The attached forms are to be completed for LASEC Extended School Year (ESY) 2023 Special Education Summer School Program if you have applied, and have been hired into one of the following **ESY** positions:

- Special Education Teacher
- Paraprofessional
- Substitute Teacher
- Social Worker
- Speech Pathologist
- Summer School Nurse
- Occupational Therapist

Please download or print, and complete the following forms in full. Please submit completed forms via email to LASEC ESY director at:

mpotempa@lasecfp.org or drop the forms off at our office:

Leyden Area Special Education Cooperative 10401 W. Grand Ave. Franklin Park, IL. 60131 Door #3

Note: If you are scheduled for a finger print – background check, please bring your driver's license and social security card, or form of ID with you, and the completed forms.

Thank You, and we look forward to having you as one of our educational professionals in LASEC's special education summer school program.



Mannheim District 83's Acceptable Use Policy

This Acceptable Use Policy applies to all users of Mannheim School District 83's technology tools and Internet/network system.

*Please sign and return the last page of this document to your school's office.

Purpose

Mannheim School District 83 provides access to a wide range of technology tools that support learning and communication with others. Our district encourages the use of technology to assist staff and students with academic success, preparation for the workplace, and life long learning. Expanding technologies take students and staff beyond the confines of the classroom, and provide tremendous opportunities for enhancing, extending, and rethinking the learning process. The technology devices, digital resources, and network infrastructure are also utilized to provide relevant school information to a global community. These capabilities, however, require guidance of students and staff.

Curriculum

The use of technology tools and the Internet/network shall be consistent with the curriculum adopted by the District as well as the varied instructional needs, learning styles, abilities, and developmental levels of the students. The Board expects the staff to utilize technology tools and the Internet/network throughout the curriculum when appropriate. Students are encouraged to use technology tools and the Internet/network in acceptable ways as an essential element in the learning process.

Acceptable Use

All uses of the District's technology tools and Internet/network connection must be in support of education and/or research, and be in furtherance of the School Board's stated purpose. Use is a privilege, not a right. General rules of behavior and communications apply when using technology tools and the Internet/network. The District's Acceptable Use Policy contains the appropriate uses, ethics, and protocol for technology tools and the Internet/network. Users of the District's technology tools and Internet/network have no expectation of privacy. Technology tools, electronic communications, Internet use history, and downloaded material may be monitored or read by school officials, at any time and without notice.

Terms and Conditions

- 1. Acceptable Use Access to the District's technology tools and Internet/network must be for the purpose of education or research, and be consistent with the educational objectives of the District.
- 2. **Privileges** The use of the District's technology tools and Internet/network is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. If this policy is violated, the District may deny, revoke, or suspend access at any time and/or other disciplinary action including suspension or expulsion (student), suspension without pay or termination (employees). Anyone who uses the District's technology tools and Internet/network to violate state or federal law will be referred to the appropriate law official.

