



Employee Data Form

Baltimore City Public Schools
Office Of Human Capital
200 E. North Avenue, Room 110
Baltimore, Maryland 21202
www.Dcnko.qtgEkwUej.qgrsQti

New /Rehire employees are required to complete this form as part of the verification of eligibility for employment and to build an employee record. Please sign and date at the end of the form to verify that everything on this form is accurate.

Last Name		First Name		Middle Name	Suffix	Social Security Number: _ _ _ _ - _ - _	
Home Address		Apt	City	State	Zip Code	County	
Home Telephone		Mobile Telephone		Emergency Contact		Telephone	
Do you have previous service time in one of the following retirement systems? Maryland State Retirement System <input type="checkbox"/> Yes <input type="checkbox"/> No Baltimore City Employee's Retirement System <input type="checkbox"/> Yes <input type="checkbox"/> No						Rehired Retiree <input type="checkbox"/> Yes <input type="checkbox"/> No	
DEMOGRAPHIC INFORMATION:							
Date of Birth: (DD-MM-YYYY) _ - _ - _		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity: Are you Hispanic/Latino? <input type="checkbox"/> Yes or <input type="checkbox"/> No Select one or more races from the 5 racial groups listed below: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Visa Information:							
Visa Type: _____ Visa Number _____ Issue Date: _____ Expiration Date: _____ Visa Category _____							

Employee Signature _____

Date _____

Official Use Only

I-9 Status:

- ☐ Alien Authorized to Work ☐ Citizen or National of the US
☐ Lawful or Permanent Resident ☐ Pending INS Receipt Received

I-9 Expiration Date: (DD-MMM-YYYY) _____

Official Use Only

Date of Hire: Day _____ Month _____ Year _____ ☐ New Hire ☐ Rehire

Person Type:

- ☐ Employee ☐ Retiree CAP ☐ Retiree HB962 ☐ Employee ID _____
☐ Retiree COB ☐ Retiree Waiver 2% ☐ Satellite Employee
☐ Substitute Teacher ☐ Temporary Employee
☐ Work Study ☐ Coach ☐ Contractor/Consultant ☐ Intern ☐ Mentor ☐ Tutor
☐ Volunteer



Baltimore City Public Schools
Office of Human Capital
200 E. North Avenue, Room 110
Baltimore, Maryland 21202
www.Baltimorecityschools.org

Last Name	First Name	Middle Name	Suffix	Social Security Number: [][]-[][]-[][][][]
Organization	Position Number	Grade/Step	Salary(Annual/Hourly)	Rehired Retiree <input type="checkbox"/> Yes <input type="checkbox"/> No
Assignment Category: <input type="checkbox"/> Fulltime-Regular <input type="checkbox"/> Parttime Regular – Benefits Eligible <input type="checkbox"/> Parttime-Regular Not Eligible for Benefits <input type="checkbox"/> Parttime Temporary		Subject Taught:	Substitute Level Certification: <input type="checkbox"/> 30 College Credits or More (Less than Bachelors Degree) <input type="checkbox"/> 60 College Credits or Associates Degree <input type="checkbox"/> Bachelors Degree / Maryland Teacher Certified <input type="checkbox"/> Bachelors Degree NOT Certified <input type="checkbox"/> O c u g t u F g i t g g ' P Q V ' E g t v l l g f " <input type="checkbox"/> O c u g t u F g i t g g ' d ' O c t { r p f ' V g c e j g t ' E g t v l l g f "	
Supervisor:		<input type="checkbox"/> High School Diploma – Principal Recommends School: _____		
Special Information Tabs				
Bargaining Unit: _____ Education: (Documented from Official Transcript)				
<input type="checkbox"/> AFT <input type="checkbox"/> BTU <input type="checkbox"/> CUB <input type="checkbox"/> GSS <input type="checkbox"/> PSASA <input type="checkbox"/> PARAS <input type="checkbox"/> L44 Unit Date (DD-MM-YYYY) _____		Degree: _____ Major: _____ Minor: _____ School/University: _____ GPA Degree: _____ GPA Major: _____ Graduation Date: Day _____ Month _____ Year _____ HQ Paraprofessional: __ <input type="checkbox"/> Yes <input type="checkbox"/> No Passed ParaPro: <input type="checkbox"/> Yes <input type="checkbox"/> No ParaPro Score _____		
Certification Type: _____ HQ: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Issue Date: _____ Expiration Date: _____				
Primary Area: _____				
Licenses: Required for all Related Service Providers Prior Work Experience: MSDE JOB CODE 08 thru 24				
Type: _____ Issuing Agency: _____		Select <u>one experience type only</u> - enter all required data:		
License Number: _____ License Issue Date: _____		1. ___ No Prior Experience Previous State of Residency _____		
License Expiration Date: _____ Issuing State: _____		2. ___ Nonpublic Experience State Previously Employed _____ Year Last Employed _____ Previous State of Residency _____ Years of Previous Experience _____		
BCPSS Permit Number: _____ Permit Issue Date: _____		3. ___ Public Experience MD County <u>or</u> State Previously Employed _____ Year Last Employed _____ Previous State of Residency _____ Years of Previous Experience _____		
Permit Expiration Date: _____				

