#### New Hire Checklist: Student Worker (Research Asst., Summer Fellow)

If you are a recently hired (US) Penn Law Faculty, Staff, Fellow or hourly Student, please be sure to provide the Penn Law Business Affairs team with the following documents to complete your payroll record:

- Signed Offer Letter and/or Appointment Form
- W4
- Employment Information Form
- Online I-9 Form (including verification documents)
- Online Direct Deposit Declaration
- Voluntary Self Identification Form
- Copy of Social Security Card
- Resume

Please submit these materials in one complete package to the Business Affairs team at: businesshelp@law.upenn.edu as soon as possible to expedite the processing of your payroll record.



3501 Sansom Street Philadelphia, PA 19104-6204

To All Newly Hired Law School Faculty, Staff and Fellows:

Attached are the forms needed to process salary payment as per your recent appointment to the Law School. Please return the appropriate form(s) to the Business Affairs Office at **businesshelp@law.upenn.edu** at your earliest convenience. Prompt completion and submission of these documents will insure timely processing of your payroll record and subsequent paycheck.

<u>PAYROLL DOCUMENTS:</u> The University requires the signed offer letter returned as well as a photocopy of your Social Security card to complete your payroll record - please bring your card for us to copy. Also, payroll can only be processed via direct deposit or by default to the ADP TotalPay debit card system - as the university no longer issues paper checks. If you have not already done so, we suggest that you sign up for direct deposit as soon as possible using the following instructions:

Please go to the 'U@Penn' employee webpage - here:

https://portal.apps.upenn.edu/penn\_portal/u@penn.php

Then, on the left-hand side, under the heading 'My Pay,' click on 'Enroll in or Update Direct Deposit.' This is where you enter your banking information to initiate direct deposit, and you can also update your banking information here if it changes. This will require a pennID and password.

**EMPLOYEE INFORMATION FORM:** This form must be completed by all employees. This will assist us with the information required to start and complete your payroll record.

**FORM W-4:** This form will determine the tax withholding rate for your payment. If you received payment from the University last year, you need to complete this form only if you wish to change your tax withholding rate or permanent home address. This is the address that will be used to mail your W-2 tax form.

ONLINE FORM 1-9: Unless you have been on the University Payroll system within the last year, you must complete this form on-line at <a href="https://www.hr.upenn.edu/I9">https://www.hr.upenn.edu/I9</a>. The I9 form requires that you present documentation that proves your identity and eligibility for employment. The attached form lists the most common forms of documentation to be used. You must bring this documentation with you when you hand in your forms. If you have been on Payroll at the University within the past year, you do not have to complete the I-9 form, but you must let us know in which department you last worked so that we can get your payroll records transferred to the Law School. [NOTE: Use the same address as the W-4 form.]

**SELF IDENTIFICATION FORM:** We ask your assistance in helping us to meet our federal compliance obligations of monitoring our hire and transfer processes. Completion of this form is strictly voluntary. The information you provide on this form will be maintained confidentially.

Finally, all forms can be obtained electronically from the Business Affairs section of the Penn Law website at:

https://www.law.upenn.edu/administration/businessaffairs

## **Instructions for Setting Up Direct Deposit at Penn**

1. Please go to the 'U@Penn' employee webpage - here:

## https://portal.apps.upenn.edu/penn\_portal/u@penn.php



- 2. Then, on the left-hand side, under the heading 'My Pay,' click on 'Enroll in or Update Direct Deposit.' (AS PER ABOVE) This is where you enter your banking information to initiate direct deposit, and you can also update your banking information here if it changes.
- 3. Please note that this will require a pennID and password.

# **Employee Information Form**

Social Security Number (last four digits)	: XXX-XX-			
Name: First:	Initia	l:	Last:	
Name Suffix: Name	Prefix:			
Current Address: (Cannot be an offi	ce address)			
Street/Apartment:				
Street 2:				
City: S				
Home Phone:		Cell Pho	ne:	
Permanent Address (Domicile): (Car	ınot be an offi	ce addr	ess)	
Street/Apartment:				
Street 2:				
City: S				
Country:	(Leave blank	( if USA)		
Emergency Contact Information:				
Name:		Relation	nship:	
Phone where this person can be reached	ed while you ar	e at work	κ:	
Sex: Date of Birth:		N	larital Status:	
Educational Level:		r receive		
(choose code from below)				
<ul> <li>B - No academic credentials.</li> <li>C - High School Diploma or equivalent.</li> <li>D - Trade Certificate.</li> <li>E - Some College.</li> <li>F - Associate Degree.</li> </ul>		H - Mas I - Medic J - Othe		1.D., D.D.S., D.V.M., V.M.D.). of Educ., Dr. of Sct., LL.D., J.D.) y (Ph.D.).
Non-Resident Aliens:				
Visa Type: Country:			Visa Exp	iration Date:

