325</td>
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<tr>
<td>Adams County</td>
<td>Gettysburg, PA</td>
<td>717-337-1190</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropractic</td>
<td></td>
<td></td>
<td>717-337-1755 (Fax)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>775 Old Harrisburg Road</td>
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<td></td>
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<td></td>
<td>Gettysburg, PA, 17325</td>
<td></td>
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<tr>
<td>Morenstein</td>
<td>Gettysburg, PA</td>
<td>717-333-2056</td>
<td>717-432-7500 (Fax)</td>
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</tr>
<tr>
<td>Chiropractic</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>1180 Hanover Road</td>
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<td></td>
<td>Gettysburg, PA, 17325</td>
<td></td>
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<tr>
<td>Ophthalmology</td>
<td>Schein Ernst Mishra Eye</td>
<td>Gettysburg, PA</td>
<td>717-334-5313</td>
<td>717-334-6633 (Fax)</td>
</tr>
<tr>
<td></td>
<td>506 W. Middle Street</td>
<td></td>
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<tr>
<td></td>
<td>Gettysburg, PA, 17325</td>
<td></td>
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<tr>
<td>Surgeon</td>
<td>Gettysburg Surgical Assoc-WellSpan</td>
<td>Gettysburg, PA</td>
<td>717-339-3110</td>
<td>717-339-3108 (Fax)</td>
</tr>
<tr>
<td></td>
<td>450 W. Washington Street, Suite C</td>
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<td></td>
<td>Gettysburg, PA, 17325</td>
<td></td>
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<tr>
<td>Imaging</td>
<td>Adams Diagnostic Imaging</td>
<td>Gettysburg, PA</td>
<td>717-337-5991</td>
<td>171-337-5995 (Fax)</td>
</tr>
<tr>
<td></td>
<td>20 Expedition Trl. Suite 102</td>
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<td></td>
<td>Gettysburg, PA</td>
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</tbody>
</table>

In the event of an emergency, please go to the hospital for treatment.

Gettysburg Hospital
147 Gettys Street
Gettysburg, PA 17325
717-334-2121

3. You must continue to visit one of these persons listed above if you need treatment, for ninety (90) days from the date of your first visit.

4. After this ninety (90) day period, if you still need treatment and your employer has provided a list as set forth above, you may choose to go to another licensed physician or practitioner of the healing arts for treatment. Your bills will be paid for IF:
   a. You notify your employer in writing of this action or choice within five (5) days of your visit.
   b. Your licensed physician or practitioner of the healing arts files reports as required. These reports must be filed within ten (10) days after your first visit and at least once a month for as long as treatment continues.

5. If no list is provided as above (No. 2), you may go to a licensed physician or practitioner of the healing arts of your choice.

6. If one of the persons listed above refers you to another licensed specialist, your employer or his insurer will pay the bill for these services.

7. If you are faced with a medical emergency, you may secure assistance from a hospital or physician or practitioner of the healing arts of your choice.

**ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED IMMEDIATELY TO YOUR SUPERVISOR, AND TO HUMAN RESOURCES AT 717-337-6202.**
Frequently Asked Questions About I-9 Compliance

What is required to verify work authorization?

The basic requirement to verify work authorization is the Form I-9. This form is available on the HR website: [http://www.fit.edu/hr/documents/Forms/I-9.pdf](http://www.fit.edu/hr/documents/Forms/I-9.pdf). The back of the form lists the types of documents that a new hire must provide to verify his or her identity and that he or she is authorized to work in the United States. The purpose of the I-9 form is to verify identity and authorization to work in the United States.

What are the current civil penalties?

- Violations of I-9 requirements: Fines range from $110 - $1,100 per I-9.
- Knowingly hiring or continuing to employ: Fines range from $375 - $3,200 per alien
- Pattern or practice: $3,300 - $11,000
- Debarment from government contracts for "knowingly employing an unauthorized worker"
- Criminal penalties: fine and/or imprisonment

What are the basic Form I-9 requirements?

- Employers must complete for every new hire after November 6, 1986.
- Employers may not knowingly hire or continue to employ a person who is not authorized to work in the United States. Knowingly means "actual knowledge" or "constructive knowledge."
- Physical presence of the employee is required.
- Must see original documents, not copies. However, will accept a certified copy of birth certificate.
- Attach photocopies of documents to I-9.

