

AUTHORIZATION TO WORK

Welcome to Northland Pioneer College! We are excited to have you as part of our team. To ensure proper and prompt payment of salary, the attached forms need to be completed. Check off each item as it is verified. **Please read instructions on all forms before filling them out. All forms must be error free and completed in full.**

- 1. I-9 EMPLOYMENT ELIGIBILITY VERIFICATION: (Take this form with the **needed documentation** to your closest NPC Campus or Center for verification.) NOTE: See back of I-9 form for list of documents.
- 2. PERSONAL DATA SEGMENT: To be completed and signed by employee.
- 3. W-4 FEDERAL WITHHOLDING: To be completed and signed by employee per federal law.
- 4. A-4 STATE WITHHOLDING: To be completed and signed by employee.
- 5. STATEMENT OF REGISTRATION STATUS: **Every** person (male or female) **must** complete this form and sign it.
- 6. ARIZONA STATE RETIREMENT STATUS FORM: To be completed and signed by employee.
- 7. DIRECT DEPOSIT FORM
- 8. ELECTRONIC SYSTEMS APPLICATION FORM

You will not be allowed to work until you have been approved with a “good to go” from Human Resources. You will not receive a payroll check until we have received these completed forms from you.

If you have any questions or need assistance please call Human Resources at 928-524-7473. Thank you for your cooperation.

Quality education you can afford.



Northland Pioneer College
EXPANDING MINDS • TRANSFORMING LIVES™

PERSONAL DATA SEGMENT

CLASSIFICATION

- Full-time
 Part-time
 Adjunct Faculty
 Student Work Study
 Temporary
 Tutor
 Other _____

PURPOSE

- New Employee
 Information Update
 Name Change* (Previous Name _____)
*Required employment forms must be completed to change name.

NAME: _____ **SOCIAL SECURITY #:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

MAILING ADDRESS: _____
(If different from street address)

TELEPHONE: _____ **EMAIL:** _____

BIRTHDATE: _____ **GENDER:** Male Female

CURRENT RETIREMENT STATUS

- AZ State Retirement Member
 AZ State Retirement Retiree (Retirement Date: _____)
 Neither

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE: _____

I certify that the above information is true and correct.

Signature

Date



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. I615-0047
 Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) ?		First Name (Given Name) ?		Middle Initial ?	Other Last Names Used (if any) ?	
Address (Street Number and Name) ?			Apt. Number ?	City or Town ?		State ? ZIP Code ?
Date of Birth (mm/dd/yyyy) ?	U.S. Social Security Number ?		Employee's E-mail Address ?		Employee's Telephone Number ?	

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States ?	QR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions) ?	
<input type="checkbox"/> 3. A lawful permanent resident ? (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work ? until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: ? _____ OR 2. Form I-94 Admission Number: ? _____ OR 3. Foreign Passport Number: ? _____ Country of Issuance: ? _____	

Signature of Employee ?	Today's Date (mm/dd/yyyy) ?
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Preparer and/or Translator Certification (check one): ?

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator ?		Today's Date (mm/dd/yyyy) ?	
Last Name (Family Name) ?		First Name (Given Name) ?	
Address (Street Number and Name) ?		City or Town ?	State ? ZIP Code ?

Click to Finish



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1 (1)	Last Name (Family Name) (2)	First Name (Given Name) (2)	M.I. (2)	Citizenship/Immigration Status (2)
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List A Identify and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title (2)	Document Title (2)	Document Title (2)
Issuing Authority (2)	Issuing Authority (2)	Issuing Authority (2)
Document Number (2)	Document Number (2)	Document Number (2)
Expiration Date (if any)(mm/dd/yyyy) (2)	Expiration Date (if any)(mm/dd/yyyy) (2)	Expiration Date (if any)(mm/dd/yyyy) (2)
Document Title (2)	<div style="border: 1px solid black; padding: 5px; min-height: 200px;"> Additional Information (2) </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> QR Code - Sections 2 & 3 Do Not Write in This Space </div>	
Issuing Authority (2)		
Document Number (2)		
Expiration Date (if any)(mm/dd/yyyy) (2)		
Document Title (2)		
Issuing Authority (2)		
Document Number (2)		
Expiration Date (if any)(mm/dd/yyyy) (2)		
Document Title (2)		
Issuing Authority (2)		
Document Number (2)		
Expiration Date (if any)(mm/dd/yyyy) (2)		

