

# New Jersey

## 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. NJ State Tax Note: you are not required to complete the NJ-W4; however it is included in this packet if you desire to do so. For tax purposes, the number of exemptions claimed on the Federal Form W-4 will be used if Form NJ-W4 is not submitted. If you elect to complete the NJ-W4 and you are NOT claiming exemption, provide a number for allowances in #4 (unless you are married filing a joint return in which case put a letter from the wage chart in #3).
4. You must complete two copies of the PA Employee's Nonwithholding Application Certificate (Form REV-419 EX)

## **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:

- 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.
- 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.
- You have the right to seek treatment or medical consultation from a nondesignated provider during the 90-day period, but these services shall be at your expense for the applicable 90 days.
- 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.
- 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.
- 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.
- You have the right to seek emergency medical treatment from any provider, but subsequent nonemergency treatment shall be by a designated provider for the remainder of the 90-day period.
- 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.
- After ninety (90) days from the date of first treatment, you have a duty to notify your employer of treatment by a nondesignated provider within 5 days of the first visit to that provider. Your employer may not be required to pay for treatment rendered by the nondesignated 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.
- 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 hereunder. 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](http://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:

| SPECIALTY                            | PROVIDER NAME & ADDRESS  | LOCATION       | PHONE                              |
|--------------------------------------|--|----------------|------------------------------------|
| <b>Occupational Medicine</b>         | <b>Gettysburg WellSpan Occupational Health</b><br>455 S. Washington Street, Suite 12<br>Gettysburg, PA 17325 | Gettysburg, PA | 717-339-2880<br>717-334-3921 (Fax) |
|                                      | <b>Gettysburg Family Practice</b><br>524 S. Washington Street<br>Gettysburg, PA 17325                        | Gettysburg, PA | 717-334-2183<br>717-337-5246 (Fax) |
|                                      | <b>Hanover WellSpan Occupational Health</b><br>1150 Carlisle Street, Suite 21<br>Hanover, PA 17331           | Hanover, PA    | 717-851-7070<br>717-630-0982 (Fax) |
| <b>Physical/Occupational Therapy</b> | <b>Adams County Physical Therapy</b><br>110 W. Eisenhower Drive, Suite E<br>Hanover, PA 17331                | Hanover, PA    | 717-646-8104<br>717-646-8104 (Fax) |
|                                      | <b>Gentile OT/Hand Clinic</b><br>1010 Eichelberger Street, Suite 5<br>Hanover, PA 17331                      | Hanover, PA    | 717-646-0440<br>717-646-0444 (Fax) |
|                                      | <b>WellSpan Rehabilitation</b><br>16-C Deatrick Drive<br>Gettysburg, PA 17325                                | Gettysburg, PA | 717-339-2500<br>717-337-2937 (Fax) |
|                                      | 40 V-Twin Drive, Suite 101<br>Gettysburg, PA 17325   | Gettysburg, PA | 717-339-2620<br>717-339-2621 (Fax) |
| <b>Orthopedic</b>                    | <b>Wellspan Orthopedics- Hanover</b><br>207 Blooming Grove Road<br>Hanover, PA 17331                         | Hanover, PA    | 717-812-7559<br>717-632-2422 (Fax) |
|                                      | <b>WellSpan Orthopedics</b><br>18 Deatrick Drive<br>Gettysburg, PA 17325                                     | Gettysburg, PA | 717-339-2500<br>717-339-2501 (Fax) |