No exception for temporary or part-time employment.

Who should fill out Form I-9?

- Form I-9 must be completed for all new hires, including temporary or part-time employment
- Form I-9 must be completed for all employees working in the U.S., even if on payroll abroad
- Form I-9 is not required for independent contractors
- Form I-9 is not required for pre-11/07/96 hires (grandfathered employees)
- Form I-9 is not required for employees working outside the U.S. or outside its territories

How should Form I-9 be completed?

- Physical presence of employee is required (Someone has to see person and his/her documents)
- Must see original documents, not copies. However, will accept a certified copy of birth certificate.
- Attach photocopies of documents
- No exception for temporary or part-time employment
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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td></td>
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<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
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<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
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<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
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<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td></td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td></td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
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<tr>
<td>(1) The same name as the passport; and</td>
<td></td>
</tr>
<tr>
<td>(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.</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIST B</th>
<th>Documents that Establish Identity AND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Driver's license or ID card issued by a State or territory of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>3. School ID card with a photograph</td>
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<td>4. Voter's registration card</td>
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<tr>
<td>5. U.S. Military card or draft record</td>
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<tr>
<td>6. Military dependent's ID card</td>
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<tr>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
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<tr>
<td>8. Native American tribal document</td>
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<tr>
<td>9. Driver's license issued by a Canadian government authority</td>
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</tr>
</tbody>
</table>

For persons under age 18 who are unable to present a document listed above:

| 10. School record or report card |
| 11. Clinic, doctor, or hospital record |
| 12. Day-care or nursery school record |

<table>
<thead>
<tr>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
<td></td>
</tr>
<tr>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
</tr>
<tr>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
<td></td>
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<tr>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
</tr>
<tr>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-645, FS-240)</td>
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</tr>
<tr>
<td>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</td>
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<tr>
<td>4. Native American tribal document</td>
<td></td>
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<tr>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
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<tr>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
</tr>
<tr>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
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</tr>
</tbody>
</table>

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

Refer to the instructions for more information about acceptable receipts.
Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to 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 2019 if both of the following apply:

- For 2019 you had no more than one job
- For 2019 you had no other income from any other job

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 18, 2020. See Pub. 505, Tax Withholding and Estimation, to learn more about whether you qualify for exemption from withholding.

General Instructions

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

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you’re having withheld compares to your projected total tax for 2019. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

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

Form W-4 Instructions

Personal Allowances Worksheet

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

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

Line D. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number.

Form W-4 Instructions

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

Employee’s Withholding Allowance Certificate

<table>
<thead>
<tr>
<th>OMB No. 1545-0074</th>
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<tbody>
<tr>
<td>2019</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Your first name and middle initial</th>
<th>Your social security number</th>
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<table>
<thead>
<tr>
<th>Home address (number and street or rural route)</th>
<th>City or town, state, and ZIP code</th>
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</table>

<table>
<thead>
<tr>
<th>Total number of allowances you’re claiming (from the applicable worksheet on the following pages)</th>
<th>Additional amount, if any, you want withheld from each paycheck</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I claim exemption from withholding for 2019, 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. | Date |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employee’s signature (This form is not valid unless you sign it.) | 8 Employee’s name and address (Employee Complete boxes 8 and 10 if sending to IRS and complete boxes 9, 11, and 10 if sending to State Directory of New Hires.)
<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>23-1555541</td>
</tr>
</tbody>
</table>
income includes all of your wages and
other income, including income earned by
a spouse if you are filing a joint return.

Line 9. Other credits. You may be able to
reduce the tax withheld from your
paycheck if you expect to claim other tax
credits, such as tax credits for education
(see Pub. 970). If you do so, your paycheck
will be larger, but the amount of any refund
that you receive when you file your tax
return will be smaller. Follow the
instructions for Worksheet 1-6 in Pub. 505
if you want to reduce your withholding to
take these credits into account. Enter "0-0-
" on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and
Additional Income Worksheet

Complete this worksheet to determine if
you're able to reduce the tax withheld from
your paycheck to account for your itemized
deductions and other adjustments to
income, such as IRA contributions. If you
do so, your refund at the end of the year
will be smaller, but your paycheck will be
larger. You're not required to complete this
worksheet or reduce your withholding if
you don't complete this worksheet, you might
have too little tax withheld. If so, you will
owe income tax when you file your tax return and
might be subject to a penalty.