- 3. Unacceptable Use You are responsible for your actions and activities involving technology tools and the Internet/network. Some examples of unacceptable uses are, but not limited to, the following:
 - a. Using the technology tools and Internet/network for any illegal activity, including violation of copyright or other contracts, or transmitting any material in violation of any U.S. or State law/regulation;
 - b. Unauthorized downloading of software/apps, regardless of whether it is copyrighted or clear of viruses;
 - c. Downloading copyrighted material for other than personal use;
 - d. Using technology tools or the Internet/network for private financial or commercial gain;
 - e. Wastefully using resources, such as file space, printing supplies, etc.;
 - f. Gaining unauthorized access to resources or entities;
 - g. Invading the privacy of individuals or intentionally releasing a student or teacher's contact or other confidential information without their consent;
 - h. Using another user's account or password;
 - i. Posting material authored or created by another without his/her consent;
 - j. Posting anonymous messages;
 - k. Using technology tools or the Internet/network for commercial or private advertising;
 - 1. Cyber-bullying, accessing, submitting, posting, publishing, or displaying any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, harassing, or illegal material;
 - m. Using technology tools or the Internet/network while access privileges are suspended or revoked;
 - n. Forwarding chain e-mails, viruses or any other damaging messages or information;
 - o. Technology tools may be equipped with a camera and microphone, allowing video, image, and audio capture. At no time shall a student record anyone (student, teacher, parent, presenter, etc.) without permission from the parties involved. In addition, users must obtain permission from the parties involved before publishing content. Users need to exercise good judgment when using cameras and microphones on any device.
- 4. **Network Etiquette** When using e-mail you are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:
 - a. Be polite. Do not become abusive in your messages to others.
 - b. Use appropriate language. Do not swear, or use vulgarities or any other inappropriate language.
 - c. Do not reveal personal information such as addresses or telephone numbers of students or colleagues.
 - d. Recognize that electronic mail (e-mail) is not private. People who operate the system have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
 - e. Emails and other electronic documents may be subject to public disclosure under the Freedom of Information Act.
 - f. Do not use the network in any way that would disrupt its use by other users.
 - g. All communications and information accessible via technology tools and the Internet/network should **not** be considered private property.
- 5. Web 2.0 Tools Use of new Web tools and online communication is critical to our students' learning of 21st century skills. Tools such as Google Apps for Education, blogging, audio and video conferencing, website creation, as well as photo and video productions, can all offer authentic, real-world vehicles for student expression. Expectations for classroom use must follow all established acceptable use guidelines.

- 6. Publication of Student Work and/or Photos In furtherance of the School Board's stated purpose, the Mannheim School District 83 website and social media sites provide information and increases communication between students, parents, teachers, and other entities. The District may wish to publish examples of student projects and/or student photographs accessible on the Internet. Due credit will be given to the author of published work(s). Parent(s)/guardian(s) will be asked whether or not permission is granted for publication of student works/photos.
- 7. No Warranties The District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The District will not be responsible for any damages you suffer. This includes loss of data resulting from delays, non-deliveries, missed-deliveries, or service interruptions caused by its negligence or your errors or omissions. Use of any information obtained via the Internet is at your own risk. The District specifically denies any responsibility for the accuracy or quality of information obtained through its services.
- 8. **Indemnification** The user agrees to indemnify the School District for any losses, costs, or damages, including reasonable attorney fees, incurred by the District relating to, or arising out of, any breach of this Acceptable Use Policy.
- 9. Security Network security is a high priority. If you can identify a security problem on any technology tools or the Network/Internet, you must notify the technology director or network administrator. Do not demonstrate the problem to other users. Keep your accounts and passwords confidential. Attempts to log-on to technology tools or the Internet/network as a system administrator will result in cancellation of user privileges. Any user identified as a security risk may be denied access to the network.
- 10. Vandalism Vandalism will result in cancellation of privileges and other disciplinary action. Vandalism is defined as any malicious attempt to harm or destroy data of another user, the Internet, technology equipment, or any network. This includes, but is not limited to, the uploading or creation of computer viruses.
- 11. **Charges** The District assumes no responsibility for any unauthorized charges or fees while using technology tools or the Internet/network. Such charges will be the responsibility of the user who occurred them.
- 12. Authorization All users of the Mannheim School District 83's technology tools and Internet/network need to sign this *policy* annually while enrolled or employed by the School District.

Primary Student's Alternate Acceptable Use Policy Wording

Mannheim's School Board of Education realizes that the language in this policy may not be understandable and meaningful to younger students. It is with this in mind that they present this alternate Acceptable Use Statement. This statement in no way diminishes or eliminates any of the requirements for acceptable use as stated above. It is merely a way to make appropriate use more understandable for younger students.

