



4363 Sylvanfield Drive
Houston, TX 77014-1620
Phone (281) 440-1060
Fax (281) 440-7572
northlandchristian.org

New Employee Packet

Where Excellence is Expected

New Employee Packet

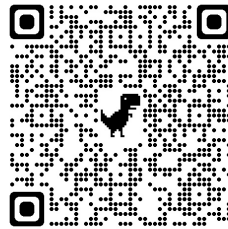
Welcome to the Northland Christian School family! We are happy to have you on board. Please take a moment to review the attached information and required background check instructions. Your completed forms are due in the Business Office within three days of your initial work day.

Background check for employment

Northland Christian School conducts job-related background checks prior to employment. Your employment is contingent upon successfully passing a criminal background check. NCS contracts with a third-party provider, One Source, to conduct background checks. In order to begin the process, please visit the following web site to fill out the online form and sign the electronic consent.

Please visit the link to provide your online consent to begin the background check process:

<https://tinyurl.com/2hhb62y7>



Checklist of Required Documents

In addition to a cleared background check, there are several required forms. Failure to complete these forms in a timely manner may delay the start of your employment and/or payroll check.

1. *Personal Information Form* – This provides us with your family information, as well as emergency contacts.
2. *Employee Acknowledgments Form* – This form contains certain legal disclosures required for employers to communicate to employees.
3. *Pre-Employment Affidavit* – This affidavit is required by law to satisfy the requirement of Texas Education Code section 21.009 and is required to be signed by you in the presence of a notary public. Many banks offer notary services for their account holders, or you may utilize notary services at a local office supply store.
4. *I-9 Form* – This verifies your identity and eligibility to work in the United States (complete section one only). **Original identification documents are required** to be submitted for review when you turn in this form. The types of acceptable identification documents are included in the instructions.
5. *W-4 Form* – This IRS document allows you to indicate the amount of taxes to be withheld from your paycheck based on the number of exemptions you claim. If you need assistance in calculating the exemption number, you may complete the attached worksheet, but it does not need to be submitted.

Benefits

If your position entitles you to participate in benefits offered through NCS (as indicated by the Group Number on your contract or employment offer letter), you have 30 days from your first date of employment to elect or decline benefits. Information on the benefit plans available will be provided to those who qualify to participate.



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Online Access to Pay Stub Data

Once you have been set up in the payroll system and receive your first paycheck, you can review your pay stub and payroll deductions online by registering with ADP. You will be able to access your pay statements, and you will also be able to update your W4 if you need to adjust your tax withholdings. The login instructions are as follows:

- Go to <https://workforcenow.adp.com> and click "Register Here."
- Your registration pass code is: **NCSchool-ncs**
(this is required for registration)
- Enter your name, last 4 digits of your SSN, and your birth date.
- Download the ADP Mobile app and set up a thumbprint login if you would like to have access on your phone/tablet.

Please contact me at smeekins@northlandchristian.org or 281-440-1060 x6405 to set up an appointment to meet and review your identification documents. If your position entitles you to the benefits offered through NCS (indicated by the Group # on your contract), we will set aside time to discuss your benefit options. I will provide the benefit enrollment information and answer questions about the Northland plans.

If you have any questions as you complete these forms, please feel free to contact me. Again, welcome aboard! We look forward to a great year!

In Him,

A handwritten signature in blue ink that reads "Shyanne Meekins". The signature is written in a cursive, flowing style.

