

# Parkview School District

P.O. Box 250, Orfordville, WI 53576-0250

(608) 879-2717 fax: (608) 879-2732

Payroll Information Sheet (check all that apply)

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Teacher (attach copy of license) | <input type="checkbox"/> Bus Driver |
| <input type="checkbox"/> Instructional Assistant          | <input type="checkbox"/> Secretary  |
| <input type="checkbox"/> Food Service                     | <input type="checkbox"/> Custodian  |
| <input type="checkbox"/> Other: _____                     |                                     |

---

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_  
Work Telephone Number: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Maiden/Other Names Used: \_\_\_\_\_

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Have you ever worked for a WRS employer in Wisconsin? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of your most recent WRS employer: \_\_\_\_\_

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### REMINDER: Please turn in your TB results to the Payroll Office

Please fill out the attached sheets and return to the payroll office with a copy of your **driver's license** and **social security card** or a valid passport. If you do not have these items, contact Susan Jarvis at extension 6113 or email [sjarvis@email.parkview.k12.wi.us](mailto:sjarvis@email.parkview.k12.wi.us) to determine other acceptable forms of identification for the I-9.

Attachments:

- I-9 Employment Eligibility Verification Form
- W-4 – Federal Withholding Form
- W-204 – Wisconsin State Withholding/New Hire Reporting Form
- Direct Deposit Authorization Form
- Staff Internet Access/Web Page Consent Form
- SRA-Salary Reduction Agreement (You must sign/date even if you are waiving)
- Employee Emergency Information
- Ethnicity & Race Data Reporting

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

|                                  |       |                |                                |
|----------------------------------|-------|----------------|--------------------------------|
| Print Name: Last                 | First | Middle Initial | Maiden Name                    |
| Address (Street Name and Number) |       | Apt. #         | Date of Birth (month/day/year) |
| City                             | State | Zip Code       | Social Security #              |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

↑  
TOP ONLY

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

|   |            |
|---|------------|
| Preparer's/Translator's Signature                       | Print Name |
| Address (Street Name and Number, City, State, Zip Code) |            |
| Date (month/day/year)                                   |            |

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

| List A                          | OR | List B | AND | List C |
|---------------------------------|----|--------|-----|--------|
| Document title: _____           | OR | _____  | AND | _____  |
| Issuing authority: _____        |    | _____  |     | _____  |
| Document #: _____               |    | _____  |     | _____  |
| Expiration Date (if any): _____ |    | _____  |     | _____  |
| Document #: _____               |    | _____  |     | _____  |
| Expiration Date (if any): _____ |    |        |     |        |

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Signature of Employer or Authorized Representative  | Print Name<br>Susan R Jarvis | Title<br>Payroll Specialist |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)<br>Parkview School District, PO Box 250, Orfordville, WI 53576-0250 |                              | Date (month/day/year)       |

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

|                             |  |
|-----------------------------|--|
| A. New Name (if applicable) | B. Date of Rehire (month/day/year) (if applicable) |
|-----------------------------|--|

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

|                       |                   |                                 |
|-----------------------|-------------------|---------------------------------|
| Document Title: _____ | Document #: _____ | Expiration Date (if any): _____ |
|-----------------------|-------------------|---------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

|  |                       |
|--|-----------------------|
| Signature of Employer or Authorized Representative | Date (month/day/year) |
|--|-----------------------|

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

Documents that Establish Both  
Identity and Employment  
Authorization

### LIST B

Documents that Establish  
Identity

### LIST C

Documents that Establish  
Employment Authorization

OR

AND

|   |   |   |
|---|---|---|
| 1. U.S. Passport or U.S. Passport Card  | 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 | 1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  |   |   |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa  | 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                | 2. Certification of Birth Abroad issued by the Department of State (Form FS-545)  |
| 4. Employment Authorization Document that contains a photograph (Form I-766)  | 3. School ID card with a photograph   | 3. Certification of Report of Birth issued by the Department of State (Form DS-1350)  |
| 5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a 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 nonimmigrant 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 | 4. Voter's registration card  |   |
|   | 5. U.S. Military card or draft record   |   |
|   | 6. Military dependent's ID card   | 5. Native American tribal document  |
|   | 7. U.S. Coast Guard Merchant Mariner Card   |   |
|   | 8. Native American tribal document  | 6. U.S. Citizen ID Card (Form I-197)  |
|   | 9. Driver's license issued by a Canadian government authority   |   |
| 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   | <b>For persons under age 18 who are unable to present a document listed above:</b>  | 7. Identification Card for Use of Resident Citizen in the United States (Form I-179)  |
| 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   | 10. School record or report card  | 8. Employment authorization document issued by the Department of Homeland Security  |
|   | 11. Clinic, doctor, or hospital record  |   |
|   | 12. Day-care or nursery school record   |   |