STAFFING: _____ **Date:** _____ **HRIS:** _____ **Date:** _____

Form W-4 (2014)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____				
B	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	}	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
• You are single and have only one job; or	}					
• You are married, have only one job, and your spouse does not work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____				
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____				
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G _____				
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H _____				
For accuracy, complete all worksheets that apply. <table><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>			• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.						
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.						
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.						

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2014		
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, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • 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.) ►				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

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

1	Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2014 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2014 nonwage income (such as dividends or interest)	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	_____
8	Divide the amount on line 7 by \$3,950 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not 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 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. 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

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
\$0 - \$6,000	0	\$0 - \$6,000	0
6,001 - 13,000	1	6,001 - 16,000	1
13,001 - 24,000	2	16,001 - 25,000	2
24,001 - 26,000	3	25,001 - 34,000	3
26,001 - 33,000	4	34,001 - 43,000	4
33,001 - 43,000	5	43,001 - 70,000	5
43,001 - 49,000	6	70,001 - 85,000	6
49,001 - 60,000	7	85,001 - 110,000	7
60,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
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 - \$74,000	\$590	\$0 - \$37,000	\$590
74,001 - 130,000	990	37,001 - 80,000	990
130,001 - 200,000	1,110	80,001 - 175,000	1,110
200,001 - 355,000	1,300	175,001 - 385,000	1,300
355,001 - 400,000	1,380	385,001 and over	1,560
400,001 and over	1,560		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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

Employee's Maryland Withholding Exemption Certificate

Print your full name	Your Social Security number
Address (including ZIP code)	County of residence (or Baltimore City)

Check the box that applies:

- ☐ Withhold at Single Rate
- ☐ Married (surviving spouse or unmarried Head of Household) Rate
- ☐ Married, but withhold at Single Rate

1. Total number of exemptions you are claiming not to exceed **line f** in worksheet below 1. _____
2. Additional withholding per pay period under agreement with employer 2. _____
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions below and check boxes that apply.
- ☐ a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld.
- AND
- ☐ b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirement).
- If both **a** and **b** apply, enter year applicable _____ (year effective) Enter "EXEMPT" here 3. _____
4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.
- ☐ District of Columbia ☐ Pennsylvania ☐ Virginia ☐ West Virginia

I further certify that I do not maintain a place of abode in Maryland as described in the instructions on page 2.

Enter "EXEMPT" here 4. _____

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3 or line 4, whichever applies.

Employee's signature	Date
Employer's name and address (including zip code) (For employer use only)	Federal employer identification number

Worksheet and instructions

Enter on line 1 above, the number of personal exemptions that you will be claiming on your tax return; however, if you wish to claim more exemptions, or if your adjusted gross income will be more than \$100,000, you must complete the worksheet below, if you are filing single or married filing separately (\$150,000, if you are filing jointly or as head of household).