|                            | ADDRESS  | LOCATION       |                                    |
|----------------------------|--|----------------|------------------------------------|
| <b>Orthopedic (cont'd)</b> | <b>OSS Health Gettysburg</b><br>20 Expedition Trail, Suite 110-B<br>Gettysburg, PA 17325               | Gettysburg, PA | 717-848-4800<br>717-741-9836 (Fax) |
|                            | <b>OSS Health Hanover</b><br>470 Eisenhower Drive<br>Hanover, PA 17331                                 | Hanover, PA    | 717-848-4800<br>717-741-9836 (Fax) |
| <b>Chiropractor</b>        | <b>Gettysburg Chiropractic Center</b><br>1080A Chambersburg Road<br>Gettysburg, PA 17325               | Gettysburg, PA | 717-334-5566<br>717-337-1759 (Fax) |
|                            | <b>Adams County Chiropractic</b><br>775 Old Harrisburg Road<br>Gettysburg, PA 17325                    | Gettysburg, PA | 717-337-1190<br>717-337-1759 (Fax) |
|                            | <b>Morenstern Chiropractic</b><br>1180 Hanover Road<br>Gettysburg, PA 17325                            | Gettysburg, PA | 717-338-2056<br>717-432-7500 (Fax) |
| <b>Ophthalmology</b>       | <b>Schein Ernst Mishra Eye</b><br>506 W. Middle Street<br>Gettysburg, PA 17325                         | Gettysburg, PA | 717-334-5313<br>717-334-6633 (Fax) |
| <b>Surgeon</b>             | <b>Gettysburg Surgical Assoc-WeilSpan</b><br>450 W. Washington Street, Suite C<br>Gettysburg, PA 17325 | Gettysburg, PA | 717-339-3110<br>717-339-3108 (Fax) |
| <b>Imaging</b>             | <b>Adams Diagnostic Imaging</b><br>20 Expedition Trl. Suite 102<br>Gettysburg, PA                      | Gettysburg, PA | 717-337-5991<br>171-337-5995 (Fax) |

**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> 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: fines 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-11/07/86 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.

| <p align="center"><b>LIST A</b></p> <p align="center"><b>Documents that Establish Both Identity and Employment Authorization</b></p>   | <p align="center"><b>LIST B</b></p> <p align="center"><b>Documents that Establish Identity</b></p>   | <p align="center"><b>LIST C</b></p> <p align="center"><b>Documents that Establish Employment Authorization</b></p>  |
|--|--|---|
| <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> | <p align="center"><b>AND</b></p> <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> </ol> <p align="center"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <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> | <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 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](http://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 2018 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, **and**
- For 2019 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 2019 expires February 17, 2020. 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 2019 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](http://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.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly 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 not subject to withholding, 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 Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://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](http://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 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 E. 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. 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 if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. 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

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

|  |  |   |  |   |
|--|--|---|--|---|
| <b>Form W-4</b><br>Department of the Treasury<br>Internal Revenue Service  |  | <b>Employee's Withholding Allowance Certificate</b> |  | OMB No. 1545-0074<br><span style="font-size: 2em; font-weight: bold;">2019</span> |
| ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.   |  |   |  |   |
| 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.<br>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 2019, and I certify that I meet <b>both</b> of the following conditions for exemption.  |  |   |  |   |
| • Last year I had a right to a refund of all federal income tax withheld because I had <b>no</b> tax liability, <b>and</b><br>• This year I expect a refund of all federal income tax withheld because I expect to have <b>no</b> 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<br>(This form is not valid unless you sign it.) ▶   |  |   |  | Date ▶  |
| 8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)  |  |   | 9 First date of employment   | 10 Employer Identification number (EIN)   |
| Gettysburg College, 300 North Washington Street, Gettysburg PA 17325   |  |   |  | 23-1352641  |

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. 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-” 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 wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe 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 worksheets 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 worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-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](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the “Married, but withhold 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 withhold 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.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/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 rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).

