HIRING PROCEDURES FOR NEW ADJUNCT FACULTY

New Hire Checklist for Adjunct Faculty

Employee Name: _____ SMU ID: _____

Start Date: _____

Org # to charge pre-employment checks: _____

Complete the following steps before you begin working:

- SMU is required by federal law to complete an Employment Verification Form (Form I-9) for all employees. A new employee must complete an I-9 Form no later than close of business on his/her first day of work. Please note that the federal government may impose civil penalties on SMU when a new employee has not completed the I-9 appropriately. See www.uscis.gov for further details.

- Visit the Department of Human Resources to complete an I-9 Form. Office hours are 8:30 a.m. to 5:00 p.m. HR is on east campus, in Expressway Tower, located at 6116 N. Central Expressway, Suite 200, Dallas, TX, 75206. For questions or directions call 214-768-3311. Location and parking information.

- The list of acceptable documents to complete an I-9 Form is on the following page. Please bring your documents with you and remember that **all documents must be originals and unexpired (copies are not accepted).**

- Complete the W-4 form within this packet.

- Complete the Direct Deposit Authorization Form within this packet. Direct deposit is mandatory for all University employees. A voided check must be attached to the direct deposit form.

- Once you have completed the W-4 and Direct Deposit Authorization Form, return them to your supervisor. Your supervisor will attach these forms to the Payroll Authorization Form (PAF), which will be submitted to Payroll.

- Complete the Authorization and Consent for Release of Information Form within this packet. Please ask your supervisor for the org number to charge the cost of pre-employment checks and complete it at the top.

- Complete the Employee Personal Data Information Form within this packet.

- When you visit HR, bring your documents to complete an I-9 Form, the Authorization and Consent for Release of Information Form, and the Employee Personal Data Information Form.

- **Bring this New Hire Checklist with you to HR.** Your name, start date and org number to charge pre-employment checks must be completed at the top. If you do not already have an SMU ID, one will be assigned in HR. Once you have completed the I-9, HR will initial below, indicating that you are authorized to work at SMU. Take this checklist back to your supervisor to show proof that you have completed the I-9 and can begin work.

NEW HIRE CHECKLIST

- ☐ I-9 Completed, HR initials _____
- ☐ W-4 Form Completed (Return to your supervisor)
- ☐ Direct Deposit Form Completed and Voided Check Attached to the Form (Return to your supervisor)
- ☐ Authorization and Consent for Release of Information Form Completed (Return to HR)
- ☐ Employee Personal Data Information Form Completed (Return to HR)

IMPORTANT: Return this form to your supervisor after you have completed the I-9 and HR has initialed above. This checklist is only for your department's records.

Payroll does not require the checklist, nor does it need to be attached to the Payroll Authorization Form (PAF).

LISTS OF ACCEPTABLE DOCUMENTS TO COMPLETE FORM I-9

To complete the I-9 Form, you must present proof of identity and proof that you are legally allowed to work in the United States.

Option A – One document from the list below is acceptable for both **identity** and **employment eligibility**. Only **unexpired, original documents** are accepted.

Documents that Establish both Identity and Employment Eligibility

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (*Form I-551*)
3. Foreign passport with a temporary *I-551 stamp* or temporary I-551 printed notation on a machine-readable immigrant visa
4. Employment Authorization Document that contains a photograph (Form I-766)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, an unexpired foreign passport with Form I-94 or Form I-94A, bearing the same name as the passport and containing an endorsement of the alien's non-immigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.
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 Free Associate Between the United States and the FSM or RMI

Option B – If you do not have any documents from Option A, you will need **one document to establish identity** and **one document to establish employment eligibility**. Only **unexpired, original documents** are accepted.