Figure the total number of allowances
you're entitled to claim and any additional
amount of tax to withhold on all jobs using
worksheet from only one Form W-4. Claim
all allowances on the W-4 that you or your
spouse file for the highest paying job in
your family and claim zero allowances on
Forms W-4 filed for all other jobs. For
example, if you earn $60,000 per year and
your spouse earns $20,000, you should
complete the worksheet to determine
what to enter on lines 5 and 6 of your Form
W-4, and your spouse should enter zero
("0-0") on lines 5 and 6 of his or her Form
W-4. See Pub. 505 for details.

Another option is to use the calculator at
www.irs.gov/W4App to make your
withholding more accurate.

Tip: If you have a working spouse and your
income is similar, you can check the
"Married, but withholding at higher Single
rate" box instead of using this worksheet. If
you choose this option, then each spouse
should fill out the Personal Allowances
Worksheet and check the "Married, but
withholding at higher Single rate" box on Form
W-4, but only one spouse should claim any
allowances for credits or fill out the
Deductions, Adjustments, and Additional
Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or
10. Your employer will complete these
boxes if necessary.

New hire reporting. Employers are
required by law to report new employees to
a designated State Directory of New Hires.
Employers may use Form W-4, boxes 8, 9,
and 10 to comply with the new hire
reporting requirement for a newly hired
employee. A newly hired employee is an
employee who hasn't previously been
employed by the employer, or who was
previously employed by the employer but
has been separated from such prior
employment for at least 60 consecutive
days. Employers should contact the
appropriate State Directory of New Hires to
find out how to submit a copy of the
completed Form W-4. For Information and
links to each designated State Directory of
New Hires (including for U.S. territories), go
to www.irs.jabs.gov/csa/employers.

If an employer is sending a copy of Form
W-4 to a designated State Directory of
New Hires to comply with the new hire
reporting requirement for a newly hired
employee, complete boxes 8, 9, and 10 as
follows.

Box 8. Enter the employer's name and
address. If the employer is sending a copy
of this form to a State Directory of New
Hires, enter the address where child
support agencies should send income
withholding orders.

Box 9. If the employer is sending a copy
of this form to a State Directory of New
Hires, enter the employee's first date of
employment, which is the date services for
payment were first performed by the
employee. If the employer hired the
employee after the employee had been
separated from the employer's service for
at least 60 days, enter the hire date.

Box 10. Enter the employer's employer
identification number (EIN).
### Personal Allowances Worksheet (Keep for your records.)

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Enter &quot;1&quot; for yourself.</td>
</tr>
<tr>
<td>B</td>
<td>Enter &quot;1&quot; if you will file as married filing jointly.</td>
</tr>
<tr>
<td>C</td>
<td>Enter &quot;1&quot; if you will file as head of household.</td>
</tr>
<tr>
<td>D</td>
<td>Enter &quot;1&quot; if you are single, or married filing separately, and have only one job; or you are married filing jointly, have only one job, and your spouse doesn't work; or your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.</td>
</tr>
<tr>
<td>E</td>
<td>Child tax credit. See Pub. 972, Child Tax Credit, for more information. If your total income will be less than $71,201 ($103,351 if married filing jointly), enter &quot;4&quot; for each eligible child. If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter &quot;2&quot; for each eligible child. If your total income will be from $179,051 to $200,000 ($345,851 to $400,000 if married filing jointly), enter &quot;1&quot; for each eligible child. If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter &quot;0&quot;.</td>
</tr>
<tr>
<td>F</td>
<td>Credit for other dependents. See Pub. 972, Child Tax Credit, for more information. If your total income will be less than $71,201 ($103,351 if married filing jointly), enter &quot;1&quot; for each eligible dependent. If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter &quot;1&quot; for every two dependents (for example, &quot;0&quot; for one dependent, &quot;1&quot; if you have two or three dependents, and 2 if you have four dependents). If your total income will be higher than $179,050 ($345,850 if married filing jointly), enter &quot;-0-&quot;.</td>
</tr>
<tr>
<td>G</td>
<td>Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter &quot;-0-&quot; on lines E and F.</td>
</tr>
<tr>
<td>H</td>
<td>Add lines A through G and enter the total here. For accuracy, complete all worksheets that apply.</td>
</tr>
</tbody>
</table>

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed $55,000 ($24,450 if married filing jointly), see the Two-Earner/Multiple Jobs Worksheet on page 4 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 above.