Shyanne Meekins
Chief Financial Officer



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Personal Information Form

Employee Name: _____
Last First Middle

Mailing Address: _____
Street

City/State/Zip

Phone: _____ Circle one
(Home / Cell / Other)

Phone: _____ (Home / Cell / Other)

Ethnicity _____ Race _____ Gender (M / F)

Personal email address: _____

Date of Birth: _____ Employment Date: _____ SSN: _____
(mo/yr)

Position: _____

Spouse Name: _____
Last First Middle

Children Names: _____ Age/Grade Check if enrolled at NCS

_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Emergency Contacts:

Emergency Contact Name: _____ Phone: _____

Doctor: _____ Phone: _____

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Employee Acknowledgments

Worker's Compensation – Zenith Worker's Compensation Health Care Network

I acknowledge that I have received information that tells me how to get health care under workers' compensation insurance. If I am hurt on the job and live in the service area described in this information, I acknowledge my understanding of the following terms:

_____(Initial Here)

- I must choose a treating doctor from the Zenith Health Care Network
- I may select as my treating doctor a doctor, whom I selected as my primary care physician or provider through my HMO Plan.
- I must go to my treating doctor for all treatment for my work injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
- The insurance carrier will pay the network providers for all mandated amounts if my injury is caused by my job. A list of network doctors can be accessed at www.TheZenith.com or by calling 1-800-841-3988.
- I might have to pay for my medical treatment if I get health care from someone not in the Zenith Health Care Network.

401(k)

I understand that I will be eligible to participate in the 401(k) plan once I have completed one year of service with a minimum of 1,000 hours of service within a 12 month period, and I am at least 21 years old. _____(Initial Here)

401(k) Plan Fee Disclosure Notification

I consent to electronic delivery of the 401(k) Plan Fee Disclosure Statement. I understand that I can withdraw this consent at any time, at no charge, by notifying my Human Resources department in writing and updating my contact information. The electronic statement will be sent to my personal email address in PDF format. _____(Initial Here)

COBRA Notice

I have received the Notice of Continuation Coverage Rights under COBRA. This notice is located in the Alphabet Soup of Employee Notifications. _____(Initial Here)

ACA/Exchange Notice

I have received information regarding the Health Insurance Marketplace Coverage Options. This information is located in the Alphabet Soup of Employee Notifications. _____(Initial Here)

Medicaid and CHIP

I have received information regarding Medicaid and the Children's Health Insurance Program (CHIP). This information is located in the Alphabet Soup of Employee Notifications. _____(Initial Here)

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FMLA

I have received the notice regarding Employee Rights and Responsibilities under the Family Medical Leave Act (FMLA). This notice is located in the Alphabet Soup of Employee Notifications. _____
(Initial Here)

Employee Handbook Acknowledgment

I acknowledge that I have signed an employment contract with the school, the terms of which govern my employment - supplemented, as specified in the contract, by the policies contained in the Faculty & Staff Handbook. I understand that I should consult with the Head of School regarding any questions not answered in the handbook. I acknowledge that I have read this Employee Acknowledgment Form and have access to the Faculty & Staff Handbook, which policies I will read and understand and by which I agree to comply. _____ **(Initial Here)**

Direct Deposit

I consent to have my pay deposited via direct deposit to the following banking information (or attach a voided check):

Routing Number: _____ Bank Account Number: _____

Attach Voided Check

Please note that it usually takes a payroll cycle for the direct deposit to be set up, so your first paycheck may be a live check. Please direct any questions to Shyanne Meekins, Chief Financial Officer, in the Northland Christian School Business Office (281-440-1060).

Employee Signature

Employee Name (Print)

Date

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**This form must
be notarized
outside of NCS**

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Pre-Employment Affidavit for Applicant Offered Employment

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit. For purposes of this affidavit:

- **Adjudication and conviction** refer to a conviction, plea of guilty or no contest (nolo contendere), probation, suspension, or deferred adjudication.
- **Charge** refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.
- **Inappropriate relationship** refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following (select one):

- ☐ I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- ☐ I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be false. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:
_____.
- ☐ I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be true. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:
_____.

I declare under penalty of perjury that the foregoing is true and correct.

(Signature of Declarant) (Date)

Name (First, Middle, Last)

Address (Street, City, State, Zip Code)

State of Texas County of _____

Before me, a notary public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct. (Personalized Seal)

Notary Public's Signature

Approved by the Texas Commissioner of Education, October 2017.