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): (2) _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative (2)	Today's Date(mm/dd/yyyy) (2)	Title of Employer or Authorized Representative (2)
Last Name of Employer or Authorized Representative (2)	First Name of Employer or Authorized Representative (2)	Employer's Business or Organization Name (2)
Employer's Business or Organization Address (Street Number and Name) (2)	City or Town (2)	State (2) ZIP Code (2)

Click to Finish



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Employee Name from Section 1:	Last Name (Family Name) ?	First Name (Given Name) ?	Middle Initial ?
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Section 3: Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) ?			B. Date of Rehire (if applicable)
Last Name (Family Name) ?	First Name (Given Name) ?	Middle Initial ?	Date (mm/dd/yyyy) ?

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title ?	Document Number ?	Expiration Date (if any) (mm/dd/yyyy) ?
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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 ?	Today's Date (mm/dd/yyyy) ?	Name of Employer or Authorized Representative ?
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Click to Finish

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 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 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	<p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 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. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<p style="text-align: center;">AND</p> <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 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 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. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had **no tax liability**, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have **no tax liability**.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

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

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

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

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

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
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. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

your wages and other income, including income earned by a spouse, during the year.

Line G, Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

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

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

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

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

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

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

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

Instructions for Employer

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

New hire reporting. Employers are

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	D	_____
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E	_____
F	Credit for other dependents. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" 	F	_____
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here	G	_____
H	Add lines A through G and enter the total here	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

1	Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details	1	\$ _____
2	Enter: <ul style="list-style-type: none"> \$24,000 if you're married filing jointly or qualifying widow(er) \$18,000 if you're head of household \$12,000 if you're 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 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2018 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet

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

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet. 3 _____

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

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are --	Enter on line 2 above	If wages from LOWEST paying job are --	Enter on line 2 above	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 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

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

U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be

retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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

Type or print your Full Name		Your Social Security Number
Home Address – number and street or rural route		
City or Town	State	ZIP Code

Choose either box 1 or box 2:

- 1** Withhold from gross taxable wages at the percentage checked (**check only one percentage**):
- 0.8%
 1.3%
 1.8%
 2.7%
 3.6%
 4.2%
 5.1%
- Check this box and enter an extra amount to be withheld from each paycheck..... \$
- 2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.	
SIGNATURE _____	DATE _____

Employee's Instructions

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

What are my "Gross Taxable Wages"?

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

New Employees

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not file this form, the department requires your employer to withhold 2.7% of your gross taxable wages.

Current Employees

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage to change the extra amount withheld.

What Should I do With Form A-4?

Give your completed Form A-4 to your employer.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.

STATEMENT OF REGISTRATION STATUS

As per Arizona Revised Statutes that became effective September 30, 1998, "a male person born after December 31, 1960, is not eligible to hold any office, employment, or service in any public institution in Arizona unless the person has registered with the Selective Service System." To comply, please complete the following statement:

_____ I certify that I am registered with Selective Service.
_____ I certify that I am not required to register with Selective Service because:

- _____ I am in the armed services on active duty (Note: Does not apply to members of the Reserves and National Guard who are not on active duty.)
- _____ I have not reached my 18th birthday
- _____ I was born before 1960
- _____ I am not a citizen of the United States
- _____ I am female and am not required to register

Employee's Signature _____ Date _____

Employee Name (Please Print) _____

Social Security Number _____



Northland Pioneer College
EXPANDING MINDS • TRANSFORMING LIVES™

ARIZONA STATE RETIREMENT STATUS FORM

EMPLOYEE INFORMATION	
NAME: _____	NPC ID# _____
ADDRESS: _____	
CITY, STATE, ZIP: _____	
CAMPUS /CENTER: _____	EMPLOYMENT DATE: _____

Northland Pioneer College is a member of the Arizona State Retirement System (ASRS). By state mandate all current plan participants, Full-Time employees, employees who work 20 hours or more per week and Adjunct Faculty that teach 10 credit hours or more, are required to participate in the retirement system and have a payroll deduction for withholding to ASRS. (This deduction is matched by Northland Pioneer College)

If you are currently working for another employer, or your past employer was an Arizona State Retirement System affiliate, you may be considered an ASRS participant and withholding of contributions must continue with your employment at Northland Pioneer College.