### Deductions, Adjustments, and Additional Income Worksheet

**Note:** Use this worksheet only if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1. Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details.

2. Enter:
   - $24,400 if you are married filing jointly or qualifying widow(er)
   - $18,350 if you are head of household
   - $12,200 if you are single or married filing separately

3. Subtract line 2 from line 1. If zero or less, enter "-0-".

4. Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items).

5. Add lines 3 and 4 and enter the total.

6. Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest).

7. Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses. Drop any fraction.

8. Divide the amount on line 7 by $4,200 and enter the result here. If a negative amount, enter in parentheses.

9. Enter the number from the Personal Allowances Worksheet, line H, above.

10. Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earner/Multiple Jobs Worksheet, also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.
# Two-Earners/Multiple Jobs Worksheet

**Note:** Use this worksheet only if the instructions under line H from the Personal Allowances Worksheet direct you here.

1. Enter the number from the Personal Allowances Worksheet, line H, page 3 (or, if you used the Deductions, Adjustments, and Additional Income Worksheet on page 3, the number from line 10 of that worksheet).

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you're married filing jointly and wages from the highest paying job are $75,000 or less and the combined wages for you and your spouse are $107,000 or less, don't enter more than $3.

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.

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

4. Enter the number from line 2 of this worksheet.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.

9. Divide line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you’re paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

## Table 1

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>5,001 - 9,500</td>
<td>1</td>
</tr>
<tr>
<td>9,501 - 18,500</td>
<td>2</td>
</tr>
<tr>
<td>18,501 - 35,000</td>
<td>3</td>
</tr>
<tr>
<td>35,001 - 40,000</td>
<td>4</td>
</tr>
<tr>
<td>40,001 - 46,000</td>
<td>5</td>
</tr>
<tr>
<td>46,001 - 55,000</td>
<td>6</td>
</tr>
<tr>
<td>55,001 - 60,000</td>
<td>7</td>
</tr>
<tr>
<td>60,001 - 70,000</td>
<td>8</td>
</tr>
<tr>
<td>70,001 - 75,000</td>
<td>9</td>
</tr>
<tr>
<td>75,001 - 85,000</td>
<td>10</td>
</tr>
<tr>
<td>85,001 - 95,000</td>
<td>11</td>
</tr>
<tr>
<td>95,001 - 125,000</td>
<td>12</td>
</tr>
<tr>
<td>125,001 - 165,000</td>
<td>13</td>
</tr>
<tr>
<td>165,001 - 185,000</td>
<td>14</td>
</tr>
<tr>
<td>185,001 - 190,000</td>
<td>15</td>
</tr>
<tr>
<td>190,001 - 195,000</td>
<td>16</td>
</tr>
<tr>
<td>195,001 - 205,000</td>
<td>17</td>
</tr>
<tr>
<td>205,001 and over</td>
<td>18</td>
</tr>
</tbody>
</table>

## Table 2

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $24,900</td>
<td>$20</td>
</tr>
<tr>
<td>24,901 - 44,900</td>
<td>$420</td>
</tr>
<tr>
<td>44,901 - 75,900</td>
<td>910</td>
</tr>
<tr>
<td>75,901 - 97,900</td>
<td>1,000</td>
</tr>
<tr>
<td>97,901 - 125,900</td>
<td>1,300</td>
</tr>
<tr>
<td>125,901 - 165,900</td>
<td>1,450</td>
</tr>
<tr>
<td>165,901 - 185,900</td>
<td>1,640</td>
</tr>
</tbody>
</table>

**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(h)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and 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 non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's 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.
Purpose: Complete Form MW507 so that your employer can withhold the correct amount of income tax from your pay. Consider completing a new Form MW507 each year and when your personal or financial situation changes.