Where Excellence is Expected



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address		Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

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

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
For persons under age 18 who are unable to present a document listed above:			
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		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
Acceptable Receipts			
May be presented in lieu of a document listed above for a temporary period.			
For receipt validity dates, see the M-274.			
• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

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.**
► **Your withholding is subject to review by the IRS.**

2022

Step 1:
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		► 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 .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself 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, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs
or Spouse
Works

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

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ► ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ► \$		
	Multiply the number of other dependents by \$500 ► \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(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)	\$
	(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)
-----------------------------	--------------------------	--------------------------------------

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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2022 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, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: 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). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

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

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

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

If you (and your spouse) have a total of only two jobs, you may instead 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 2022 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.

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

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

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

- 1** Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **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 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job 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	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job 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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job 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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

Appendix A- Benefits Table

Group	Description
I	Full-time salaried administrators or staff employed on a 12-month basis (exempt employees)
II	Greater than 30 hours per week, full-time salaried teacher or staff, employed on a 10-month basis (exempt employees)
III	20-30 hours per week, part-time salaried teachers or staff, employed on a 10-month basis (exempt employees)
IV	Full-time (30 or greater hours per week), hourly staff, employed on a 12-month basis (non-exempt employees)
V	Full-time (30 or greater hours per week), hourly staff, employed on a 10-month basis (non-exempt employees)
VI	Part-time (less than 30 hours per week), hourly staff, employed on a 12-month basis (non-exempt employees)
VII	Part-time (less than 30 hours per week), hourly staff, employed on a 10-month basis (non-exempt employees)

DESCRIPTION OF BENEFIT	GROUP I	GROUP II	GROUP III	GROUP IV
1) Eligible for Group Health Benefits	yes	yes	no	yes
2) Eligible for Retirement Program (*minimum of 1,000 hours within a 12 month period to initially qualify for enrollment)	*yes	*yes	*yes	*yes
3) Covered by Workman's Compensation	yes	yes	yes	yes
4) Sick Leave (# of days allowed) <ul style="list-style-type: none"> Sick leave will carry-over and accumulate each year to a total not to exceed 30 days. Sick leave may be used for the illness of immediate family members up to the accumulated total. Immediate family member is defined as spouse and minor children living at home. In a family where both parents work, the school expects that both parents will share equally in the care of sick children on school days. Upon request, sick leave may be used for the major illness of a parent or non-minor child for up to a total of 10 days per year with the approval of the Head of School. Accrued sick leave is not payable upon separation of employment. Non-emergency elective medical procedures or appointments should be scheduled in consultation with the employee's direct supervisor giving appropriate consideration to school needs and employee preferences. 	9 days	7 days	7 days Employees working less than 40 hours per week will receive pro rata sick leave time (i.e. $30/40 \text{ hrs} * 7 = 5.25 \text{ days}$)	9 days Employees working less than 40 hours per week will receive pro rata sick leave time (i.e. $30/40 \text{ hrs} * 9 = 6.7 \text{ days}$)