<p>Line 1</p> <p>a. Multiply the number of your personal exemptions by the value of each exemption from the table on page 2. (Generally the value of your exemption will be \$3,200; however, if your federal adjusted gross income is expected to be over \$100,000, the value of your exemption may be reduced. Do not claim any personal exemptions that you are currently claiming at another job, or any exemptions being claimed by your spouse. To qualify as your dependent, you must be entitled to an exemption for the dependent on your federal income tax return for the corresponding tax year. NOTE: Dependent taxpayers may not claim themselves as an exemption.</p> <p>b. Multiply the number of additional exemptions you are claiming for dependents who are 65 years of age or older by the value of each exemption from the table on page 2.</p> <p>c. Enter the estimated amount of your itemized deductions (excluding state and local income taxes) that exceed the amount of your standard deduction, alimony payments, allowable childcare expenses, qualified retirement contributions, business losses and employee business expenses for the year. Do not claim any additional amounts you are currently claiming at another job; or any amounts being claimed by your spouse. NOTE: Standard deduction allowance is 15% of Maryland adjusted gross income with a minimum of \$1,500 and a maximum of \$2,000.</p> <p>d. Enter \$1,000 for additional exemptions for taxpayer and/or spouse at least 65 years of age and/or blind.</p> <p>e. Add total of lines a through d.</p> <p>f. Divide the amount on line e by \$3,200. Drop any fraction. Do not round up. This is the maximum number of exemptions you may claim for withholding tax purposes.</p>	<p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. _____</p> <p>f. _____</p>
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If Your federal AGI is between		If you will file your tax return	
		Single or Married Filing Separately Your Exemption is	Joint, Head of Household, or Qualifying Widow(er) Your Exemption is
\$0	\$100,000	\$3,200	\$3,200
\$100,001	\$125,000	\$2,400	\$3,200
\$125,001	\$150,000	\$1,800	\$3,200
\$150,001	\$175,000	\$1,200	\$2,400
\$175,001	\$200,000	\$1,200	\$1,800
\$200,001	\$250,000	\$600	\$1,200
In excess of \$250,000		\$600	\$600

-Line 2

ADDITIONAL WITHHOLDING PER PAY PERIOD UNDER AGREEMENT WITH EMPLOYER If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

Line 3

WHO MAY CLAIM EXEMPTION FROM WITHHOLDING OF INCOME TAX You may be entitled to claim an exemption from the withholding of Maryland income tax if:

- last year you did not owe any Maryland income tax and had a right to a full refund of any tax withheld; and
- this year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld. If you are eligible to claim this exemption, your employer will not withhold Maryland income tax from your wages.

STUDENTS AND SEASONAL EMPLOYEES whose annual income will be below the minimum filing requirements should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

Line 4

CERTIFICATION OF NONRESIDENCE IN THE STATE OF MARYLAND This line is to be completed by residents of the District of Columbia, Pennsylvania, Virginia or West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more.

Line 4 is *not* to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law.

If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.

GENERAL INSTRUCTIONS

FEDERAL PRIVACY ACT INFORMATION Social Security numbers must be included. The mandatory disclosure of your Social Security number is authorized by the provisions set forth in the Tax-General Article of the Annotated Code of Maryland. Such numbers are used primarily to administer and enforce the individual income tax laws and to exchange income tax information with the Internal Revenue Service, other states and other tax officials of this state. Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having statutory right to obtain it.

DUTIES AND RESPONSIBILITIES OF EMPLOYER Retain this certificate with your records. You are required to submit a copy of this certificate to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201, when received if:

- you have any reason to believe this certificate is incorrect;
- the employee claims more than 10 exemptions;
- the employee claims exemptions from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed \$200 a week; or
- the employee claims exemptions from withholding on the basis of nonresidence.