Documents that Establish Identity

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
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
3. School ID card with a photograph
4. U.S. Military card
5. Military dependent's ID card
6. U.S. Coast Guard Merchant Mariner Card
7. Driver's license issued by a Canadian government authority

AND

Documents that Establish Employment Eligibility

1. Social Security Account Number card other than the one that specifies on the face that the card does not authorize employment in the United States
2. Certification of Birth Abroad issued by the Department of State (*Form FS-545*)
3. Certification of Report of Birth issued by the Department of State *(Form DS-1350)*
4. Original or certified copy of a birth certificate issued by a state, county, municipal authority or territory of the United States bearing an official seal
5. Native American tribal document
6. U.S. Citizen ID Card (*Form I-197*)
7. ID Card for use of Resident Citizen in the United States (*Form I-179*)
8. Employment authorization document issued by DHS

SMU | Department of Human Resources

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION FORM

Section 1: Applicant Information: *Fill out the following information completely and accurately. Please print or type.*

(First Name)	*(Middle Name)*	*(Last Name)*

List all other names you have ever used (Maiden, Adoption, etc.)

(Address)	*(City)*	*(State)*	*(Zip Code)*	*(County)*

If you haven't lived at your current address for the past 7 years, list the other addresses you've lived at during the past 7 years.

(Address)	*(City)*	*(State)*	*(Zip Code)*	*(County)*
(Address)	*(City)*	*(State)*	*(Zip Code)*	*(County)*
(Address)	*(City)*	*(State)*	*(Zip Code)*	*(County)*
(Address)	*(City)*	*(State)*	*(Zip Code)*	*(County)*

Section 2: Positive Identification Information: *The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.*

(Social Security #)	*(Date of Birth)*	*(Driver's License # and State)*

If you've held a Driver's License in another state please list.

(Driver's License # and State)	*(Driver's License # and State)*

(Highest Education Level Earned - e.g., H.S. Diploma, Associates, BA, BS, Masters, J.D., etc.)	*(Major)*

(Name of Educational Institution)	*(City)*	*(State)*

(Name on Diploma/Degree)	*(Graduation Date – Month/Year)*

1. *After carefully reading this Authorization and Consent for Release of Information form, I authorize Southern Methodist University (SMU) to request information about me from a consumer reporting agency in connection with my employment application and for employment purposes. I authorize information to be obtained in the form of consumer reports and/or investigative consumer reports. I also authorize that reports may be obtained after receipt of my authorization and, if I am hired, at any time during my employment with SMU.*
2. *I authorize **the following entities to disclose to the consumer reporting agency and its agents** public record information on me including, but not limited to: my past or present employers; educational institutions including high schools, colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; motor vehicle records agencies; and all other private and public sector repositories of information; and any other person, organization or agency with any information about or concerning me.*
3. *I authorize for **the following information to be disclosed to the consumer reporting agency** and its agents including, but not limited to: information concerning my employment history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and all other information requested by the consumer reporting agency.*
4. *I do hereby agree to forever release and discharge SMU, its employees, SMU's designated vendor, and its associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from retrieving, releasing and/or reporting information about me.*
5. *I authorize SMU's designated vendor and any of its agents to disclose orally and in writing the results of the consumer reports and/or investigative consumer reports to designated SMU authorized representatives. I understand that all results will be proprietary and will be kept CONFIDENTIAL. Additionally, I understand that SMU will only retain a record that pre-employment checks were conducted.*
6. *I understand that the results of the consumer reports and/or investigative consumer reports will be used to determine eligibility for hire under SMU's policies. I understand that if SMU decides that I am ineligible for hire based in whole or part on the information obtained from the consumer reports, I will be notified in writing and will also receive a copy of the report(s).*
7. *I certify that the information I have provided on this form is true and correct to the best of my knowledge. I understand that if I am hired, any false statements may be considered cause for termination.*
8. *I agree that a fax or photocopy of this authorization with my signature can be accepted with the same authority as the original.*

_____ _____

Applicant's Signature **Date**

SMU | Department of Human Resources

Employee Personal Data Information
(Staff / Post Doctoral)

Employee Legal Name: Legal name as it appears on your Social Security Card			
Last Name:	**First Name:**	**Middle Name:**	**SMU ID#:**
Preferred Name:			
Last Name:	**First Name:**	**Middle Name:**	
Date of Birth:	**Sex:** ☐ Male ☐ Female	**Marital Status:** ☐ Single ☐ Married	**Social Security Number:**

Highest Education Level:

☐ Less Than HS
☐ 2-Yr College Degree
☐ Doctorate (Academic)
☐ HS Grad or Equivalent
☐ Bachelor's Level Degree
☐ Doctorate (Professional)
☐ Some College
☐ Some Graduate School
☐ Technical School
☐ Master's Level Degree

Home Address:			
Number and Street:	**City:**	**State:**	**Zip Code:**

Phone Numbers:	
Home:	**Cell:**

Emergency Contact Information:		
Name:	**Relationship:**	**Phone Number:**

Citizen Status:	**Country of Citizenship:**	**Visa Information (if applicable):**
☐ U.S. Citizen ☐ Permanent Resident ☐ Non-Resident Alien		☐ F-1 ☐ J-1 ☐ H-1 ☐ Other _____

Referral Source:

☐ American Library Association
☐ Dallas Morning News
☐ Hispanic Outlook
☐ Monster
☐ Yahoo Hot Jobs
☐ CareerBuilder
☐ Diverse Issues in Higher Education
☐ HEUG.Online
☐ NCAA
☐ Other: (Specify below)
_____
☐ Chronicle of Higher Education
☐ EDUCAUSE
☐ Journal of Blacks in Higher Ed
☐ Opps 501 – Center for Non-Profit
☐ Current Employee: (Specify below)
_____
☐ Craigslist
☐ HigherEdJobs.com
☐ Job Fair
☐ SMU Website

Are you able to perform all essential functions of this job? ☐ Yes ☐ No

Do you have a relative employed by SMU? ☐ Yes ☐ No
If yes, please give the relative's name, relationship and position.

_____

Will you be working in the same area as your relative? ☐ Yes ☐ No

SMU | Department of Human Resources

Employee Personal Data Information
(Staff / Post Doctoral)

Race/Ethnicity:

Do you consider yourself to be Hispanic/Latino(a)? ☐ Yes ☐ No

In addition, select one or more of the following racial categories to describe yourself:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Pacific Islander ☐ White

- **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American**: A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander**: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White**: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Disability and Veteran Status:

SMU is an equal opportunity and affirmative action employer. This confidential information is voluntary and requested for Federal reporting purposes. To request a reasonable accommodation on the basis of a disability, please contact the Office of Institutional Access and Equity located in Perkins Administration Building 204 (www.smu.edu/aao).

☐ Individual with a Disability

- **Individual with a Disability –** An individual with a disability is person who has a physical or mental impairment that substantially limits a major life activity, has a record of such an impairment, or is regarded as having such an impairment.

Veteran Status: (Please select all that apply)

☐ Armed Forces Service Medal Veteran ☐ Other Protected Veteran

☐ Disabled Veteran ☐ Recently Separated Veteran (Date of military discharge: ____/____/_____)

- **Armed Forces Service Medal Veteran:** Any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).
- **Disabled Veteran:** A veteran of the U.S. military, ground, naval, or air service, who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of the Veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability.
- **Other Protected Veteran:** A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.
- **Recently Separated Veteran**: Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

I certify that statements I have made in this employee personal data information form are true, complete and correct to the best of my knowledge and belief.

_____ _____

Signature Date

SOUTHERN METHODIST UNIVERSITY
Payroll Department

DIRECT DEPOSIT AUTHORIZATION FORM

To enroll in direct deposit, complete this form and send it to the Payroll Department. Attach a voided check for each checking account—**not a deposit slip**. If depositing to a savings account, ask your bank for written verification of the Routing/Transit Number for your account—it's usually not what's on the savings account deposit slip. This will ensure that your pay is deposited to your account correctly.

Below is a sample check detailing where the information necessary to complete this form can be found.

Important! *Please read and sign before completing and submitting to the Payroll Department.*

Payroll - I authorize my employer, Southern Methodist University ("SMU"), and the Financial Institution(s) named below to deposit my net pay by electronic transfer to my account(s) each payday. If amounts to which I am not entitled are deposited into my account, I authorize SMU to direct my Financial Institution to reverse them. In the event my designated account is closed or contains an insufficient balance to allow a reversal for amounts deposited in error, I agree that SMU may withhold any amounts owed to me until such amount is repaid.

This authority is to remain in full force and effect until I revoke it by giving 10 days prior written notice.