DESCRIPTION OF BENEFIT	GROUP I	GROUP II	GROUP III	GROUP IV
5) Included in the NCS short-term disability plan <ul style="list-style-type: none"> This plan is intended to provide, in the case of non-occupational injury or illness, salary continuation paid at 75% of the employee's base salary for a maximum of 30 workdays (usually six calendar weeks) commencing the day of the event. Disabilities caused or contributed to by pregnancy, childbirth, or related medical conditions, for all job-related purposes, shall be treated the same as disabilities caused or contributed to by other medical conditions. Plan takes effect upon depletion of all accumulated sick leave days (the total of which will be subtracted from the allowed 30 days). 	yes	yes	no	yes
6) Included in NCS long-term disability plan (contingent on NCS ability to purchase policy)	yes	yes	no	yes
7) Personal Leave (# of days allowed) <ul style="list-style-type: none"> Personal leave is non-cumulative. Requests for personal leave should be submitted, in writing, a minimum of five (5) workdays prior to requested absence. Personal leave will be granted if the staffing needs of the school can be accommodated by the direct supervisor. Personal leave will not be given for days preceding or following holidays, special event days, or during the months of August or May. Exceptions to this policy must be approved by the Superintendent for emergency or special family events (weddings, graduations, etc.). Personal Leave may be taken in full day or half-day increments. 	3	3	3 Employees working less than 40 hours per week will receive pro rata leave time (i.e. 30/40 hrs * 3 = 2.25 days)	3 Employees working less than 40 hours per week will receive pro rata leave time (i.e. 30/40 hrs * 3 = 2.25 days)
8) Bereavement Leave <ul style="list-style-type: none"> Allowed for close family members (spouse, child, parent, brother, sister, grandchild, or grandparent. If an employee is married, the spouse's family also is included. Allowed within (taken from) allowable sick leave. <p>Length of leave is determined on a case-by-case basis by the Head of School. Factors considered include type and length of illness in case of impending death, the employee's responsibility for the affairs of the individual, the distance traveled by the employee, and the length of service of the employee to the school. Typical leave would be one (1) to five (5) days.</p>	yes (to be submitted for approval by Head of School from available sick leave if leave falls within the guidelines of definition of family members)	yes (to be submitted for approval by Head of School from available sick leave if leave falls within the guidelines of definition of family members)	no	yes (to be submitted for approval by Head of School from available sick leave if leave falls within the guidelines of definition of family members)
9) Paid Holidays <ul style="list-style-type: none"> All school holidays (as per official school calendar) which are included in employee's contracted days Independence Day (July 4th) if included in employee's contracted days (i.e. 12-month employees) <p>Selected employees will work 1 to 2 days during holidays as needed</p>	yes	yes	yes (Employee paid at contracted daily rate)	no

DESCRIPTION OF BENEFIT	GROUP I	GROUP II	GROUP III	GROUP IV
10) Paid Vacation <ul style="list-style-type: none"> 0-5 years of employment – 10 days 6-15 years of employment – 15 days 15 or more years of employment – 20 days A maximum of 5 unused days per year may be carried over for the next year's use (must be used by Nov. 30th, and follow the policies of Personal Leave as listed above and must be approved by the Head of School. Exceptions must be approved by the Head of School. <p>Accrued vacation pay is not payable upon separation of employment</p>	yes	no	no	<p>yes</p> <p>Employees working less than 40 hours per week will receive pro rata vacation (i.e. 30/40 hrs * 3 = 2.25 days)</p>
11) Tuition Discount (percent granted) <ul style="list-style-type: none"> Employee's dependent children only <p>Applies to <u>Tuition</u> only</p>	50%	50%	25%	50%
12) Tuition Discount for grandchildren (percent granted) <ul style="list-style-type: none"> Employee's grand children only <p>Applies to <u>Tuition</u> only</p>	25%	25%	10%	25%
13) Complimentary Extended Care for school age children if available during employee's working hours	yes	yes	yes	yes
14) Eligible for Tuition Remission	yes	yes	yes	yes
15) Jury Duty - when required, the employee will be granted time-off with pay for up to three days to serve on jury duty. Time-off without pay will be granted for service beyond three days. The employee is expected to report to work when not called to court or when excused early.	yes	yes	yes	yes