Upon receipt of any exemption certificate (Form MW 507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the Comptroller, the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 above, a new exemption certificate must be filed by February 15th of the following year.

DUTIES AND RESPONSIBILITIES OF EMPLOYEE If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee shall file a new withholding exemption certificate with the employer within 10 days after the change occurs.

For additional information please call 410-767-1300 or toll-free at 1-800-492-1751 or visit www.marylandtaxes.com



Baltimore City Public Schools
Office of Human Capital
Employee Services
200 E North Ave, Room 120
Baltimore, MD 21202
Phone: 410.396.8731
Fax: 410.545.0897

CRIMINAL BACKGROUND AND MEDICAL CLEARANCE

To: Prospective Employee

From: Director, Support Services
Office of Human Capital

Please read information below, sign form and bring it with you to your employment processing and orientation session.

Medical and criminal background clearance is a requirement for employment with the Baltimore City Public Schools. Your continued employment is contingent upon receiving medical and criminal background clearance from an organization authorized by the Baltimore City Public Schools. If you fail to receive medical and criminal background clearance, your employment shall be terminated.

It is understood that you have the right to request testing of a split sample of the specimen you provide at the time of your physical. The testing of the sample must be performed by a laboratory of your choice and at your expense. Should the sample be confirmed as positive of any illegal substance the decision will remain to withdraw the offer of employment.

I HAVE READ THE INFORMATION CONTAINED HEREIN AND UNDERSTAND THAT MY CONTINUED EMPLOYMENT IS CONTINGENT UPON MY OBTAINING MEDICAL CLEARANCE AND A SATISFACTORY CRIMINAL BACKGROUND CHECK.

Employee's Signature _____

Date _____



Baltimore City Public Schools
Payroll Office
200 East North Avenue, Room 114
Baltimore, Maryland 21202
Phone: 410.396.8853/54 Fax: 410.625.0321



PAYROLL DIRECT DEPOSIT

Employee Name

Last, First, Middle – PLEASE PRINT CLEARLY

Employee ID #

Address

Street

City

State

Zip

SELECT **ONE** OF THE FOLLOWING

☐ Checking (Attach voided check)

☐ Savings (Attach any document showing your bank name, account # and routing #)

☐ Discontinue Direct Deposit

Important: Failure to attach the required documents will result in the non-processing of your direct deposit request.

Note: 100% of your net pay will be deposited into the account designated above.

I hereby authorize Baltimore City Public Schools and the attached financial institution approval to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account.

Signature

Date

PAYROLL USE ONLY

PAYROLL USE ONLY

Date Received

Date Entered

Entered By

If you are **adding** dependents to your medical plans, below is a list of dependent types and the documentation required to add your dependents. Please bring your documents to your new hire orientation so that you can complete and submit your benefit selection form.

Relationship to Employee	Documentation for Verification of Relationship
Spouse	Marriage certificate
Domestic Partnership (same sex relationship)	City Schools Certificate of Employee Domestic Partnership, copy of drivers' license, lease/rental agreement or bank statement showing both names – all must show at least 6 months of residing at the same residence.
Dependent child(ren)*	Birth certificate and Social Security Number (SSN)
Dependent child(ren) of adoption*	Official court document(s), birth certificate(s), and SSN
Step child(ren)*	Marriage certificate, birth certificate(s), and SSN
Related Child(ren) (Legal Guardianship)*	Official court document(s), City Schools' Economic Sole Support Form, birth certificate(s), and SSN
Disabled child(ren)	Disability Qualification Questionnaire and birth certificate (child must be covered under plan prior to age 19)
Dependent child(ren) of domestic partner*	City Schools Certificate of Employee Domestic Partnership, birth certificate(s) and SSN

*Dependent children may be covered under your benefit plan(s) to the end of the calendar year they turn age 25.

Copies of marriage, birth, adoption certificates and legal guardianship papers are acceptable as long as the copy can be clearly read, including a notary seal.