

Congratulations on your new appointment with the University of Houston-Clear Lake! We are excited to have you join our team! Please review the following information carefully so your employee information can be processed as quickly as possible.

In this packet are required documents for employment at the University of Houston-Clear Lake.

- All documents must be completed in their entirety.
- Your Employee ID and Student ID number are the same. If you do not know this number you may leave this blank.
- Complete each form online, print and sign where appropriate. Please print single-sided.
- Submit the completed packet to your hiring department.
- Direct Deposit is mandatory.
- Failure to submit the completed forms will delay completion of your hire.

Please note hire packets are a requirement of employment. Incomplete packets cannot be processed. You will be contacted about required changes.

If you have any questions regarding the hiring packet please contact the Office of Human Resources at 281-283-2160 or humanresources@uhcl.edu.

The information collected on the UHCL Employee Data Sheet is used for creating the employee record in PeopleSoft. The Office of Human Resources is required by law to protect the privacy of your information and may not use the protected information for any purposes other than what is stated herein without your written permission.

Note: Please complete the Dual Employment form if you are currently employed by another State of Texas agency.

Hiring Department: _____ **Type of Employment:** **Temporary Staff**

Are you a current /former UHS employee or student?

If yes, provide Employee/Student ID Number: _____

EMPLOYEE INFORMATION

Prefix:

Gender:

Marital Status:

| | |
|---|--|
| Full Legal Name (Must match Social Security Card) | |
| Social Security Number (xxx-xx-xxxx) | |
| Date of Birth (mm/dd/yyyy) | |
| Street Address (Must be local Texas address) | |
| City, State, Zip Code | |
| County | |
| Preferred Phone Number (xxx-xxx-xxxx) | |
| Email Address | |

DEMOGRAPHICS

Are you Hispanic or Latino?

What is your primary race/ethnicity?

Citizenship Status:

Education Level (Highest):

US Veteran Status

Protected Veteran Status

Discharge Date: (mm/dd/yyyy)

DISABILITY STATUS

Please select an applicable status:

If applicable, please indicate the type of accommodation required:

PUBLIC ACCESS AUTHORIZATION

If you do not want the University to make your home address, home telephone number, social security number or family member information available to the public, you must notify the University in writing. Once this written notification is received, it will remain in effect until you provide written notice that you wish to reverse your decision. If an employee fails to declare this information as confidential, the information will be subject to public access. This information will be used by the University, however, for official business purposes including mailing correspondence and informational materials to your home address.

PLEASE CHECK ONLY ONE: IF YOU CHECK MORE THAN ONE OR NONE, THE INFORMATION WILL BE SUBJECT TO PUBLIC ACCESS.

- PUBLIC ACCESS Disclose home address, telephone number, and family information.**
- NO PUBLIC ACCESS Conceal home address, telephone number, and family information.**

SELECTIVE SERVICE REGISTRATION

Under federal law, an agency in any branch of state government hiring a person as an employee requires a person residing in the United States to register with the selective service system if the person is of the required age and gender. Unless the person presents proof of the person's registration with the selective service system, or proof of the person's exemption from registration with the selective service system.

I am required by law to be registered with the selective service system.

If yes, please complete the information below.

| | |
|------------------------|--|
| Acknowledgement Card # | |
| Eligible Date: | |
| Expiration Date: | |

If no, please indicate your exemption reason:



I certify the above information is true and correct to the best of my knowledge. I acknowledge I have read the Board of Regents policies concerning my employment with the University of Houston-Clear Lake and the State of Texas. I understand that before performing any work, I must complete and sign the INS Form I-9 in the Office of Human Resources, Suite 2537 in the Bayou Building.

Employee Signature

Date

This is an agreement between the University of Houston-Clear Lake and the undersigned employee to fulfill provisions of the university's policy on intellectual property, codified as Board of Regents Policy 21.08.

In consideration of my employment by the university, and for other valuable consideration, I agree as follows:

1. I will notify the university (or any individual, corporation or governmental agency which the university may specify) of any invention which I or persons under my supervision conceive during the period of my university employment.
2. I will prepare, without notification, a disclosure statement in the form promulgated by the university and disclosing that information required by the university.
3. At the request of the university or its nominee or assignee, I will assign to the university or its nominee or assignee all intellectual property rights I may have to any such invention in the United States and foreign countries, and I will supply all information and execute all papers necessary for the purpose of prosecuting patent applications on such inventions.

I understand that I am entitled to share in revenue received by the university in a manner consistent with Board of Regents Policy 11.08 and as established by separate agreement at or following the date of disclosure.

I further understand that the university may and will rely upon this agreement in making contracts with others in which the university may undertake obligations with respect to inventions and discoveries of its employees.

Print Name

Employee ID Number

Signature

Date

Annual Statement Regarding Related-Party Interests And
Other Activities Which May Represent Potential Conflicts of Interest

POLICY:

The University of Houston System policy provides that every member of the faculty and staff of the University of Houston System who has authority to initiate purchase orders or influence purchasing decisions shall, on an annual basis, confirm his or her knowledge of the University of Houston System's policy regarding related-party interests and shall disclose any applicable business or personal relationships, together with other activities which could be perceived as conflicts of interest. In accordance with University of Houston System policy, department chairmen and the Chancellor shall review the disclosures and inform any faculty or staff member whose outside activity or relationship represents or is believed to represent a conflict of interest. (Refer to University of Houston System Administrative Memoranda 02.A.09 and 02.A.10.)

STATEMENT:

I have read the University of Houston System policy regarding disclosure of related-party interests and understand my responsibility to disclose such activities and relationships. Except as described below, to the best of my knowledge, within the past year neither I nor any close member of my family have had any related-party transactions or relationships. In addition, except as described below, I am not involved in, nor aware of the involvement of other faculty or staff in any activities or organizations which are related-party transactions or relationships.