DESCRIPTION OF BENEFIT	GROUP V	GROUP VI	GROUP VII
1) Eligible for Group Health Benefits	Yes	no	no
2) Eligible for Retirement Program (*minimum of 1,000 hours within a 12 month period to initially qualify for enrollment)	*yes	*yes	*yes
3) Covered by Workman's Compensation	yes	yes	yes
4) Sick Leave (# of days allowed) <ul style="list-style-type: none"> Sick leave will carry-over and accumulate each year to a total not to exceed 30 days. Sick leave may be used for the illness of immediate family members up to the accumulated total. Immediate family member is defined as spouse and minor children living at home. In a family where both parents work, the school expects that both parents will share equally in the care of sick children on school days. Upon request, sick leave may be used for the major illness of a parent or non-minor child for up to a total of 10 days per year with the approval of the Head of School. Accrued sick leave is not payable upon separation of employment. Non-emergency elective medical procedures or appointments should be scheduled in consultation with the employee's direct supervisor giving appropriate consideration to school needs and employee preferences. 	7 days Employees working less than 40 hours per week will receive pro rata sick leave time (i.e. $30/40 \text{ hrs} * 7 = 5.25 \text{ days}$)	no	no
5) Included in the NCS short-term disability plan <ul style="list-style-type: none"> This plan is intended to provide, in the case of non-occupational injury or illness, salary continuation paid at 75% of the employee's base salary for a maximum of 30 workdays (usually six calendar weeks) commencing the day of the event. Disabilities caused or contributed to by pregnancy, childbirth, or related medical conditions, for all job-related purposes, shall be treated the same as disabilities caused or contributed to by other medical conditions. Plan takes effect upon depletion of all accumulated sick leave days (the total of which will be subtracted from the allowed 30 days). 	yes	no	no
6) Included in NCS long-term disability plan (contingent on NCS ability to purchase policy)	yes	no	no
7) Personal Leave (# of days allowed) <ul style="list-style-type: none"> Personal leave is non-cumulative. Requests for personal leave should be submitted, in writing, a minimum of five (5) workdays prior to requested absence. Personal leave will be granted if the staffing needs of the school can be accommodated by the direct supervisor. Personal leave will not be given for days preceding or following holidays, special event days, or during the months of August or May. Exceptions to this policy must be approved by the Head of School for emergency or special family events (weddings, graduations, etc.). Personal Leave may be taken in full day or half-day increments. 	3 Employees working less than 40 hours per week will receive pro rata leave time (i.e. $30/40 \text{ hrs} * 3 = 2.25 \text{ days}$)	no	no

DESCRIPTION OF BENEFIT	GROUP V	GROUP VI	GROUP VII
8) Bereavement Leave <ul style="list-style-type: none"> Allowed for close family members (spouse, child, parent, brother, sister, grandchild, or grandparent. If an employee is married, the spouse's family also is included. Allowed within (taken from) allowable sick leave. <p>Length of leave is determined on a case-by-case basis by the Head of School. Factors considered include type and length of illness in case of impending death, the employee's responsibility for the affairs of the individual, the distance traveled by the employee, and the length of service of the employee to the school. Typical leave would be one (1) to five (5) days.</p>	<p>yes (to be submitted for approval by Head of School from available sick leave if leave falls within the guidelines of definition of family members)</p>	no	no
9) Paid Holidays <ul style="list-style-type: none"> All school holidays (as per official school calendar) which are included in employee's contracted days Independence Day (July 4th) if included in employee's contracted days (i.e. 12-month employees) <p>Selected employees will work 1 to 2 days during holidays as needed</p>	no	no	no
10) Paid Vacation <ul style="list-style-type: none"> 0-5 years of employment – 10 days 6-15 years of employment – 15 days 15 or more years of employment – 20 days A maximum of 5 unused days per year may be carried over for the next year's use (must be used by Nov. 30th, and follow the policies of Personal Leave as listed above and must be approved by the Superintendent. Exceptions must be approved by the NCS Superintendent. Accrued vacation pay is not payable upon separation of employment 	no	no	no
11) Tuition Discount (percent granted) <ul style="list-style-type: none"> Employee's dependent children only Applies to <u>Tuition</u> only 	35%	Prorated tuition discount as Group IV based on number of hours worked	Prorated tuition discount as Group V based on number of hours worked
12) Tuition Discount for grandchildren (percent granted) <ul style="list-style-type: none"> Employee's grand children only Applies to <u>Tuition</u> only 	15%	no	no
13) Complimentary Extended Care for school age children if available during employee's working hours	yes	no	no
14) Eligible for Tuition Remission	yes	no	no
15) Jury Duty - when required, the employee will be granted time-off with pay for up to three days to serve on jury duty. Time-off without pay will be granted for service beyond three days. The employee is expected to report to work when not called to court or when excused early.	yes	yes	yes