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

# 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](http://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.)

|          |  |                |
|----------|--|----------------|
| <b>A</b> | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .  | <b>A</b> _____ |
| <b>B</b> | Enter "1" if:<br><ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>  | <b>B</b> _____ |
| <b>C</b> | Enter "1" for your <b>spouse</b> . 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.) . . . . .  | <b>C</b> _____ |
| <b>D</b> | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .   | <b>D</b> _____ |
| <b>E</b> | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .  | <b>E</b> _____ |
| <b>F</b> | Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .<br>( <b>Note.</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)   | <b>F</b> _____ |
| <b>G</b> | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.<br><ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have three to seven eligible children or <b>less "2"</b> if you have eight or more eligible children.</li> <li>• 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 . . . . .</li> </ul> | <b>G</b> _____ |
| <b>H</b> | Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶  | <b>H</b> _____ |

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 <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service  | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p> | OMB No. 1545-0074<br><br><h1 style="margin: 0;">2012</h1>  |
| 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, 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. ▶ <input type="checkbox"/>  |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)   | 6 Additional amount, if any, you want withheld from each paycheck   | 5 _____<br>6 \$ _____  |
| 7 I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption.<br><ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> 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 lines 8 and 10 only if sending to the IRS.)<br><b>Parkview School District, PO Box 250, Orfordville, WI 53576-0250</b>   |   | 9 Office code (optional) <b>39-6022258</b><br>10 Employer identification number (EIN)  |

**Deductions and Adjustments Worksheet**

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

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>1</b>  | 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 . . . . .      | <b>1</b>  | \$ _____ |
| <b>2</b>  | Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .                | <b>2</b>  | \$ _____ |
| <b>3</b>  | <b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-". . . . .  | <b>3</b>  | \$ _____ |
| <b>4</b>  | Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)  | <b>4</b>  | \$ _____ |
| <b>5</b>  | <b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.) . . . . .   | <b>5</b>  | \$ _____ |
| <b>6</b>  | Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . .  | <b>6</b>  | \$ _____ |
| <b>7</b>  | <b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-". . . . .  | <b>7</b>  | \$ _____ |
| <b>8</b>  | <b>Divide</b> the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . .   | <b>8</b>  | _____    |
| <b>9</b>  | Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .  | <b>9</b>  | _____    |
| <b>10</b> | <b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . . | <b>10</b> | _____    |

**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.

|          |   |          |       |
|----------|---|----------|-------|
| <b>1</b> | Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )   | <b>1</b> | _____ |
| <b>2</b> | Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . . | <b>2</b> | _____ |
| <b>3</b> | If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .   | <b>3</b> | _____ |

**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.

|          |   |          |          |
|----------|---|----------|----------|
| <b>4</b> | Enter the number from line 2 of this worksheet . . . . .  | <b>4</b> | _____    |
| <b>5</b> | Enter the number from line 1 of this worksheet . . . . .  | <b>5</b> | _____    |
| <b>6</b> | <b>Subtract</b> line 5 from line 4 . . . . .  | <b>6</b> | _____    |
| <b>7</b> | Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .   | <b>7</b> | \$ _____ |
| <b>8</b> | <b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .  | <b>8</b> | \$ _____ |
| <b>9</b> | 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 . . . . . | <b>9</b> | \$ _____ |