Please mark one of the options below:

- 1. I am currently participating in the Arizona State Retirement System through NPC.
- 2. I am/was participating in the Arizona State Retirement System through another employer. **CURRENT/RECENT EMPLOYER:** _____
- 3. I am currently retired from the Arizona State Retirement System **
- 4. Neither of the above statements applies

***If you marked option 3, please contact our payroll department before your first day of work to sign a retirement waiver of agreement/acknowledgement for audit purposes. Need a Return to Work Form.*

If your ASRS withholding status should change during employment with Northland Pioneer College, please contact payroll to update your information.

Employee Signature

Date

Social Security #

FOR OFFICE USE ONLY
WITHHOLDING ACTIVATED
ENROLLMENT FORM RECEIVED
WAIVER RECEIVED
ASRS VERIFICATION COMPLETE
FOLLOW-UP NEEDED FOR

Contact Human Resources at 928-524-7473 if you require help with this form.

Check one:

- Initiate Direct Deposit
 Revise Direct Deposit
 Cancel Direct Deposit

DIRECT DEPOSIT FORM**For Payroll Use Only:**

- Pre-Note
 Live/Processed

EMPLOYEE AUTHORIZATION FOR INITIATING, REVISING & CANCELLING AUTOMATIC DEPOSITS

I hereby authorize Northland Pioneer College (NPC) to initiate credit entries and if necessary, adjustment entries to the accounts indicated below. I further authorize the Financial Institution named below to accept such entries and to credit the amount thereof to such accounts.

Employees have the option of selecting up to 3 accounts to have their paycheck deposited into. Please be sure to indicate the dollar amount, NOT the percentage, of your check that you want deposited into each account. For example an employee may choose to have \$100 deposited into a savings account, another \$100 deposited into a checking account and the remaining balance (net pay) deposited into a 3rd account. Or an employee can choose to have their entire check deposited into one account.

This form must have an attached Voided Check, a Direct Deposit Authorization Slip or a Bank Print-out of the routing and account number for your direct deposit to be processed. You may contact your financial institution for a direct deposit authorization and account number verification page to use for checking and saving accounts. Please note, routing numbers cannot begin with a 5.

FINANCIAL INSTITUTION NAME: _____	
ADDRESS: _____	CITY: _____ STATE _____ ZIP: _____
BRANCH: _____	
ROUTING #: _____	ACCOUNT #: _____
CHECKING or SAVINGS (Circle one)	NET PAY TO BE DEPOSITED: _____

FINANCIAL INSTITUTION NAME: _____	
ADDRESS: _____	CITY: _____ STATE _____ ZIP: _____
BRANCH: _____	
ROUTING #: _____	ACCOUNT #: _____
CHECKING or SAVINGS (Circle one)	AMOUNT TO BE DEPOSITED: _____

FINANCIAL INSTITUTION NAME: _____	
ADDRESS: _____	CITY: _____ STATE _____ ZIP: _____
BRANCH: _____	
ROUTING #: _____	ACCOUNT #: _____
CHECKING or SAVINGS (Circle one)	AMOUNT TO BE DEPOSITED: _____

This authority is to remain in full force and effect until NPC and the Financial Institution has received written notification from me of its termination in such time and manner as to afford NPC and the Financial Institution a reasonable opportunity to act upon it. Authorization will take effect not less than 10 days after acceptance by the Financial Institution.

Do not close your existing account until you have notified the Payroll of your intent to change your account. If a deposit is made to your account and it is closed, there may be a delay in receiving a replacement payroll check until NPC verifies that it has received a refund from your Financial Institution.

Employee Name: _____ ID # _____

Signature: _____ Date: _____

Northland Pioneer College

Electronic Systems Application Form (ESAF)

Instructions

New Employees: The employee's supervisor or the Human Resources department shall initiate this form. Check NEW in section 1 and enter today's date; 2, 3 and 5 are required. Once these areas have been completed, the employee must acknowledge and sign in section 4. If the named employee requires access to student data and or financial data to perform his/her job duties, be sure to fill out section 6.

Existing Employees: Check UPDATE in section 1 and enter today's date. Fill out Section 2 in full. Fill out sections 3, 5, and 6 as appropriate to suit your modification request. Once these areas have been completed, the employee must acknowledge and sign in section 4.

Section 7 requires the Employee's Supervisor's signature to verify all information and requests are correct.