**Personal Allowances Worksheet (Keep for your records.)**

- A Enter "1" for yourself A \_\_\_\_\_
- B Enter "1" if you will file as married filing jointly B \_\_\_\_\_
- C Enter "1" if you will file as head of household C \_\_\_\_\_
- D Enter "1" if:
  - You're single, or married filing separately, and have only one job; or
  - You're 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.D \_\_\_\_\_
- E **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 "4" 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 "2" 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 "1" for each eligible child.
  - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" E \_\_\_\_\_
- F **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 "1" 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 "1" for every two dependents (for example, "-0-" for one dependent, "1" 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 "-0-" F \_\_\_\_\_
- G **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 "-0-" on lines E and F G \_\_\_\_\_
- H Add lines A through G and enter the total here ▶ H \_\_\_\_\_

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 \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/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 1 \$ \_\_\_\_\_
- 2 Enter:
  - \$24,400 if you're married filing jointly or qualifying widow(er)
  - \$18,350 if you're head of household
  - \$12,200 if you're single or married filing separately2 \$ \_\_\_\_\_
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ \_\_\_\_\_
- 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) 4 \$ \_\_\_\_\_
- 5 Add lines 3 and 4 and enter the total 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) 6 \$ \_\_\_\_\_
- 7 Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses 7 \$ \_\_\_\_\_
- 8 Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, above 9 \_\_\_\_\_
- 10 Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/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 10 \_\_\_\_\_



**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) 1 \_\_\_\_\_
  - 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" 2 \_\_\_\_\_
  - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet. 3 \_\_\_\_\_
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 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 4 \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet 5 \_\_\_\_\_
  - 6 Subtract line 5 from line 4 6 \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ \_\_\_\_\_
  - 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ \_\_\_\_\_
  - 9 Divide line 8 by the number of pay periods remaining in 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 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

| Married Filing Jointly                      |                       | All Others                                  |                       | Married Filing Jointly                       |                       | All Others                                   |                       |
|---|-----------------------|---|-----------------------|--|-----------------------|--|-----------------------|
| If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above |
| \$0 - \$5,000                               | 0                     | \$0 - \$7,000                               | 0                     | \$0 - \$24,900                               | \$420                 | \$0 - \$7,200                                | \$420                 |
| 5,001 - 9,500                               | 1                     | 7,001 - 13,000                              | 1                     | 24,901 - 84,450                              | 500                   | 7,201 - 36,975                               | 500                   |
| 9,501 - 19,500                              | 2                     | 13,001 - 27,500                             | 2                     | 84,451 - 173,900                             | 910                   | 36,976 - 81,700                              | 910                   |
| 19,501 - 35,000                             | 3                     | 27,501 - 32,000                             | 3                     | 173,901 - 326,950                            | 1,000                 | 81,701 - 158,225                             | 1,000                 |
| 35,001 - 40,000                             | 4                     | 32,001 - 40,000                             | 4                     | 326,951 - 413,700                            | 1,330                 | 158,226 - 201,600                            | 1,330                 |
| 40,001 - 46,000                             | 5                     | 40,001 - 60,000                             | 5                     | 413,701 - 617,850                            | 1,450                 | 201,601 - 507,800                            | 1,450                 |
| 46,001 - 55,000                             | 6                     | 60,001 - 75,000                             | 6                     | 617,851 and over                             | 1,540                 | 507,801 and over                             | 1,540                 |
| 55,001 - 60,000                             | 7                     | 75,001 - 85,000                             | 7                     |  |                       |  |                       |
| 60,001 - 70,000                             | 8                     | 85,001 - 95,000                             | 8                     |  |                       |  |                       |
| 70,001 - 75,000                             | 9                     | 95,001 - 100,000                            | 9                     |  |                       |  |                       |
| 75,001 - 85,000                             | 10                    | 100,001 - 110,000                           | 10                    |  |                       |  |                       |
| 85,001 - 95,000                             | 11                    | 110,001 - 115,000                           | 11                    |  |                       |  |                       |
| 95,001 - 125,000                            | 12                    | 115,001 - 125,000                           | 12                    |  |                       |  |                       |
| 125,001 - 155,000                           | 13                    | 125,001 - 135,000                           | 13                    |  |                       |  |                       |
| 155,001 - 165,000                           | 14                    | 135,001 - 145,000                           | 14                    |  |                       |  |                       |
| 165,001 - 175,000                           | 15                    | 145,001 - 160,000                           | 15                    |  |                       |  |                       |
| 175,001 - 180,000                           | 16                    | 160,001 - 180,000                           | 16                    |  |                       |  |                       |
| 180,001 - 195,000                           | 17                    | 180,001 and over                            | 17                    |  |                       |  |                       |
| 195,001 - 205,000                           | 18                    |   |                       |  |                       |  |                       |
| 205,001 and over                            | 19                    |   |                       |  |                       |  |                       |

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

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and 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 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.