**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 - \$8,000                               | 0                     | \$0 - \$70,000                               | \$570                 | \$0 - \$35,000                               | \$570                 |
| 5,001 - 12,000                              | 1                     | 8,001 - 15,000                              | 1                     | 70,001 - 125,000                             | 950                   | 35,001 - 90,000                              | 950                   |
| 12,001 - 22,000                             | 2                     | 15,001 - 25,000                             | 2                     | 125,001 - 190,000                            | 1,060                 | 90,001 - 170,000                             | 1,060                 |
| 22,001 - 25,000                             | 3                     | 25,001 - 30,000                             | 3                     | 190,001 - 340,000                            | 1,250                 | 170,001 - 375,000                            | 1,250                 |
| 25,001 - 30,000                             | 4                     | 30,001 - 40,000                             | 4                     | 340,001 and over                             | 1,330                 | 375,001 and over                             | 1,330                 |
| 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                    |   |                       |  |                       |  |                       |

**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.

# Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting

## Employee's Section

|  |  |                        |       |               |
|--|--|------------------------|-------|---------------|
| Employee's Name (last, first, middle initial)  |  | Social Security Number |       | Date of Birth |
| Employee's address (number and street)   |  | City                   | State | Zip Code      |
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note: If married, but legally separated, check the Single box.</b> |  |                        |       | Date of Hire  |

### FIGURE YOUR TOTAL WITHHOLDING EXEMPTIONS BELOW

Complete Lines 1 through 3 only if your Wisconsin exemptions are different than your federal allowances.

1. (a) Exemption for yourself – enter 1 .....
- (b) Exemption for your spouse – enter 1 .....
- (c) Exemption(s) for dependent(s) – you are entitled to claim an exemption for each dependent.....
- (d) Total – add lines (a) through (c) .....
2. Additional amount per pay period you want deducted (if your employer agrees) .....
3. I claim complete exemption from withholding (see instructions). Enter "Exempt" .....

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming complete exemption from withholding, I certify that I incurred no liability for Wisconsin income tax for last year and that I anticipate that I will incur no liability for Wisconsin income tax for this year.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### EMPLOYEE INSTRUCTIONS:

- **WHO MUST FILE:**  
Every Employee is required to file a completed Form WT-4 with each of his or her employers unless the Employee claims the same number of withholding exemptions for Wisconsin withholding tax purpose as for federal withholding tax purpose. Form WT-4 (or federal Form W-4 if a Form WT-4 is not filed) will be used by your employer to determine the amount of Wisconsin income tax to be withheld from your paychecks. If you have more than one employer, you should claim a smaller number or no exemptions on each Form WT-4 filed with employers other than your principal employer so that the total amount withheld will be closer to your actual income tax liability.  
Your employer may also require you to complete this form to report your hiring to the Department of Workforce Development.  
You may file a new Form WT-4 any time you wish to change the amount of withholding from your paychecks, providing the number of exemptions you claim does not exceed the number you are entitled to claim.
- **UNDER WITHHOLDING:**  
If sufficient tax is not withheld from your wages, you may incur additional interest charges under the tax laws. In general, 90% of the net tax shown on your income tax return should be withheld.
- **OVER WITHHOLDING:**  
If you are using Form WT-4 to claim the maximum number of exemptions to which you are entitled and your withholding exceeds your expected income tax liability, you may use Form WT-4A to minimize the over withholding.
- **WHEN TO FILE IF YOUR EXEMPTIONS CHANGE:**  
You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES.  
You may file a new certificate at any time if the number of your exemptions INCREASES.

### • HOW TO COMPLETE FORM WT-4

- **Clearly print your full name (last, first, middle initial), address, social security number and date of birth.**
- **LINE 1:**  
(a)-(c) Number of exemptions — Do not claim more than the correct number of exemptions. If you expect to owe more income tax for the year than will be withheld if you claim every exemption to which you are entitled, you may increase your withholding by claiming a smaller number of exemptions on lines 1(a)-(c) or you may enter into an agreement with your employer to have additional amounts withheld (see instruction for line 2).  
(c) Dependents — Those persons who qualify as your dependents for federal income tax purposes may also be claimed as dependents for Wisconsin purposes. The term "dependents" does not include you or your spouse. Indicate the number of dependents that you are claiming in the space provided.
- **LINE 2:**  
Additional withholding — If you have claimed "zero" exemptions on line 1, but still expect to have a balance due on your tax return for the year, you may wish to request your employer to withhold an additional amount of tax for each pay period. If your employer agrees to this additional withholding, enter the additional amount you want deducted from each of your paychecks on line 2.
- **LINE 3:**  
Exempt from withholding — You may claim exemption from withholding of Wisconsin income tax if you had no liability for income tax for last year, and you anticipate that you will incur no liability for income tax for this year. You may not claim exemption if your return shows tax liability before the allowance of any credit for income tax withheld. If you are exempt, your employer will not withhold Wisconsin income tax from your wages.  
You must revoke this exemption (1) within 10 days from the time you anticipate you will incur income tax liability for the year or (2) on or before December 1 if you anticipate you will incur Wisconsin income tax liabilities for the next year. If you want to stop or are required to revoke this exemption, you must file a new Form WT-4 with your employer showing the number of withholding exemption you are entitled to claim. This certificate for exemption from withholding will expire on April 30 of next year unless a new Form WT-4 is filed before that date.

