Student Payroll Packet Checklist  
First Time Employment at UC

THIS IS MY FIRST JOB ON CAMPUS. I will complete the following steps:

____ Complete Student Employment Contract  
  • You complete Section A  
  • Your employer must complete Section B

____ Complete W-4 Form  
  • Use your home address  
  • International Students – use Ursinus College address  
  • Sign and date the form

____ Complete 1-9 form  
  • Complete Section 1. Sign and date the form  
  • Bring the required forms of identification to Human Resources. You must present your ORIGINAL forms of identification to Human Resources.

____ Complete Residency Certification Form  
  • Complete Section 1  
  • Sign and date the form  
  • Payroll has listings to help you complete the “Resident PSD Code” information in Section 1.

____ Complete the Direct Deposit Authorization form  
  • If you are requesting direct deposit to your checking account, attach a voided check or something from your bank showing the account number and the routing/transit number of your bank.  
  • If you are requesting direct deposit to your savings account, attach a form from your bank showing your account number and the routing/transit number of your bank.

All of the above documentation must be turned into the Human Resources Office located on the lower level of Corson Hall in order for you to get paid for your employment.
URSINUS COLLEGE
STUDENT EMPLOYMENT CONTRACT

Your first responsibility in accepting employment is to complete all the required documents. Please refer to the appropriate employment check list included with the student employment packet to assure all documentation is completed.

Return form to the Human Resources office located on the lower level of Corson Hall.

SECTION A: STUDENT INFORMATION (Print Clearly)

Legal Name: ________________________________
Preferred Name: ________________________________
Campus Address: ________________________________
Phone Number: ________________________________

The Higher Education Act of 1965, as amended (HEA), in Section 441(a) states that the purpose of the Federal Work Study (FWS) Program is to promote the part-time employment of students who are in need of earnings to pursue courses of study. As a student participating in part-time work at Ursinus College, whether FWS or otherwise, it is my understanding that the college will not permit student workers to work during scheduled class times.

STUDENT SIGNATURE: __________________ Date: __________________
Expected Graduation Date: __________________

SECTION B: POSITION INFORMATION (Completed By Employer)

Position Title: ____________________________ Hours per Week: ______________
Student is (check one):
_____ New to position
_____ Returning to position

Date student is to begin work: __________ (Contract must be received by Payroll first)
Department Charged: __________________________ Account Charged: __________________________
Hourly Rate: $ __________

The Higher Education Act of 1965, as amended (HEA), in Section 441(a) states that the purpose of the Federal Work Study (FWS) Program is to promote the part-time employment of students who are in need of earnings to pursue courses of study. As a student participating in part-time work at Ursinus College, whether FWS or otherwise, it is my understanding that the college will not permit student workers to work during scheduled class times.

EMPLOYER SIGNATURE: __________________ Date: __________________

For Office Use Only:
Dept Code: _________ PC TS
File Number: _________
Rate Code: _________
**Employee's Withholding Certificate**

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

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**Step 1:** Enter Personal Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
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<tbody>
<tr>
<td>(a)</td>
<td>First name and middle initial</td>
</tr>
<tr>
<td>(b)</td>
<td>Last name</td>
</tr>
<tr>
<td>(c)</td>
<td>Social security number</td>
</tr>
<tr>
<td>(d)</td>
<td>Address</td>
</tr>
<tr>
<td>(e)</td>
<td>City or town, state, and ZIP code</td>
</tr>
</tbody>
</table>

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

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**Step 2:** Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following:

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option;
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below;
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate.

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**Step 3:** Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

 Multiply the number of qualifying children under age 17 by $2,000 $ 3

 Multiply the number of other dependents by $500 $ 4

 Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here $ 4

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**Step 4:** Other Adjustments (optional)

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won’t have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income $ 4

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here $ 4

(c) Extra withholding. Enter any additional tax you want withheld each pay period $ 4

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**Step 5:** Sign Here

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

Employee’s signature (This form is not valid unless you sign it.)

Date

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**Employers Only**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer’s name and address</td>
<td></td>
</tr>
<tr>
<td>First date of employment</td>
<td></td>
</tr>
<tr>
<td>Employer identification number (EIN)</td>
<td></td>
</tr>
</tbody>
</table>

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing “Exempt” on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:
1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can’t be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn’t include income from any jobs or self-employment. If you complete Step 4(a), you likely won’t have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.
Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the “Higher Paying Job” row and the “Lower Paying Job” column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. $1

2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
   a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the “Higher Paying Job” row and the annual wages for your next highest paying job in the “Lower Paying Job” column. Find the value at the intersection of the two household salaries and enter that value on line 2a. $2a
   b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the “Higher Paying Job” row and use the annual wages for your third job in the “Lower Paying Job” column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. $2b
   c Add the amounts from lines 2a and 2b and enter the result on line 2c. $2c

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3

4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). $4

Step 4(b)—Deductions Worksheet (Keep for your records.)