Employee Name _____ SMU ID _____

Employee Signature _____ Date _____

New Employees: check here! ☐ This is the first direct deposit authorization for Payroll I have ever submitted to SMU.

NOTE: You must complete the Accounts Payable Direct Deposit Authorization Form for reimbursements and other payments generated by the SMU Accounts Payable Department.

PAYROLL DIRECT DEPOSIT ACCOUNT INFORMATION

You may split your net pay into multiple banks/bank accounts (max of three). **One account must be designated as your "Balance" account.**

1. Routing/Transit # (9 digits) _____ Bank Name _____
   ☐ Checking Account Number _____
   ☐ Savings Deposit Amount: $ _____ **OR** ☐ Balance

2. Routing/Transit # (9 digits) _____ Bank Name _____
   ☐ Checking Account Number _____
   ☐ Savings Deposit Amount: $ _____ **OR** ☐ Balance

3. Routing/Transit # (9 digits) _____ Bank Name _____
   ☐ Checking Account Number _____
   ☐ Savings Deposit Amount: $ _____ **OR** ☐ Balance

Form W-4 (2012)

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. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $950 and includes more than $300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at *www.irs.gov/w4*. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** _____

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

. . . **B** _____

C Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . **E** _____

F Enter "1" if you have at least $1,900 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** _____
(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $61,000 ($90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to seven eligible children or **less** "2" if you have eight or more eligible children.
- If your total income will be between $61,000 and $84,000 ($90,000 and $119,000 if married), enter "1" for each eligible child . . . **G** _____

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** _____

For accuracy, **complete all worksheets that apply.**
- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $40,000 ($10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 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 below.

---------- **Separate here and give Form W-4 to your employer. Keep the top part for your records.** ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► **Whether you are 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.**

OMB No. 1545-0074
2012

1 Your first name and middle initial	Last name	**2 Your social security number**
Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note.** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
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 1-800-772-1213 for a replacement card.** ► ☐	

5 Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2) **5**

6 Additional amount, if any, you want withheld from each paycheck . . . . . **6** $

7 I claim exemption from withholding for 2012, and I certify that I meet **both** of the following conditions for exemption.
- Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and**
- This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.

If you meet both conditions, write "Exempt" here . . . . . ► **7**

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

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

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	**9** Office code (optional)	**10** Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	$
2	Enter: { $11,900 if married filing jointly or qualifying widow(er) / $8,700 if head of household / $5,950 if single or married filing separately }	2	$
3	**Subtract** line 2 from line 1. If zero or less, enter "-0-"	3	$
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	$
5	**Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2012 Form W-4* worksheet in Pub. 505.)	5	$
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	$
7	**Subtract** line 6 from line 5. If zero or less, enter "-0-"	7	$
8	**Divide** the amount on line 7 by $3,800 and enter the result here. Drop any fraction	8	
9	Enter the number from the **Personal Allowances Worksheet,** line H, page 1	9	
10	**Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet,** also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1	10	

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**)	1	
2	Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not 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 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. 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

Married Filing Jointly		All Others	
If wages from **LOWEST** paying job are—	Enter on line 2 above	If wages from **LOWEST** paying job are—	Enter on line 2 above
$0 - $5,000	0	$0 - $8,000	0
5,001 - 12,000	1	8,001 - 15,000	1
12,001 - 22,000	2	15,001 - 25,000	2
22,001 - 25,000	3	25,001 - 30,000	3
25,001 - 30,000	4	30,001 - 40,000	4
30,001 - 40,000	5	40,001 - 50,000	5
40,001 - 48,000	6	50,001 - 65,000	6
48,001 - 55,000	7	65,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 72,000	9	95,001 - 120,000	9
72,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from **HIGHEST** paying job are—	Enter on line 7 above	If wages from **HIGHEST** paying job are—	Enter on line 7 above
$0 - $70,000	$570	$0 - $35,000	$570
70,001 - 125,000	950	35,001 - 90,000	950
125,001 - 190,000	1,060	90,001 - 170,000	1,060
190,001 - 340,000	1,250	170,001 - 375,000	1,250
340,001 and over	1,330	375,001 and over	1,330

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 are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.