Primary student's wording Acceptable Use Policy:

I will listen to my teachers and follow their directions when I use the Internet/network and technology tools at school. I will only use the Internet/network and technology tools to do the school work my teacher has told me to do and for no other reason. I will ask my teacher for help when I do not understand something or if I see something that makes me scared or uncomfortable. I understand that if I break any of these rules, I will not be able to use technology tools or the Internet/network at school anymore.



Mannheim District 83's Acceptable Use Policy Employee Agreement Form

Please sign and return this form to your school's office.

Employee's name									
School (circle)	AC	F	FCC	М	R	S	W		

I have read and understand Mannheim District 83's **Acceptable Use Policy.** I will abide by the **Acceptable Use Policy** and further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's technology tools, Internet/network connection, and having access to public networks, I hereby release the Mannheim School District 83 and its Board members, employees, and agents from any claims and damages arising from my use or inability to use technology tools and the Internet/network.

I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents, or Board members, for any harm caused by materials obtained via technology tools or the Internet/network.

Employee signature:

Employee name (Please print)

Date: _____

State of Illinois Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK

Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

Name:		
Last	First	Middle
Date of Birth:	Gender: Male Female Rac	e:
Current Address:		
	Street/Apt #	
City	State	Zip Code
If you currently reside in Illinois, please list OR	all previous addresses for the past five years	
If you currently reside out-of-state, please place pla	provide ALL Illinois addresses in which you c	-
(Street/Apt#/City/County/State/Zip Code	2)	Dates From/To
List maiden name and/or all other names b	by which you have been known: (last, first,	middle)
Tracking system (CANTS) to determine wheth	Children and Family Services to conduct a search her I have been a perpetrator of an indicated inci- er consent to the release of this information to the	dent of child abuse and/or neglect
	Submit by mail OR	fax OR email.
	Mail to: Departme	nt of Children and Family Services
Signed	Date 406 E. Mor	nroe – Station # 30 I, IL 62701
	FAX to: 217-782-3	
Please type, use bold letters or label:	Scan/Email to: CFS6	89Background@illinois.gov
	(Submitting Agency Fax Num (Submitting Email Address)	ber)
	(Agency Name)	
	(Contact Person)	
	(Address)	
	(City/State/Zip)	

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.



ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

Ι, _

(Employee Name)

_, understand that when I am employed as a

(Type of Employment)

_, I will become a mandated reporter under the

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under but not limited to the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Applicant/Employee

CANTS 22 Rev. 8/2013 Date

Office of the Director 406 E. Monroe Street • Springfield, Illinois 62701 www.DCFS.illinois.gov

LEYDEN AREA SPECIAL EDUCATION COOPERATIVE



10401 W. Grand Avenue ~ Franklin Park, Illinois 60131 Phone: (847) 455-3143 ~ Fax: (847) 451-4892 Fee Applicant

YES	
NO	

Section 10.21.9 of the Illinois School Code requires all applicants for employments with a school district including persons or firms holding contract with the district, whom have direct contact with the pupils of any district school, to authorize a fingerprint-based criminal history records check to determine if the applicant has been convicted of certain enumerated offenses. A school board shall not knowingly employ a person for whom a criminal background investigation has not been initiated, By completing and signing this form, I authorize Leyden Area Special Education Cooperative to submit fingerprints, and other necessary information electronically to the Illinois State Police and the F.B.I.