Please submit this form to the HR Department for verification. They will forward to the Support Center for processing. The Support Center will follow-up on issue/problems with the submitted form.

Section 1: Request Type

Request Type: NEW <input type="checkbox"/> UPDATE <input type="checkbox"/>	Date: _____
Employee Type: Faculty <input type="checkbox"/> Adjunct <input type="checkbox"/> Contracted <input type="checkbox"/> Temporary <input type="checkbox"/> Vendor <input type="checkbox"/>	

Section 2: Personal Information

First Name: _____	Last Name: _____
NPC ID: _____	DOB: _____
Official Job Title: _____	Supervisor: _____
Office location (campus, building, room): _____	Personal Mailing Address: _____
Phone : _____ In case of questions from the IS Department	

Section 3: NPC Alert System

You will be contacted via the NPC Alert system in the event of a closure, emergency, and evacuations affecting employees, students, and community members. Please provide at least one alternate (non-work) phone number and e-mail address to be used for delivering these alerts.

Mobile Phone: _____	Alternate E-mail: _____		
Home Phone: _____			
Please indicate your preference on contact methods for alerts (check all that apply)			
Text Message: <input type="checkbox"/>	Call to Cell: <input type="checkbox"/>	Call to Home: <input type="checkbox"/>	E-mail: <input type="checkbox"/>

Section 4: Statement of Responsibility

Access to NPC computing facilities and resources is granted to members of the Northland Pioneer College community to conduct College business and instruction with the understanding that such access is a privilege and carries with it responsibilities. Use of these facilities to interfere with the privacy and security of others, for political purposes or for personal financial gain is prohibited. Applicable Federal and Arizona State Laws as well as College policies and procedures will be enforced to the fullest extent. Please note that your data is yours to care for. NPC is not responsible for restoring data lost through user mismanagement. Your password is the primary protection for your files, your applications and your account(s). You are responsible for all activity under your account. Never tell anyone your password, never write it down, and always change it after you receive your account or after Information Services changes your password. Please be aware that NPC owns or co-owns data within any College system. Further information on the policies and procedures governing NPC computing facilities is contained in Procedures 2130 & 2131. NPC reserves the right to conduct maintenance and fault isolation routines which may affect user data and network connectivity.

- I have read the above Statement of Responsibility and agree to abide by its provisions and those outlined in the *Northland Pioneer Computer Account Procedures 2130 & 2131*, in full.
- I understand that all employees are required to use college email when conducting college business by email and that use of non-NPC email for college business is a violation of College policies.

Employee Signature _____

Date _____

Section 5: Equipment, Email Group, Phone, Shared Drives Request

Desk PC: <input type="checkbox"/>	Mobile PC: <input type="checkbox"/>	Desk Mac: <input type="checkbox"/>	Mobile Mac: <input type="checkbox"/>	Phone: <input type="checkbox"/>	Long Distance <input type="checkbox"/>
Email Groups (list): _____					
Shared Drives (list): _____					

Section 6: Student Data /Financial Access (data manager authorization required)

Student Data Access:

Place a check mark on access needed.

Access to student data: Special access to student data:
 List access needed _____

Authorized by: _____ Date: _____
Director of Enrollment Services

Financial Access:

Place a check mark on access needed:

- | | |
|---|---|
| <input type="checkbox"/> Cashier - Station Assigned _____ | <input type="checkbox"/> Student Billing |
| <input type="checkbox"/> General Ledger | <input type="checkbox"/> Accounts Payable |
| <input type="checkbox"/> Purchase Order/ Requisitions | <input type="checkbox"/> Human Resources / Payroll |
| <input type="checkbox"/> Budget Manager - Full Access | <input type="checkbox"/> Budget Manager - Limited Access(No Salaries) |

_____ Department _____ Department _____ Department _____ Department _____
 List the department numbers needed for budget access. If additional department numbers requested, please attach a separate sheet.

Authorized by: _____ Date: _____
Director of Financial Services or designee

Section 7: Supervisor Approval

Please check each box that will apply to the employee's access, sign and send to the HR Department for processing:

Supervisor Signature _____ Date: _____

Section 8: Information Services Use

Received by: _____ Date: _____ Processed by: _____ Date: _____

Employee's Account ID (Computer/system Login name): _____

Employee's NPC email address: _____

Special Notes: _____

