S1	NOW COLLEGE HOU	RLY/PART-TIN	<b>ME PAYRO</b>	LL A	ACTION FO	)RN	/					
								٠.				
Are you receiving Utah Retirement System Benefits? $\square$ No $\square$ Yes – If yes, list retirement date:(Must be turned in to the HR Office by the 15 <sup>th</sup> of the month to guarantee process with that month's payroll.)												
-	mployee (student) is not taking	=	-	-				•				
	HOURLY/PART-TIME EMPLOYEES											
It is a	READ CAREFULLY BEFORE SIGNING BELOW:  It is your responsibility to let your supervisor know if you have more than one ich on sempus. This can affect have many hours you											
	It is your responsibility to let your supervisor know if you have more than one job on campus. This can affect how many hours you can work on campus.											
	Hourly and part-time are staff employees who work less than 75% time for the college. Hourly/part-time employees are considered at-will and may be released from employment at any time.											
Hourly/part-time employees do not have the grievance process available to them regarding lawful termination.												
	ify that to the best of my knowled the number to which I am ent	_	umber of withho	olding	allowances clain	ned o	n thi	s certif	icate (	does 1	not	
Empl	oyee's Signature:	Date	<u> </u>									
	Namo									1		
	Name:				Badger ID#:	0	0					
	Downwaret Hama Address									$\dashv$		
	Permanent Home Address - □ - Check if new address											
	Street or PO Box City State Zip											
E	Email Address:											
m p l o y	Phone: Gender: F M Birthdate:											
	FILL OUT W-4 INFORMATION ON THE BACK OF THIS FORM. If it is not on the back of this form, please fill out a W-4 available in the Human Resource Office or online. If you do not fill out the W-4 form it goes in as SINGLE with ZERO EXEMPTIONS. This form is for both Federal and State taxes.											
e e	List any relatives who work at Snow College and their relationship to you:											
e	OPTIONAL Ethnic Choice, Veteran Choice and Citizenship:											
	Circle the one that applies to you:											
ETHNIC CHOICE: Asian; Black Non-Hispanic; Hispanic; American Indian/Alaskan Native; Native Hawaii/Pacifi Non-Hispanic								c island	; Unsp	естте	a; wni	.e
	VETERAN CHOICE: Protected Veteran Only; Vietnam Veteran Only; Both Vietnam/Other Protected; Not Applicable											
	CITIZENSHIP: US Citizen; Non-Re	sident Alien; Resident A	lien/Non-Citizen									
S	Account Number:											$\neg$
u	Job Title:											
p e	Actual Start Date or Change Date: End Date:											
r		action Start Date of Change Date.										
v	Time Card Hourly Rate of Pay:											
i s	Time Card nounly Rate of Pay:											
o r	Will this Permanent Hourly/Part-time employee need a Snow College email?											
C	icar's Signatura	Doto	Office	Ico Orl	hu Data Entarad :	Com	nuta:			h. ·		
pupervi	sor's Signature	Date	I Office (	ise Oni	ly: Date Entered in	com	puter			by_		

Supervisor – Please Print Name

Please Print

Name of Web Time Entry Approver (If different from supervisor).

Position#: \_\_\_\_\_ ID#: \_\_\_\_\_

ORGN \_\_\_\_\_\_ACCT \_\_\_\_\_

ORGN Code of Approver \_\_\_\_\_

Revised: February 22, 2021

## Form W-4 (Rev. December 2020) Department of the Treasury

Internal Revenue Service

## **Employee's Withholding Certificate**

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

► Give Form W-4 to your employer.

▶ Your withholding is subject to review by the IRS.

2021

OMB No. 1545-0074

Step 1:	(a) First name and middle initial	Last name		(b) So	cial security number				
Enter Personal nformation	Address  City or town, state, and ZIP code	card? If credit for	▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to						
	(c) Single or Married filing separately  Married filing jointly or Qualifying widow(e  Head of household (Check only if you're unm	www.ss	www.ssa.gov.						
	ps 2–4 ONLY if they apply to you; otherwon from withholding, when to use the estim			on on ea	ach step, who can				
Step 2: Multiple Jobs or Spouse	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.  Do <b>only one</b> of the following.								
Works		and S	(and Stens 3–4): or						
	(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or								
	<ul><li>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or</li><li>(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ □</li></ul>								
	<b>TIP:</b> To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.								
	ps 3–4(b) on Form W-4 for only ONE of tate if you complete Steps 3–4(b) on the Fo			bs. (Yo	ur withholding will				
Step 3:	If your total income will be \$200,000	or less (\$400,000 or less if ma	arried filing jointly):						
Claim Dependents	Multiply the number of qualifying	children under age 17 by \$2,000	)▶ \$	-					
	Multiply the number of other dep	pendents by \$500	▶ \$	-					
	Add the amounts above and enter t	he total here		3	\$				
Step 4 optional): Other	(a) Other income (not from jobs). this year that won't have withhold include interest, dividends, and re	ding, enter the amount of other			\$				
Adjustments	(b) Deductions. If you expect to cand want to reduce your withho enter the result here		\$						
	(c) Extra withholding. Enter any ac	dditional tax you want withheld	each <b>pay period</b> .	4(c)	\$				
Step 5:	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.								
Sign									
Here	<b>\</b>								
	Employee's signature (This form is no	t valid unless you sign it.)	— / D	ate					
Employers Only	Employer's name and address  First date of employment				Employer identification number (EIN)				