Last Name			First Nar	ne		Midd	le / Suffix		
Date of Birth			Place of Bir	th		Soc Sec #			
Current Address				City	/			State	
Position Applied]				
WEIGHT		HEIGHT			SE>]		
		LOR			EYE COLO	2		RAC	:
Red		Gray		Black		Gray		White	
Black		Gray or Partial		Brown		Hazel		Black	
Blonde/Strawberry		Green		Greer		Maroon		Asian	
Blue		Orange /Pink		Blue		Unknown		Am. Indian	
								Unknown	
Drivers License Number				i	Maiden Last Name				
Drivers License State				Cou	ntry of Citizenship				
I authorize the Leyden Area knowledge, to the Illinois Sta board of the receiving schoo confidential and share it only Certification Board, or any ot Signature of Application	te Police (IS district the with the S	SP). The ISP shall cor e applicant's records uperintendent, the a	nduct a finge of conviction appropriate r	rprint-based crimin ns, until expunged. regional Superinten	al records check ar The president of th dent, the State Sup	d shall furnish e school boar erintendent o	to the pre d shall kee f the Schoo	sident of the scl p a conviction re ols, the State Te	nool ecord acher
Fingerprint	Technicia	n		_		Date of Finge	er Print		
Checked Sex Offenders List	Date)		Clear	Not Clear]				
Violent Crime List (Date)			Clear	Not Clear]				



Mannheim School District 83 Payroll Direct Deposit Agreement

New Enrollment
Change
Terminate

Name:	
Social Security Number:	
Date:	
School:	

I hereby authorize Mannheim School District 83 to initiate credit entries in the net amount of my paycheck and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my bank account as specified below. This authorization revokes all prior payment directs applicable to my payroll account. I understand that Mannheim School District 83 will provide a pay stub to me each pay period for my records. I also understand that both the financial institution and Mannheim School District 83 reserves the right to cancel/suspend this agreement.

Each payday, please direct deposit my payroll funds into my account at the following bank:

Bank Name:
Address:
City, State & Zip:
ABA Routing Number:
Checking Account Number:
Saving Account Number:

- If you need to make a change of Direct Deposit information, the Payroll Department will not accept verbal changes. All changes must be in writing.
- If you need to close your bank account, you must cancel direct deposit with District 83 Payroll Department first.
- Direct Deposit takes 2-3 pay periods to establish. A void pre-printed check must accompany this form in order to identify the account.

This authorization bears my signature below and is to remain in effect until Mannheim School District 83 has received written notification from me of its termination in such time (a period not less than ten days) to afford District 83 and my financial institution a reasonable opportunity to act upon it.

Signature: _____

_ Date: _____

Please return completed form to the payroll department.

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

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

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

	-								
Last Name (Family Name)		First Nar	me <i>(Giv</i>	en Name))	Middle Initial	Other L	ast Names.	Used (if any)
Address (Street Number and Name)			Apt. Number City or Town					State	ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Sec	urity Num	ber	Employe	ee's E-mail Addr	ess	E	mployee's ⊺	Felephone Number

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

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

1. A citizen of the United States						
2. A noncitizen national of the United States (See instructions)						
3. A lawful permanent resident (Alien Registration Number/USCI	S Numb	er):				
4. An alien authorized to work until (expiration date, if applicable,	mm/dd/	уууу):				
Some aliens may write "N/A" in the expiration date field. (See ins	truction	s)		_		
Aliens authorized to work must provide only one of the following docur An Alien Registration Number/USCIS Number OR Form I-94 Admissio						QR Code - Section 1 Not Write In This Space
1. Alien Registration Number/USCIS Number: OR						
2. Form I-94 Admission Number: OR						
3. Foreign Passport Number:						
Country of Issuance:						
Signature of Employee			Today's Date	e (mm/dd/	(уууу)	
Preparer and/or Translator Certification (check o	ne):					
I did not use a preparer or translator.			• •		-	
(Fields below must be completed and signed when preparers an	nd/or tra	anslators ass	sist an emplo	oyee in c	ompleting	Section 1.)
I attest, under penalty of perjury, that I have assisted in the knowledge the information is true and correct.	compl	etion of Sect	tion 1 of thi	s form a	and that t	o the best of my
Signature of Preparer or Translator				Today's E	Date (mm/o	ld/yyyy)
Last Name (Family Name)		First Name (G	Given Name)			
Address (Street Number and Name)	City or	Town			State	ZIP Code

STOP

[STOP]



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

4 4 *

D '