## Employer's Section

|  |                     |   |                        |
|--|---------------------|---|------------------------|
| Employer's Name<br>Parkview School District                  |                     | Federal Employer ID Number<br>39-602258 |                        |
| Employer's payroll address (number and street)<br>PO Box 250 | City<br>Orfordville | State<br>WI                             | Zip Code<br>53576-0250 |

### EMPLOYER INSTRUCTIONS for Department of Revenue:

- If you do not have a Federal Employer Identification Number (FEIN), contact the Internal Revenue Service to obtain a FEIN.
- If the Employee has claimed more than 10 exemptions OR has claimed complete exemption from withholding and earns more than \$200.00 a week or is believed to have claimed more exemptions than he or she is entitled to, mail a copy of this certificate to: Wisconsin Department of Revenue, Audit Bureau, P.O. Box 8906, Madison, WI 53708 or fax (608)-267-0834.
- Keep a copy of this certificate with your records. If you have questions about the Department of Revenue requirements, call (608) 266-8646 or (608) 266-2776.

### EMPLOYER INSTRUCTIONS for New Hire Reporting:

- This report contains the required information for reporting New Hire to Wisconsin. Mail the original form to the Department of Workforce Development, New Hire Reporting, PO Box 14431, Madison, WI 53708-0431 or fax toll free to 1-800-277-8075.
- If you are reporting New Hires electronically, you do not need to forward a copy of this report to Department of Workforce Development.
- If you have questions about New Hire requirements, call toll free (888) 300-HIRE (888-300-4473).

# PARKVIEW SCHOOL DISTRICT DIRECT DEPOSIT AUTHORIZATION FORM

I, \_\_\_\_\_, hereby authorize the Parkview School District, if necessary, to initiate credit and/or debit entries and adjustments for credit entry error to my account(s) as indicated below, hereinafter called Depository. The authority is to remain in full force and effect until the District receives written notification from me of its termination, in such time and in such manner as to afford the District and the Depository a reasonable opportunity to act on it.

Check One:    \_\_\_ ADD – Deposit my pay to the account(s) shown below.  
                   \_\_\_ CHANGE – Change financial institutions, amounts, and/or account numbers as shown below.  
                   \_\_\_ CANCEL – Stop my participation in the Direct Deposit Program.

Staple a copy to this form of a deposit slip/voided check for each account listed.

| Checking<br>or<br>Savings | \$ Amount | Account # | Bank Routing Number | Financial Institution<br>Name, Address, Phone # |
|---------------------------|-----------|-----------|---------------------|---|
|                           |           |           |                     |   |
|                           |           |           |                     |   |
|                           |           |           |                     |   |
|                           |           |           |                     |   |
|                           |           |           |                     |   |

Only one account can be a percentage. All other accounts must be a dollar amount.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have questions or concerns please call Sue Jarvis at extension 6113.

**\*Note: Due to the time required for the District and the Depository to process your request, please allow one or two pay periods. You will receive a regular paycheck until the changes can be processed.**

**PARKVIEW SCHOOL DISTRICT**  
**Staff Internet Access/Web Page Consent Form**

Staff Member Name \_\_\_\_\_ Building/School \_\_\_\_\_

It is the intent of the Parkview School District to make electronic communication resources available to staff to enhance and promote their professional development and further their ability to perform their official duties as employees of the District. These electronic resources include, but are not limited to computer networks, the Internet, e-mail, voice mail, facsimile transmissions, web pages, telephones, etc. Employees are expected and required to use these information technology resources in a manner consistent with their positions and work responsibilities with the district. Such resources should be used to enhance instruction, professional development or to complete school district business. Prior to accessing these electronic resources, all staff will be required to submit the Staff Internet Access/Web Page Consent Form to the school's library media center. Training opportunities for the appropriate use and etiquette of these resources is available upon request.