EXCEPTIONS:

(Last Name)

(First Name)

(M.I.)

(Signature)

(Date)

UHS Employee Notice of Network Requirements

1. The 79th Legislature, regular session, passed House Bill 7 that enacted, among other laws, Texas Insurance Code Chapter 1305. The purpose of Chapter 1305 is to authorize the use of workers' compensation health care networks to provide quick, efficient, quality medical care to employees injured at work. The University of Houston System's (UHS) workers' compensation provider, The State Office of Risk Management (SORM), has contracted with the IMO Med-Select Network[®], to provide access to a certified Workers' Compensation Health Care Network (HCN).
2. As required, we are providing you this notice of network requirements. Please acknowledge receipt of this information by completing the acknowledgment section below.
3. In the unlikely event that you are injured at work, you will be given an additional notice of network requirements, just to remind you what to do so that you can receive the medical care you need. Please print a copy of the Notice of Network Requirements; videos explaining the HCN; and other resources available on the SORM Health Care Network webpage found at <http://www.sorm.state.tx.us/>

Workers Compensation Network Acknowledgement

I have received information that tells me how to get health care under worker' compensation insurance.

If I am hurt on the job and live in the service area described in this information, I understand that:

1. I must choose a treating doctor from the list of physicians in the **IMO Med-Select Network[®]**. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor by completing the Selection of HMO Primary Care Physician as Workers' Compensation Treating Doctor Form # IMO MSN-5.
2. I must go to my network treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I *may have to pay* the bill if I get health care from someone other than a network doctor without network approval.
5. If I receive the Notice of Network Requirements and refuse to sign the Acknowledgement Form, *I am still required to use the network.*

I acknowledge that the above information was provided to me.

(Signature)

(Date)

(Printed Name)

(Employee ID #)

(Street Address/City/State)

(Zip Code/County)

University of Houston-Clear Lake

IMO Med-Select Network[®]

(Name of employer)

(Name of Network)

University of Houston-Clear Lake

Direct Deposit Authorization

TRANSACTION TYPE - Check the Applicable Transaction(s) and Complete the Sections Indicated.

| | | | | | |
|-----------|--|------------------------------|---|--------------------------------|---|
| SECTION 1 | New direct deposit setup (Complete Sections 2,3 and 4) | Change financial institution | } | (Complete Sections 2, 3 and 4) | The next paycheck you are to receive will not go direct deposit, you are to pick up in your department. |
| | Cancellation (Complete Sections 2 and 3) | Change account number | | | |
| | Interagency transfer (Complete Sections 2 and 3) | Change account type | | | |

PAYEE IDENTIFICATION

| | | | | |
|-----------|---|--|--|----------------|
| SECTION 2 | Employee Name: <input style="width: 90%;" type="text"/> | Faculty | Staff | Student Worker |
| | Empl ID: <input style="width: 45%;" type="text"/> | Department: <input style="width: 45%;" type="text"/> | | |
| | Address: <input style="width: 45%;" type="text"/> | City: <input style="width: 45%;" type="text"/> | | |
| | State: <input style="width: 20%;" type="text"/> | Zip Code: <input style="width: 20%;" type="text"/> | Business Phone: <input style="width: 20%;" type="text"/> | |

AUTHORIZATION FOR SETUP, CHANGES AND CANCELLATION

Pursuant to section 403.016, Texas Government Code, I authorize the Comptroller of Public Accounts/UHCL to deposit by electronic transfer all payments owed to me by the State of Texas/UHCL. The Comptroller/UHCL shall deposit the payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this form, the processing of the form may be delayed or made impossible, or that my payment may be erroneously transferred electronically.

I authorize the Comptroller/UHCL to withdraw from the designated account or deduct from my subsequent state salary, if any, all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow the withdrawal, then I authorize the Comptroller/UHCL to withhold any payments owed to me by the State of Texas/UHCL until the erroneously amounts are repaid.

I recognize that my right to revoke this authorization may be limited by law. If I decide to revoke the authorization, I must contact the agency direct deposit coordinator who submitted the authorization form to the Comptroller/UHCL when I authorized payments by electronic transfer. A revocation is effective on the day the Comptroller/UHCL processes the information on the authorization form.

I consent to and agree to comply with the Comptroller's/UHCL rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed. I consent to and agree to comply with rules even if the rules conflict with this authorization form.

I authorize the Comptroller/UHCL to stop making electronic transfer to my designated account without notice to me.

| | |
|--------------------|------|
| Employee Signature | Date |
|--------------------|------|

FINANCIAL INSTITUTION

| | | | |
|-----------|---|--|--|
| SECTION 4 | Name: <input style="width: 95%;" type="text"/> | Address: <input style="width: 95%;" type="text"/> | |
| | City: <input style="width: 30%;" type="text"/> | State: <input style="width: 20%;" type="text"/> | Zip Code: <input style="width: 20%;" type="text"/> |
| | Routing Transit Number (9 Digits): <input style="width: 20%;" type="text"/> | Account Number: <input style="width: 20%;" type="text"/> | Type of Account: |
| | | | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |

Office of Human Resources-UHCL: B2537

| | | |
|-----------|-------------------------------------|------|
| SECTION 5 | Office of Human Resources Signature | Date |
|-----------|-------------------------------------|------|

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 | |
| ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. | | | | | |
| 1 Your first name and middle initial | | Last name | | 2 Your social security number | |
| Home address (number and street or rural route) | | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. 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 ▶ | | | | | |
| 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: }
 - You're single, or married filing separately, and have only one job; or
 - You're married filing jointly, have only one job, and your spouse doesn't work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.**D** _____
- E** **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$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.**
 - 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: }
 - \$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.