1 1 / 101

Employee Info from Section 1	Last Name (Fa	amily Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status			
List A Identity and Employment Aut	OI horization	R	List B Identity	AND		List C Employment Authorization			
Document Title		Document Title		Docu	ment Tit	le			
Issuing Authority		Issuing Authority		Issuir	ng Autho	prity			
Document Number		Document Number		Docu	Document Number				
Expiration Date (if any)(mm/dd/yyy	y)	Expiration Date (if any)(mm/dd/yyyy)			Expiration Date (if any)(mm/dd/yyyy)				
Document Title									
Issuing Authority		Additional Inform	nation			QR Code - Sections 2 & 3 Do Not Write In This Space			
Document Number									
Expiration Date (if any)(mm/dd/yy)	y)								
Document Title									
Issuing Authority									
Document Number									
Expiration Date (if any)(mm/dd/yy)	04)								

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

The employee's first day of employment (mm/dd/yyyy):

(See instructions for exemptions)

Signature of Employer or Authorized Representative			Today's Date (mm/dd/yyyy)			Title of Employer or Authorized Representative				
Last Name of Employer or Authorized Representative First Name of E				Employer or Authorized Representative			Employer's Business or Organization Name			
Employer's Business or Organization Address (Street Number and			nd Name)	Name) City or Town			State	ZIP Code		
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)										
A. New Name (if applicable)				B. Date of			B. Date of F	f Rehire (if applicable)		
Last Name (Family Name)	First Na	ime (Given N	Name)	me) Middle Initi		al	Date (<i>mm/dd/yyyy</i>)			
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.										
Document Title			Document Number			E	Expiration Date (<i>if any</i>) (<i>mm/dd/yyyy</i>)			
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.										
Signature of Employer or Authorized Representative Today's Da			Date (mm/o	ate (mm/dd/yyyy) Name of Employer or Authorized Repres			epresentative			

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

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

	LIST A Documents that Establish Both Identity and Employment Authorization	DR	LIST B Documents that Establish Identity AN	ID	LIST C Documents that Establish Employment Authorization
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document		 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 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, 	1.	
5.	that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status:		gender, height, eye color, and addressSchool ID card with a photographVoter's registration card	3.	by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or
	a. Foreign passport; andb. Form I-94 or Form I-94A that has the following:		· · · · · · · · · · · · · · · · · · ·	4.	territory of the United States bearing an official seal Native American tribal document
	 (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the 		. Native American tribal document		U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179)
	proposed employment is not in conflict with any restrictions or limitations identified on the form.		For persons under age 18 who are unable to present a document listed above:	7.	Employment authorization document issued by the Department of Homeland Security
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	1	 School record or report card Clinic, doctor, or hospital record Day-care or nursery school record 		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Illinois Department of Revenue Form IL-W-4

Note: These instructions are written for employees to address withholding from wages. However, this form can also be completed and submitted to a payor if an agreement was made to voluntarily withhold Illinois Income tax from other (non-wage) Illinois income.

Who must complete Form IL-W-4?

If you are an employee, you must complete this form so your employer can withhold the correct amount of Illinois Income Tax from your pay. The amount withheld from your pay depends, in part, on the number of allowances you claim on this form.

Even if you claimed exemption from withholding on your federal Form W-4, U.S. Employee's Withholding Allowance Certificate, because you do not expect to owe any federal income tax, you may be required to have Illinois Income Tax withheld from your pay (see Publication 130, Who is Required to Withhold Illinois Income Tax). If you are claiming exempt status from Illinois withholding, you must check the exempt status box on Form IL-W-4 and sign and date the certificate. Do not complete Lines 1 through 3.

If you are a resident of a Iowa, Kentucky, Michigan, or Wisconsin, or a military spouse, see Form W-5-NR, Employee's Statement of Nonresidence in Illinois, to determine if you are exempt.