Due to the Children's Internet Protection Act (CIPA) requirements, all Parkview District workstations that can access the Internet will have some type of blocking or filtering technology in place. Therefore, all equipment connecting to the Internet from any connection located within the District's buildings must be filtered. This includes student, staff, and administrative workstations accessed by minors or adults.

Even with filters in place, it is impossible to control all materials on this global network. The District's Educational Goals and policies governing the use of educational resources shall continue to be used as guides for selecting and appropriately using information resources. Some users may discover educationally unsuitable information. Through the Internet and email, staff may have access to materials that are illegal, defamatory, inaccurate, or potentially objectionable to some people. Nevertheless, the Parkview School District believes that the educationally appropriate information and interaction available on this worldwide network should be available as a resource for staff. The acceptable use policy defines the appropriate use of the Internet.

Place an X to indicate your choice(s).

**1. Internet access:**

\_\_\_\_\_ I understand the Internet Use/Web Page Policies and agree to abide by their provisions. I understand that any violation of the provisions stated in these policies may result in suspension or revocation of privileges or other disciplinary measures.

**2. Web Page information:**

\_\_\_\_\_ I DO give my permission for my photo to be used on the web page, in relationship to my duties.

\_\_\_\_\_ I DO NOT give my permission for my photo to be used on the web page, in relationship to my duties.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

I understand that my name, school e-mail address, and school telephone number with extension may be included on the District web page and/or the website for my building. I understand that it may become necessary to give additional permission for my participation as other online activities are approved by the District.

Once granted, consent will be ongoing until the staff member submits a revised Internet Access/Web Page Consent Form. It is the responsibility of staff members to inform the appropriate District staff of their revised Internet Access/Web Page Consent Form if they choose to make changes in their status.

**Privacy and Law:** The system administrators have access to all files, including e-mail files, so users should not have any expectations of privacy with regards to said files or e-mail. Parkview School District will cooperate fully with local, state, or federal officials in any investigation concerning or relating to any e-mail transmitted on or misuse of the network and computing systems.

*Acceptable/Unacceptable Uses On Back*

### Acceptable Use

1. Staff members shall accurately and completely sign, date and submit the Staff Internet Access/Web Page Consent Form to the school's library media center prior to accessing the Internet with any District equipment or connections.
2. Staff may use the Internet to research educationally appropriate information for use in their classes or to improve their own professional development, including college course work, and for completing their work responsibilities in the District.
3. Staff may use the Internet to send electronic mail (e-mail) to other users for informational purposes or to complete school district business.
4. Staff will respect and uphold copyright laws and all other applicable local, state and federal laws or regulations.
5. Staff will respect the rights and privacy of others by not accessing private files.

### Unacceptable Use

1. Staff shall not sign Internet Access/Web Page Consent Forms with any name other than their own.
2. Staff shall not use the Internet/e-mail for any illegal purpose.
3. Staff shall not use the Internet/e-mail in such a way as to violate the district's expectations.
4. Staff shall not use the Internet/e-mail to send personal broadcast messages, visit personal chat rooms or use personal instant messaging.
5. Staff shall not change any computer files that do not belong to the user.
6. Staff shall not use an account other than their own or misrepresent their identity.
7. Staff shall not create and/or distribute a computer virus over the network.
8. Staff shall not engage in any activity that would result in the compromise of the network or workstation security systems (i.e. "hacking") or assist others in doing the same.
9. Staff shall not use the system to illegally transfer software, otherwise known as pirating.
10. Staff shall not reveal the name, personal addresses or phone numbers of students.
11. Staff shall not deliberately use the network in such a way that they would disrupt the use of the network by other users.
12. Staff shall not deliberately or willfully cause damage to computer equipment or assist others in doing the same.
13. Staff shall not deliberately access materials that are inconsistent with the district's goals.
14. Staff shall not deliberately use the district's computers to violate the school's code of conduct or district's goals or show others how to do the same.
15. Staff shall not use the district's Internet connections to maintain a personal web site.
16. Staff shall not use the district's Internet/e-mail connections to conduct personal business for profit.
17. With the exception of technology designated specialists, staff shall not use the system to disable the filtering software, download, or install software programs onto the hard drive(s) or network or show others how to do the same.