Basic Instructions: Enter on line 1 below, the number of personal exemptions you will claim on your tax return. However, if you wish to claim more exemptions, or if you are disabled, please enter the number to which you wish to claim. If you are single or married filing separately ($150,000, if you are filing jointly or as head of household), you must complete the Personal Exemption Worksheet on page 2. Enter the number of exemptions claimed on the Personal Exemption Worksheet on page 2 to further adjust your Maryland withholding based on itemized deductions, and certain other expenses that exceed your standard deduction and are not claimed at another job or by your spouse. However, you may claim fewer (or zero) exemptions.

Additional withholding per pay period under agreement with employer. If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2. Exemptions from withholding. You may be entitled to claim an exemption from the withholding of Maryland income tax if:

1. Last year you did not owe any Maryland income tax and had a right to a full refund of any tax withheld; AND
2. The above condition must exist every year you have income from Maryland sources, AND
3. Your employer is responsible for withholding only the Maryland income tax from your wages.

Students and residents of Maryland who are below the minimum filing requirements should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing & paying a Maryland income tax. Certification of nonresidence in the State of Maryland. Complete line 4. This line is to be completed by residents of the District of Columbia, Virginia, and West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more. Residents of Pennsylvania who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more, must complete line 6 to exempt themselves from the state portion of the withholding tax. These employees are still liable for withholding tax at the rate in effect for the Maryland county in which they are employed, unless they qualify for an exemption on either line 6 or 7. Pennsylvania residents living in other local jurisdictions which do not impose an earnings or income tax on nonresidents may claim an exemption by completing line 7. Employees qualifying for exemption under 6 or 7, should also write "EXEMPT" on line 4. Line 4 is NOT to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credits you may be entitled to under reciprocal provisions of the law. If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wages or salary income, regardless of the length of time you may have spent in Maryland.

Under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Maryland income tax on wages if (i) your spouse is a member of the armed forces present in Maryland in compliance with military orders; (ii) you are present in Maryland solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA you must enter your domicile (legal residence) on Line 8; enter "EXEMPT" in the box to the right on Line 8; and attach a copy of your spouse's military identification card to Form MW507. In addition, you must also complete and attach Form MW574.

Eligibility and responsibilities of employees. Retain this certificate with your records. You are required to submit a copy of this certificate and accompanying attachments to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201, when received. If:

1. You have any reason to believe this certificate is incorrect;
2. The employee claims more than 10 exemptions;
3. The employee claims an exemption from withholding because he/she had no tax liability for the preceding tax year, or employees to have any reasonable basis for belief that the employee is not taxable this year and the wages are expected to exceed $5,000 a week;
4. The employee claims an exemption from withholding on the basis of nonresidence; or
5. The employee claims an exemption from withholding under the Military Spouses Residency Relief Act.

Upon receipt of any exempt certificate (Form MW507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the Commissioner, the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 above, a new exemption certificate must be filed by February 15th of the following year.

Duties and responsibilities of employees. If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee may file a new withholding exemption certificate with the employer within 10 days after the change occurs.

---

FORM
MW507
Employee's Maryland Withholding Exemption Certificate

Print full name ____________________________ Social Security Number ____________

Street Address, City, State, ZIP: ____________________________ County of residence (Nonresidents enter Maryland county or Baltimore City where you live employed): ____________________________

☐ Single ☐ Married (surviving spouse or unmarried Head of Household) Rate ☐ Married, but withheld at Single rate

1. Total number of exemptions you are claiming not to exceed line 1 in Personal Exemption Worksheet on page 2: ____________________________

2. Additional withholding per pay period under agreement with employer: ____________________________

3. I claim exemption from withholding because I do not expect to owe any Maryland tax. See instructions above and check boxes that apply.

☐ a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and

☐ b. This year I do not expect to owe Maryland income tax and expect to have the right to a full refund of all income tax withheld.

(Contains seasonal and student employees whose annual income will be below the minimum filing requirements).