If you are an Illinois resident who works for an employer in a non-reciprocal state but you work from home or in locations in Illinois for more than 30 working days, you may need to adjust your withholding or begin making estimated payments. For additional information, go to **tax.illinois.gov.**

It you do not file a completed Form IL-W-4 with your employer, if you fail to sign the form or to include all necessary information, or if you alter the form, your employer must withhold Illinois Income Tax on the entire amount of your compensation, without allowing any exemptions.

When must I submit this form?

You should complete this form and give it to your employer on or before the date you start work. You must submit Form IL-W-4 when Illinois Income Tax is required to be withheld from compensation that you receive as an employee. You may file a new Form IL-W-4 any time your withholding allowances increase. If the number of your claimed allowances decreases, you **must** file a new Form IL-W-4 within 10 days. However, the death of a spouse or a dependent does not affect your withholding allowances until the next tax year.

Employee's and other Payee's Illinois Withholding Allowance Certificate and Instructions

When does my Form IL-W-4 take effect?

If you do not already have a Form IL-W-4 on file with your employer, this form will be effective for the first payment of compensation made to you after this form is filed. If you already have a Form IL-W-4 on file with this employer, your employer may allow any change you file on this form to become effective immediately, but is not required by law to change your withholding until the first payment of compensation is made to you after the first day of the next calendar quarter (that is, January 1, April 1, July 1, or October 1) that falls at least 30 days after the date you file the change with your employer.

Example: If you have a baby and file a new Form IL-W-4 with your employer to claim an additional allowance for the baby, your employer may immediately change the withholding for all future payments of compensation. However, if you file the new form on September 1, your employer does not have to change your withholding until the first payment of compensation is made to you after October 1. If you file the new form on September 2, your employer does not have to change your withholding until the first payment of compensation made to you after October 3. If you file the new form on September 3.

How long is Form IL-W-4 valid?

Your Form IL-W-4 remains valid until a new form you have submitted takes effect or until your employer is required by the Department to disregard it. Your employer is required to disregard your Form IL-W-4 if

- you claim total exemption from Illinois Income Tax withholding, but you have not filed a federal Form W-4 claiming total exemption, or
- the Internal Revenue Service (IRS) has instructed your employer to disregard your federal Form W-4.

What is an "exemption"?

An "exemption" is a dollar amount on which you do not have to pay Illinois Income Tax that you may claim on your Illinois Income tax return.

What is an "allowance"?

The dollar amount that is exempt from Illinois Income Tax is based on the number of allowances you claim on this form. As an employee, you receive one allowance unless you are claimed as a dependent on another person's tax return (*e.g.*, your parents claim you as a dependent on their tax return). If you are married, you may claim additional allowances for your spouse and any dependents that you are entitled to claim for federal income tax purposes. You also will receive additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind.

Note: For tax years beginning on or after January 1, 2017, the personal exemption allowance, and additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind, may **not** be claimed on your Form IL-1040 if your adjusted gross income for the taxable year exceeds \$500,000 for returns with a federal filing status of married filing jointly, or \$250,000 for all other returns. You may complete a new Form IL-W-4 to update your exemption amounts and increase your Illinois withholding.

How do I figure the correct number of allowances?

Complete the worksheet on the back of this page to figure the correct number of allowances you are entitled to claim. Give your completed Form IL-W-4 to your employer. Keep the worksheet for your records.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

How do I avoid underpaying my tax and owing a penalty?

You can avoid underpayment by reducing the number of allowances or requesting that your employer withhold an additional amount from your pay. Even if your withholding covers the tax you owe on your wages, if you have non-wage income that is taxable, such as interest on a bank account or dividends on an investment, you may have additional tax liability. If you owe more than \$500 tax at the end of the year, you may owe a late-payment penalty or will be required to make estimated tax payments. For additional information on penalties see Publication 103, Uniform Penalties and Interest. Visit our website at **tax.illinois.gov** to obtain a copy.