CONSEQUENCES: Unacceptable uses may result in the suspension or revocation or limitation of computer/Internet use and/or other appropriate disciplinary actions, including suspension from employment, termination of employment, restitution, and/or referral to law enforcement agencies.

**APPROVED:**

**JULY 14, 2003**

**Parkview School District**  
Address: PO Box 250; 106 West Church Street  
Orfordville, WI 53576-0250

**SALARY REDUCTION AGREEMENT**  
For 403(b)(1) AND 403(b) (7) Programs

**Important Notice**

**Before you sign:** Read the important information on this form. Each employee who initiates or changes contributions to a 403(b) program shall, at such time, provide the District with a copy of his/her maximum exclusion allowance (MEA) as calculated by the Employee's chosen annuity or custodial account provider or other knowledgeable practitioner (i.e., an accountant, attorney, IRS agent, etc). In addition, supporting documentation explaining your MEA calculation will be required where the employee's deferrals for the calendar year meet any one of the following requirements:

- 1. The salary deferral of the employee exceeds 12% of the regular contract salary {excludes overtime, miscellaneous pay, extra duties, etc.);
- 2. The salary deferral is more than \$5,000 in a calendar year for full time employes (pro-rata for part time employes);

Notwithstanding the above requirements, where an employee's wage change occurs at the same time as the change in the TSA contribution (i.e., a salary settlement is reached and the employee desires to continue to defer at the previous level, when expressed as a percentage of wages), no new documentation from the employee will be required unless the total deferrals of the employee exceed fifteen percent (15%) of the employee's regular contract salary.

- 3. For each Employee contributing \$10,500 or more or utilizing the "catch-up provisions" or the "special elections" allowed by the Internal Revenue Code, an MEA calculation shall be required annually. A copy of such MEA shall be provided to the District by December 1 of each calendar year in which the "catch-up provisions" or "special elections" are utilized.

**Part 1. Employee Information:**

Name: \_\_\_\_\_ SS #: \_\_\_\_\_  
Address: \_\_\_\_\_

**Part 2. Contribution Information:** (Select all that apply) Effective Date\*: \_\_\_\_\_

- Initiate new salary reduction Please deduct the amount of \$ \_\_\_\_\_ Or \_\_\_\_\_% per pay period.
- Change salary reduction Change the amount of my TSA salary reduction from \$ \_\_\_\_\_ Or \_\_\_\_\_% to \$ \_\_\_\_\_, Or \_\_\_\_\_% per pay period.
- Change Service Provider Change my Service Provider (indicate amounts in Part 3) from \_\_\_\_\_ to \_\_\_\_\_.
- Discontinue salary reduction Please discontinue my TSA salary reduction with the following Service Provider: \_\_\_\_\_
- Employee is utilizing catch-up provisions/special elections
- Employee is waiving the right to sign up for a salary reduction at this time
- No Change

\*Implementation Date: Salary reduction instructions shall be implemented in accordance with the District's TSA Administrative Policies and any applicable collective bargaining agreement.

**Part 3. Service Provider**

|    | <b>\$ or % of Compensation Per Reduction</b> | <b>Service Provider</b>   |
|----|--|---|
| 1. |  | <b>Carrier/Vendor:</b>  |
|    |  | <b>Representative:</b> <span style="float: right;"><b>Phone:</b></span> |
|    |  | <b>Address or PO Box:</b>   |
|    |  | <b>City/ State/Zip Code:</b>  |

**Part 4. Agreement**

The above named Employee agrees to modify his/her salary as indicated above. The District agrees to contribute this amount on Employee's behalf into the annuity or custodial accounts selected by Employee. It is intended that the requirements of all applicable state or federal income tax rules and regulations (Applicable Law) will be met. The Employee understands and agrees to the following:

- 1) this Salary Reduction Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect;
- 2) this Salary Reduction Agreement may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new Salary Reduction Agreement is submitted; and
- 3) this Salary Reduction Agreement may be changed with respect to amounts not yet paid or available in accordance with the District's administrative procedures.