(If both a and b apply, enter year applicable) ____________________________ (year effective) Enter "EXEMPT" here: ____________________________

4. I certify that I am a resident of one of the following states. Check states that apply.

☐ District of Columbia ☐ Virginia ☐ West Virginia

☐ I further certify that I do not maintain a place of abode in the District of Columbia as described in the instructions above. Enter "EXEMPT" here: ____________________________

☐ I certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here: ____________________________

☐ I certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here: ____________________________

☐ I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here: ____________________________

☐ I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here: ____________________________

☐ I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here: ____________________________

☐ I certify that I am a resident of one of the following states. Check states that apply.

☐ I certify that I am not subject to Maryland withholding because I maintain the residences set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here: ____________________________

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.

Employee's signature ____________________________ Date ____________________________

Employer's name and address including ZIP code (For employer use only) Gettysburg College, 300 N. Washington St, Gettysburg, PA 173

COM/RAD-036 18-49

Federal Employer Identification Number 29-1952841
REV-419
Employee's Nonwilling Certificate

Purpose. Complete Form REV-419 so that your employer can withhold the correct Pennsylvania personal income tax from your pay. Complete a new Form REV-419 every year or when your personal or financial situation changes. Photocopies of this form are acceptable.

Note: Unless the state of residence changes, residents of the reciprocal states listed in the next paragraph do not need to resubmit this application every year.

Who is Eligible for Nonwithholding? You may be entitled to nonwithholding of PA personal income tax if you incurred no liability for income tax the preceding tax year and/or you anticipate that you will incur no liability for income tax during the current tax year, according to the Special Tax Provisions of section 304 of the Tax Reform Code, the Servicemembers Civil Relief Act (SCRA) or as a resident of the reciprocal state of Indiana, Maryland, New Jersey, Ohio, Virginia or West Virginia and your employer agrees to withhold the income tax from that state.

When to Claim? File this certificate with your employer as soon as you determine you are entitled to claim nonwithholding. You must file a certificate each year you are eligible (see Note above for an exception). If you are employed by more than one employer you must file a separate REV-419 with each employer.

Responsibilities of Employee. You must revoke this certification within 10 days from the day you anticipate you will incur PA personal income tax liability for the current tax year. To discontinue or revoke this certification, submit notification in writing to your employer. Claimants who qualify for complete Tax Forgiveness under section 304 of the PA Tax Reform Code must also file a PA-40, Pennsylvania Personal Income Tax Return, and Schedule SP to claim Tax Forgiveness even if they are eligible for nonwithholding.

Under the SCRA, as amended by the Military Spouses Residency Relief Act, you may be exempt from PA personal income tax on your wages if (i) you are a member of the armed forces present in PA in compliance with military orders; (ii) you are present in PA solely to be with your spouse; and (iii) you and your spouse both maintain the same domicile (state residency) in another state. If you claim exemption under the SCRA, enter your state of domicile (legal residence) on Line d below and attach a copy of your spousal military identification card and your spouse's current military orders to form REV-419.

Responsibilities of Employer. If you agree not to withhold PA tax because your employee is a resident of a reciprocal state, you must withhold the other state's tax.

Retain Form REV-419 with your records. You are required to submit a copy of this certificate and accompanying attachments to the PA DEPARTMENT OF REVENUE, BUREAU OF INDIVIDUAL TAXES, PO BOX 280507, HARRISBURG, PA 17128-0507, when:

1. You have reason to believe this certificate is incorrect;
2. the PA taxable gross compensation of any employee who claimed either exemption from nonwithholding or c below exceeds $1,625 for any quarter;
3. the employee claims an exemption from withholding on the basis of residence in a reciprocal state (Indiana, Maryland, New Jersey, Ohio, Virginia or West Virginia) and therefore, you agree to withhold income tax of the employee's state of residence; or
4. the employee claims an exemption from withholding under the SCRA as amended by the Military Spouses Residency Relief Act.

Department's Responsibility. Upon receipt of any exemption application, the department will make a determination and notify the employer if a change is required. If the department disapproves the application, the employer must immediately commence withholding at the regular rate. Once a certificate is revoked by the department, the employer must send any new application received from the employee to the department for approval before implementing the nonwithholding.