Where do I get help?

- Visit our website at tax.illinois.gov
- Call our Taxpayer Assistance Division at 1 800 732-8866 or 217 782-3336
- Call our TDD (telecommunications device for the deaf) at 1 800 544-5304
 Write te
 - Write to ILLINOIS DEPARTMENT OF REVENUE PO BOX 19044 SPRINGFIELD IL 62794-9044

Illinois Withholding Allowance Worksheet

General Information

Use this worksheet as a guide to figure your total withholding allowances you may enter on your Form IL-W-4.

Complete Step 1. Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

> 1_____ 2_____

5

8

9

Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- \Box No one else can claim me as a dependent.
- □ I can claim my spouse as a dependent.
- 1 Enter the total number of boxes you checked.
- 2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return.

3	Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are
	entitled. You are not required to claim these allowances. The number of basic personal allowances that you
	choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. 3

4	Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of
	Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as
	few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 4

Step 2: Figure your additional allowances

:

 \Box I am 65 or older.

- 5 Enter the total number of boxes you checked.

6	Enter any amount that you reported on Line 4 of the Deductions Worksheet		
	for federal Form W-4 plus any additional Illinois subtractions or deductions.	6	
7	Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7.	7 _	
8	Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which		
	you are entitled . You are not required to claim these allowances. The number of additional allowances		

	,
	that you choose to claim will determine how much money is withheld from your pay.
9	Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This
	number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lo

number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay.

IMPORTANT: If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.

\gg	 Cut here and give the certificate to your employer. Keep the top portion for your records.	 >	S ⊃

Illinois Department of Revenue

Social Security number		 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). Enter the additional amount you want withheld 		
Name				
Street address		3 Enter the additional amount you want withheld (deducted) from each pay.	3	
City	State ZIP	I certify that I am entitled to the number of withholding allo this certificate.	owances claimed on	
,	exempt from federal and Illinois nd sign and date the certificate.	Your signature	Date	
Printed by the authority of the State of Illinois - PO Number: 2200208 - 500 copies IL-W-4 (R-05/20) This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.		Employer: Keep this certificate with your records. If you have referred certificate to the IRS and the IRS has notified you to disregard it, you n disregard this certificate. Even if you are not required to refer the empl the IRS, you still may be required to refer this certificate to the Illinois I inspection. See Illinois Income Tax Regulations 86 III. Adm. Code 100.7	may also be required to oyee's federal certificate to Department of Revenue for	

Illinois State Board of Education

New U.S. Department of Education Race and Ethnicity Data Standards

Note: The employee should respond to both questions (Part A and Part B). If an employee declines to respond to either question (Part A or Part B), school district staff are required to provide the missing information by observer identification.

Name:

()

Part A. Ethnicity: Are you Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Choose only one.

□ No, not Hispanic/Latino

□ Yes, Hispanic/Latino

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider your race to be.

Part B. Race: What is your race?

Choose one or more.

- □ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- □ Black or African American (A person having origins in any of the black racial groups of Africa.)
- □ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- □ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

Illinois State Board of Education, Division of Data Analysis and Progress Reporting December 2009

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name	Employee ID#
Employer Name	Employer ID#

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at <u>www.socialsecurity.gov</u>. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee

Date

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security,** is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, <u>www.socialsecurity.gov/online/ssa-1945.pdf</u>. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering. Teachers' Retirement System

of the State of Illinois P.O. Box 19253 2815 West Washington Springfield, Illinois 62794-9253 (217) 753-0311 or (800) 877-7896 TDD (217) 753-0329

Membership Information Record

Please print or type

The information obtained from this form will become part of your permanent record at the Teachers' Retirement System Please complete this form if:

- you are a new member of TRS;
- you are a new member of TRS with previous TRS membership that was cancelled when you received a refund;
- you are an active or inactive member of TRS and are changing your name, address, or TRS-covered employers; or
- you are a retired member (annuitant) of TRS and are changing your name or address