Employee agrees that he/she is responsible for determining that the salary reduction does not exceed the limits as set forth in Applicable Law.

Furthermore, Employee agrees to indemnify and hold District harmless for any taxes, interest, penalties, fines or forfeitures, imposed upon the District as a result of any District violation of the limitations and provisions contained in the Internal Revenue Code which arise from the Employee's own negligence or mistake. Should such a violation occur involving the Employee when he or she is currently employed by the District, the District shall have the option of offering the Employee a payroll deduction plan to repay the amount due.

Employee acknowledges that neither the Association nor the District has made any representation to Employee regarding the advisability, appropriateness or tax consequences of the purchase of the annuity and/or custodial account described herein. Employee agrees the Association and the District shall have no liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the annuity and/or custodial account; its terms; the selection of the insurance company or regulated investment company; the financial condition, operation of or benefits provided by said insurance company or regulated investment company; or his/her selection and purchase of shares of regulated investment companies.

## Important Information

1. The District does not choose the annuity contract or custodial account in which your contributions are invested.
2. Employees are responsible for setting up and signing the legal documents to establish your annuity contract or custodial account. However, in certain group annuity contracts, the District is required to establish the contract.
3. In order to receive the expected tax results, Employees are responsible for investing in annuity contracts or custodial accounts that meet the requirements of Section 403(b) of the Internal Revenue Code.
4. Employees are responsible for naming a death beneficiary under annuity contracts or custodial accounts. This is normally done at the time the contract or account is established. Beneficiary designations should be reviewed periodically.
5. Employees are responsible for all distributions and any other transactions with Service Provider. All rights under contracts or accounts are enforceable solely by Employee, Employee beneficiary or Employee's authorized representative. Employee must deal directly with Service Provider to make loans, transfer to different contracts or custodial accounts, begin distributions, or any other transactions.
6. Employees are responsible for determining that salary reductions do not exceed the allowable contribution limits under Applicable Law. Even if you do not make any changes to your salary reduction agreement, or are not required to provide a maximum exclusion allowance calculation under the provisions of page one of this Agreement, you are strongly encouraged to have an annual maximum exclusion calculation performed by the chosen Service Provider.

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### Part 5. Employee Signature

I certify that I have read this complete agreement and that my salary reductions do not exceed contribution limits as determined by Applicable Law. I understand my responsibilities as an Employee under this program, and I request that the District take the action specified in this agreement. I understand that all rights under the annuity or custodial account established by me under the Program are enforceable solely by me, my beneficiary or my authorized representative.

Employee  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Parkview School District

## Employee Emergency Information

Employee Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Home Telephone \_\_\_\_\_

Cell Phone (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

Health Care Provider \_\_\_\_\_

Physician Name & Telephone # \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Facts concerning your medical history, including allergies, medications being taken and any physical impairments to which your co-workers and physicians should be alerted are as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Spouse/Significant other \_\_\_\_\_

Employer \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_

Employer \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

### Optional Emergency Treatment:

I, the undersigned, do hereby authorize officials of the Parkview School District to contact directly the persons deemed necessary in an emergency, for the sake of my health. In the event physicians or others named on this card cannot be contacted, school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for my health. I will not hold the school district financially responsible for my emergency care and/or transportations.

I agree/disagree to give permission for my emergency treatment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# Memo

**To:** All Staff  
**From:** Susan Jarvis  
**Date:** 2/21/2011  
**Re:** Ethnicity & Race Data Reporting

In order to comply with the federal and state regulations for reporting race and ethnicity, all staff members need to complete the information included in this memo and return it to Susan Jarvis. If we do not hear back from you we will use our best judgment in choosing your ethnicity and race. For more information about this requirement, please see: <http://dpi.wi.gov/lbstat/datarac.html>

---

Name (print please): \_\_\_\_\_

Please answer BOTH questions 1 and 2.

1. **Ethnicity** - Are you Hispanic or Latino? A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. *(Select only one)*
  - No, not Hispanic or Latino
  - Yes, Hispanic or Latino
  
2. Select all of the following **Race** categories that apply to you: *(You must select at least one of the following.)*
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Descriptions:**

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**American Indian or Alaska Native**-A person having origins in any of the original peoples of North and South America (including Central America), who maintains a 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 original peoples 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