1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may 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. $1

2 Enter: $2
   • $29,200 if you’re married filing jointly or a qualifying surviving spouse
   • $21,900 if you’re head of household
   • $14,600 if you’re single or married filing separately

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "0." $3

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. $4

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. $5

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 territories 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 non-tax 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.
## Married Filing Jointly or Qualifying Surviving Spouse

<table>
<thead>
<tr>
<th>Higher Paying Job</th>
<th>Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>$10,000 - 19,999</td>
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<td>$110,000 - 120,000</td>
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</tbody>
</table>

## Single or Married Filing Separately

<table>
<thead>
<tr>
<th>Higher Paying Job</th>
<th>Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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</thead>
<tbody>
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## Head of Household

<table>
<thead>
<tr>
<th>Higher Paying Job</th>
<th>Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
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<td>$110,000 - 120,000</td>
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</tbody>
</table>
START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B. Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
</tr>
<tr>
<td>Address (Street Number and Name)</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions):

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See Instructions.)
- [ ] 3. A lawful permanent resident (Enter USCIS or A-Number.)
- [ ] 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

Signature of Employee | Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

<table>
<thead>
<tr>
<th>Section 2: Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title 1</td>
</tr>
<tr>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Document Title 2 (if any)</td>
</tr>
<tr>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Document Title 3 (if any)</td>
</tr>
<tr>
<td>Check here if you used an alternative procedure authorized by DHS to examine documents.</td>
</tr>
</tbody>
</table>

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

First Day of Employment (mm/dd/yyyy):

<table>
<thead>
<tr>
<th>Last Name, First Name and Title of Employer or Authorized Representative</th>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

For revalidation or rehire, complete Supplement B, Reverification and Rehire on Page 4.

Form I-9 Edition 08/01/23 Page 1 of 4
LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

<table>
<thead>
<tr>
<th>LIST A</th>
<th>OR</th>
<th>LIST B</th>
<th>AND</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
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</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
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</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
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</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
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<tr>
<td>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:</td>
<td>5. U.S. Military card or draft record</td>
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<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent's ID card</td>
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<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
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<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(2) An endorsement of the individual's status or parole 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.</td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Refer to the Employment Authorization Extensions page on I-9 Central for more information.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

- Receipt for a replacement of a lost, stolen, or damaged List A document.
- Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.
- Form I-94 with "RE" notation or refugee stamp issued to a refugee.

*OR*

- Receipt for a replacement of a lost, stolen, or damaged List B document.
- Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on I-9 Central for more information.*
RESIDENCY CERTIFICATION FORM
Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:
This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

### EMPLOYEE INFORMATION - RESIDENCE LOCATION

<table>
<thead>
<tr>
<th>NAME (Last Name, First Name, Middle Initial)</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS (No PO Box, RD or RR)</td>
<td></td>
</tr>
<tr>
<td>SECOND LINE OF ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td></td>
<td>ZIP CODE</td>
</tr>
<tr>
<td>MUNICIPALITY (City, Borough or Township)</td>
<td></td>
</tr>
<tr>
<td>COUNTY</td>
<td>RESIDENT PSD CODE</td>
</tr>
<tr>
<td></td>
<td>TOTAL RESIDENT EIT RATE</td>
</tr>
</tbody>
</table>

### EMPLOYER INFORMATION - EMPLOYMENT LOCATION

<table>
<thead>
<tr>
<th>EMPLOYER BUSINESS NAME (Use Federal ID Name)</th>
<th>EMPLOYER FEIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ursinus College</td>
<td>231177930</td>
</tr>
<tr>
<td>STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)</td>
<td></td>
</tr>
<tr>
<td>601 E. Main Street</td>
<td></td>
</tr>
<tr>
<td>SECOND LINE OF ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td></td>
<td>ZIP CODE</td>
</tr>
<tr>
<td>Montgomery</td>
<td></td>
</tr>
<tr>
<td>COUNTY</td>
<td>WORK LOCATION PSD CODE</td>
</tr>
<tr>
<td>Collegeville</td>
<td>461201</td>
</tr>
<tr>
<td></td>
<td>WORK LOCATION NON-RESIDENT EIT RATE</td>
</tr>
<tr>
<td></td>
<td>1.00%</td>
</tr>
</tbody>
</table>

### CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

<table>
<thead>
<tr>
<th>SIGNATURE OF EMPLOYEE</th>
<th>DATE (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE NUMBER</td>
<td>EMAIL ADDRESS</td>
</tr>
</tbody>
</table>

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com
Ursinus College
STUDENT PAYROLL
DIRECT DEPOSIT AUTHORIZATION FORM

Name: ___________________________ Social Security Number: ____________________ (no dashes)

Direct Deposit requires full net pay to be distributed to the checking or savings account listed below.

IMPORTANT NOTE: You must attach a voided check or form from your bank showing your account number and transit/routing number for the bank.

Return all information to the Human Resources Office located on the lower level of Corson Hall.

BANK ACCOUNT INFORMATION

<table>
<thead>
<tr>
<th>Financial Institution Name, Address and Phone Number:</th>
<th>Net Payroll will be deposited to this account:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_____ Savings</td>
</tr>
<tr>
<td></td>
<td>_____ Checking</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bank Transit/Routing Number (9 digits):</th>
<th>Action to be taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_____ Start _____ Stop _____ Change</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Account Number:</th>
<th></th>
</tr>
</thead>
</table>

Authorization:
I hereby authorize Ursinus College (the “College”) to initiate direct deposit into the account and financial institution listed above. Payroll direct deposits will be made to the account listed above until I choose to terminate this agreement by submission of a new Direct Deposit Authorization form, allowing a reasonable amount of time for the College to process such a change. Furthermore, I understand that termination of employment with the College shall constitute sufficient authorization to terminate this agreement.
Should funds be erroneously deposited into my account, I authorize the College to debit my account for an amount not to exceed the amount of the deposit.

EMPLOYEE SIGNATURE: ___________________________ DATE: ___________________________