Status (please check one)

New MemberActive or inactive member
changing name or addressNew member with previous TRS
Membership (List any other
names you may have used during
Your previous membership.)Active or inactive member
Changing TRS-covered
employers

Retired member changing name or address

Member of another Illinois public employee retirement system (Write the system's name)

Last Name	First Name	Middle Name	Maiden	Social Se	curity number
Home telephone number		Date of birth (MM-DD-YYYY)		Sex	Marital status
Work telephone number					

Employer Information

List only your TRS-covered employers for the current school year. If you do not know your employer's name or number, please contact your employer's payroll department.

District name	County	District #	Check only if you are or were a
			substitute teacher.
			Substitute
District name	County	District #	Check only if you are or were a
			substitute teacher.
			Substitute
District name	County	District #	Check only if you are or were a
			substitute teacher.
			Substitute

Current address			Previous address		
Street address			Street address		
Apartment, post office box or route number			Apartment, post office box, or route number		
City	State	Zip code (9 digits)	City	State	Zip code (9 digits)
County					
Signature				Da	ate
Power of attorney signa	ture, if applicable (Attac	h power of attorney document)		Da	ate

orm **W-4**

Employee's Withholding Certificate

OMB No. 1545-0074

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.

Department of the Treasury Internal Revenue Service 2023

Your withholding	is subiect to	review by	v the IRS.

Step 1:	(a) First name and middle initial	Last name	(b) Social security number
Enter Personal Information	Address City or town, state, and ZIP code		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.
	(c) Single or Married filing separately Married filing jointly or Qualifying surviving s Head of household (Check only if you're unmar	pouse ried and pay more than half the costs of keeping up a home for yc	urself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs	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.
or Spouse	Do only one of the following.
Works	(a) Reserved for future use.
	(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or
	(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

TIP: If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3:	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
Claim	Multiply the number of qualifying children under age 17 by \$2,000 \$		
Dependent and Other	Multiply the number of other dependents by \$500		
Credits	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	3	\$
Step 4 (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(a)	æ
Other Adjustments	(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(b)	
	(c) Extra withholding. Enter any additional tax you want withheld each pay period .	4(c)	\$

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						
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)						

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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 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 2023 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, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your selfemployment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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.

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 roughly 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 2023 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.

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 2023 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	• \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately	2	\$
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 being treated as a single person with no other entries on the form; 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 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 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.

Form W-4 (2023)

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job	g Job Lower Paying Job Annual Taxable Wage & Salary											
Annual Taxable Wage & Salary	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250
F				Single o	r Married	d Filing S	Separate	ly				

Higher Paying Job Annual Taxable Wage							Wage & S	Salary					
Annual Taxa Wage & Sa		\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 -	9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 1	9,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 2	9,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 3	89,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 5	59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 7	9,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 9	9,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 12	4,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 14	9,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 17	4,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 19	9,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 24	9,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 39	9,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 44	9,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and	over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Pay	ing Job	Lower Paying Job Annual Taxable Wage & Salary											
Annual Ta Wage & S		\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 -	9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 -	19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 -	29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 -	39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 -	59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 -	79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 -	99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 -	124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 -	149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 -	174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 -	199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 -	249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 -	449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 aı	nd over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

STAFF EMERGENCY CARD - LASEC ESY 2023

ADDRESS PHONE /CEL	AMESL NUMBERTE
EMERGENCY CONTACTS	<u>}:</u>
CONTACT #1	RELATIONSHIP
PHONE #1	
PHONE #2	
CONTACT #2	RELATIONSHIP
PHONE #1	
PHONE #2	
CONTACT #3	RELATIONSHIP
PHONE #1	
PHONE #2	
MEDICAL CONCERNS:	
ALLERGIES	
SPECIAL MEDICAL CONCERNS	S AND NOTES