**REV-419**  
Employee's Nonwithholding  
Application Certificate

**20 19**

**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 refile 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 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 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 compli-

ance 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 a 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.

Please print or type. A fill-in form may be obtained from [www.revenue.pa.gov](http://www.revenue.pa.gov).

|  |  |                  |
|--|--|------------------|
| Employee name: first, middle initial, last | Social Security Number                           | Telephone Number |
| Street Address City, State, ZIP            | Tax Year (not necessary if checking Box c below) |                  |

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

- a. Last year I qualified for 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 have a right to 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 \_\_\_\_\_ 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<br>Gettysburg College          | Federal Employer Identification Number<br>23-1352641 |
| Business Address<br>300 N. Washington Street | Telephone Number<br>(717) 337-6616                   |
| City, State, ZIP<br>Gettysburg, PA 17325     |  |

|                      |   |
|----------------------|---|
| Employer's Signature | Employee's Quarterly Compensation (not required for applicants checking Box c or d above)<br>\$ |
|----------------------|---|



**REV-419**  
**Employee's Nonwithholding**  
**Application Certificate**

**20 19**

**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 refile 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 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 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 compli-

ance 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 a 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.

Please print or type. A fill-in form may be obtained from [www.revenue.pa.gov](http://www.revenue.pa.gov).

|  |  |                  |
|--|--|------------------|
| Employee name: first, middle initial, last | Social Security Number                           | Telephone Number |
| Street Address City, State, ZIP            | Tax Year (not necessary if checking Box c below) |                  |

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

- a. Last year I qualified for 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 have a right to 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 \_\_\_\_\_ 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<br>Gettysburg College          | Federal Employer Identification Number<br>23-1352641 |
| Business Address<br>300 N. Washington Street | Telephone Number<br>(717) 337-6616                   |
| City, State, ZIP<br>Gettysburg, PA 17325     |  |

|                      |   |
|----------------------|---|
| Employer's Signature | Employee's Quarterly Compensation (not required for applicants checking Box c or d above)<br>\$ |
|----------------------|---|

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

|   |  |  |  |
|---|--|--|--|
| <b>1. SS#</b><br><br>Name<br><br>Address<br><br>City                      State                      Zip  |  |  | <b>2. Filing Status: (Check only one box)</b><br>1. <input type="checkbox"/> Single<br>2. <input type="checkbox"/> Married/Civil Union Couple Joint<br>3. <input type="checkbox"/> Married/Civil Union Partner Separate<br>4. <input type="checkbox"/> Head of Household<br>5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner |
| 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).....  |  |  |  |
| 5. Additional amount you want deducted from each pay ..... \$   |  |  |  |
| 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 ... |  |  |  |
| 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.                                 |  |  |  |
| Employee's Signature  |  | Date   |  |
| Employer's Name and Address <i>Gettysburg College, 300 N. Washington St. Gettysburg, PA 17325</i>   |  | Employer Identification Number <i>23-1352641</i> |  |

**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 non wage 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**

**WAGE 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.

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



# **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 time sheet 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**

Student/Employee ID #: \_\_\_\_\_

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**

| BANK NAME | ROUTING # | SAVING OR CHECKING | ACCOUNT # | AMOUNT OF DEPOSIT |
|-----------|-----------|--------------------|-----------|-------------------|
|           | : _____ : |                    |           |                   |
|           | : _____ : |                    |           |                   |
|           | : _____ : |                    |           |                   |
|           | : _____ : |                    |           |                   |

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 you 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, 2<sup>nd</sup> 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 _____ |
|--------------------------------------|------------------------|