Employee Name: first, middle, initial, last

Social Security Number

Tax Year (not necessary if checking Box c below)

Street Address City, State, ZIP

I claim exemption from withholding because I do not expect to owe Pennsylvania personal income tax due to the reason(s) checked below:

☐ a. Last year I satisfied Tax Forgiveness of my PA personal income tax liability and had a right to a full refund of all income tax withheld.
☐ b. This year I expect to qualify for Tax Forgiveness of my PA personal income tax liability and expect to receive a full refund of all income tax withheld.
☐ c. I declare I am a resident of the reciprocal state checked below:
   ☐ INDIANA ☐ MARYLAND ☐ NEW JERSEY ☐ OHIO ☐ VIRGINIA ☐ WEST VIRGINIA
   and that pursuant to the reciprocal tax agreement between that state and PA, I claim an exemption from withholding of PA personal income tax and authorize my employer to withhold income tax for my resident state on compensation paid to me in the Commonwealth of Pennsylvania.
☐ d. I certify I am a legal resident of the state of Pennsylvania and am not subject to Pennsylvania withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act.

Under penalties of perjury, I certify that I did not incur any Pennsylvania personal income tax liability during the preceding tax year and/or I do not expect to incur any liability during the current tax year based on the reason(s) indicated above.

Employee Signature

Date

Employer Name

Gettysburg College

Federal Employer Identification Number

23-1352641

Business Address

300 N. Washington Street

Telephone Number

(717) 337-6616

City, State, ZIP

Gettysburg, PA 17325

Employer's Quarterly Compensation (not required for applicants checking Box c or d above)

$
Purpose. Complete Form REV-419 so that your employer can withhold the correct Pennsylvania personal income tax from your pay. Complete a new Form REV-419 every year or when your personal or financial situation changes. Photocopies of this form are acceptable.

Note: Unless the state of residence changes, residents of the reciprocal states listed in the next paragraph do not need to file this application every year.

Who is Eligible for Nonwithholding? You may be entitled to nonwithholding of PA personal income tax if you incurred no liability for income tax the preceding tax year and/or you anticipate that you will incur no liability for income tax during the current tax year, according to the Special Tax Provisions of section 304 of the Tax Reform Code, the Servicemember Civil Relief Act (SCRA) or as a resident of the reciprocal state of Indiana, Maryland, New Jersey, Ohio, Virginia or West Virginia and your employer agrees to withhold the income tax from that state.

When to Claim? File this certificate with your employer as soon as you determine you are entitled to claim nonwithholding. You must file a certificate each year you are eligible (see Note above for an exception). If you are employed by more than one employer you must file a separate Form REV-419 with each employer.

Responsibilities of Employer. You must revoke this certification within 10 days from the day you anticipate you will incur PA personal income tax liability for the current tax year. To discontinue or revoke this certification, submit notification in writing to your employer. Claimants who qualify for complete Tax Forgiveness under section 304 of the Tax Reform Code must file a PA-40, Pennsylvania Personal Income Tax Return, and Schedule SP to claim Tax Forgiveness even if they are eligible for nonwithholding.

Under the SCRA, as amended by the Military Spouses Residency Relief Act, you may be exempt from PA personal income tax on your wages if (i) your spouse is a member of the armed forces present in PA in compliance with military orders; (ii) you are present in PA solely to be with your spouse; and (iii) you and your spouse both maintain the same domicile (state residency) in another state. If you claim exemption under the SCRA, enter your state of domicile (legal residence) on Line d below and attach a copy of your spousal military identification card and your spouse's current military orders to form REV-419.

Responsibilities of Employer. If you agree not to withhold PA tax because your employee is a resident of a reciprocal state, you must withhold the other state's tax.

Retain Form REV-419 with your records. You are required to submit a copy of this certificate and accompanying attachments to the PA DEPARTMENT OF REVENUE, BUREAU OF INDIVIDUAL TAXES, PO BOX 260507, HARRISBURG, PA 17128-0507, when:
1. you have reason to believe this certificate is incorrect;
2. the PA taxable gross compensation of any employee who claimed either exemption from nonwithholding or b below exceeds $1,625 for any quarter;
3. the employee claims an exemption from withholding on the basis of residence in a reciprocal state (Indiana, Maryland, New Jersey, Ohio, Virginia or West Virginia) and therefore, you agree to withhold income tax of the employee's state of residence; or
4. the employee claims an exemption from withholding under the SCRA as amended by the Military Spouses Residency Relief Act.

Department's Responsibility. Upon receipt of any exemption application, the department will make a determination and notify the employer if a change is required. If the department disapproves the application, the employer must immediately commence withholding at the regular rate. Once a certificate is revoked by the department, the employer must send any new application received from the employee to the department for approval before implementing the nonwithholding.

Employee's Name: First, middle initial, last

Employer's Quarterly Compensation (not required for applicants checking Box c or d above) $
CNAV Time Sheets Training Manual for Students
(updated 3/10/2014)

General Overview:

Employees access the CNAV time sheet system after they have been hired into PeopleSoft, given access to CNAV and their timesheet set up by their supervisor. Until a CNAV time sheet has been created, a paper timesheet should be completed. Employees are responsible for recording worked hours daily and reviewing and approving the time sheet by the user deadline each period.

Student employee responsibilities include:

- Recording daily hours. It is of the utmost importance that you record your hours daily and submit them in a timely manner. If a time sheet is submitted late it not only delays your paycheck but it also impacts your federal taxes and Department of Labor compliance. Completing your time sheet is part of your job responsibilities.
- Hours must be entered in the specified format, entering times using a colon and then am or pm without spaces (i.e., 10:00am).
- Confirm with supervisor the deadline for submitting your time sheet for their review and approval (This must be done by 10:00am on the Monday following the end of the pay period).
- Review and approve your time sheet.
- Confirm your supervisor has approved your time sheet. You can do this by selecting the correct pay period (located in the drop down directly above your name) and clicking on the “Preview Time Sheet” link (on the far right side). If you scroll to the bottom of the page and do NOT see one of your supervisor’s names behind the “Signature of Supervisor” this means the time sheet has NOT been approved and you may want to remind him/her.

Employee Data Entry of Hours:

1. Log into CNAV (https://cnav.gettysburg.edu)
2. Under My Place, select My Time Sheet.
3. Select the appropriate time sheet and pay period to record your hours.
4. Click on Edit Time Sheet.
5. Record your hours on the appropriate days with am or pm noted.
   - If you are required to work on a holiday you must select CHW in the drop down box behind the OUT time.
6. Click submit to save.

Verifying and Approving your Time Sheet:

1. Scroll down to the bottom of the page and click the print preview button.
2. If your hours are represented correctly, click on the browser’s back button.
3. Scroll down to the bottom of the page and click on the user status button. Click Approved.
4. Click submit to save
5. This must be done by 10:00am on the Monday following the end of the pay period.
DIRECT DEPOSIT AUTHORIZATION FORM

I authorize Gettysburg College and the financial institution(s) listed below to initiate credit entries and, if necessary, debit entries for any credit entries made in error to the account(s) listed below.

PART I: EMPLOYEE INFORMATION

Employee Name: ____________________________

Fac/Admin Support Staff Gettysburg College Student

Action To Be Taken:

____ Start Direct Deposit       ____ Change Existing Direct Deposit
       (Please list all accounts you are requesting monies deposited into)

____ Stop Direct Deposit

PART II: BANK INFORMATION

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<th>BANK NAME</th>
<th>ROUTING #</th>
<th>SAVING OR CHECKING</th>
<th>ACCOUNT #</th>
<th>AMOUNT OF DEPOSIT</th>
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If you are depositing into a checking account, please provide a voided check.

If you are depositing into a savings account, please provide documentation from your financial institution that includes the routing/transit number and account number.

If you choose not to provide a voided check or letter from the bank, and there is an issue with your direct deposit, you will receive a paper check, within 5 to 7 business days, after funds are returned to the bank.

Direct deposit information is not accepted via email or mail. Please submit your information directly to the Payroll Office, 2nd floor of Pennsylvania Hall.

Please allow at least one pay period for direct deposit to go into effect.

This authority is to remain in effect until Gettysburg College has received written notification from me of its termination in such time and such manner as to afford Gettysburg College a reasonable opportunity to act on it.

Employee Signature: ________________________ Date: ________________________

Submitted with new hire packet _______________ Verified from ID ___________________