### Form W-4 (2016)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Α	Enter "1" for ye	ourself if no one else can c	laim you as a dependent				A
	ſ	You are single and have	e only one job; or			)	
В	Enter "1" if:	<ul> <li>You are married, have</li> </ul>	only one job, and your sp	ouse does not v	work; or	} .	В
	l		ond job or your spouse's v				
С		our <b>spouse.</b> But, you may o					
	than one job. (	Entering "-0-" may help you	u avoid having too little ta	x withheld.) .			с
D	Enter number of	of dependents (other than	your spouse or yourself)	you will claim on	your tax return .		D
Е	Enter "1" if you	u will file as <b>head of house</b> l	<b>hold</b> on your tax return (s	ee conditions ur	nder <b>Head of hous</b>	sehold above)	E
F	Enter "1" if you	have at least \$2,000 of ch	ild or dependent care e	xpenses for whi	ch you plan to clai	m a credit .	F
	(Note: Do not	include child support paym	ents. See Pub. 503, Child	d and Dependen	t Care Expenses,	for details.)	
G	<b>Child Tax Cre</b>	dit (including additional chi	ld tax credit). See Pub. 9	72, Child Tax Cr	edit, for more infor	mation.	
		ncome will be less than \$70				then <b>less</b> "1" if	you
		ur eligible children or <b>less</b> "	•	•			
	<ul> <li>If your total inc</li> </ul>	come will be between \$70,000	and \$84,000 (\$100,000 ar	nd \$119,000 if ma	ırried), enter "1" for e	each eligible child	d G
Н	Add lines A thro	ugh G and enter total here. (N	lote: This may be different f	rom the number o	f exemptions you cl	aim on your tax r	return.) ► H
	For accuracy		or claim adjustments to i	ncome and want	to reduce your with	nholding, see the	e Deductions
	For accuracy, complete all	and Adjustments Wo	. •				and the constitution
	worksheets	earnings from all jobs	have more than one job of exceed \$50,000 (\$20,000)	r are <b>married and</b> if married), see th	a you ana your spo ne Two-Earners/M	ouse both work ultiple Jobs Wo	and the combined prksheet on page 2
	that apply.	to avoid having too litt	le tax withheld.	,.		•	
		• If <b>neither</b> of the above	e situations applies, <b>stop h</b>	ere and enter the	number from line h	d on line 5 of Fo	rm W-4 below.
		Separate here and	give Form W-4 to your em	ployer. Keep the	e top part for your	records	
	141 4	Employo	o'c Withholding	Allowana	o Cortifico	ło.	OMB No. 1545-0074
Form	W-4		e's Withholding				ONID 100. 1343-0074
	ment of the Treasury		tled to claim a certain numbe ne IRS. Your employer may b				2016
interna 1	Revenue Service Your first name	and middle initial	Last name	e required to seria	a copy or this form t		security number
							,
	Home address	(number and street or rural route	)	3 Single	Married Marr	ied but withhold a	at higher Single rate.
							alien, check the "Single" box.
	City or town, st	ate, and ZIP code			me differs from that		
				· -	ou must call 1-800-7	-	· · · · —
5	Total numbe	r of allowances you are clai	ming (from line <b>H</b> above	or from the appl	icable worksheet o	on page 2)	5
6	Additional amount, if any, you want withheld from each paycheck						
7	I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption.						
	<ul> <li>Last year I</li> </ul>	had a right to a refund of a	II federal income tax with	held because I h	nad <b>no</b> tax liability,	and	
	• This year I	expect a refund of all feder	al income tax withheld be	ecause I expect	to have <b>no</b> tax liab	oility.	
	If you meet b	ooth conditions, write "Exer	mpt" here			7	·
Unde	r penalties of pe	rjury, I declare that I have ex	amined this certificate and	, to the best of my	y knowledge and be	elief, it is true, co	orrect, and complete.
Empl	oyee's signatur	re					
(This		unless you sign it.) ▶				Date ►	
8	Employer's nan	ne and address (Employer: Comp	olete lines 8 and 10 only if send	ding to the IRS.)	9 Office code (optional)	10 Employer id	lentification number (EIN)

Form W-4 (2016) Page **2** 

			Deducti	ions and A	djustments Work	sheet			
Note	: Use this work	sheet <i>only</i> if					to income.		
1	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details								
			ed filing jointly or qua	•	0 1	ib. 000 for details		ι ψ	
2		9,300 if head o		anying widow	v(er)			2 \$	
2			or married filing sepa	rataly	J			Ζ Ψ	
3			If zero or less, enter	•				3 \$	
4					additional standard de			3 <u>\$</u> 4 \$	
5		•	•	•	nt for credits from th	•	,	4 ψ	
5			•	•	b. 505.)	-		5 \$	
6	•				vidends or interest) .			5 <u>ψ</u> 6 \$	
7					· · · · · · · ·			σ <u>ψ</u> 7 \$	
8					ere. Drop any fraction			γ <u>Ψ</u> 8	
9			-		et, line H, page 1			9	
10					the <b>Two-Earners/M</b> ı			<u> </u>	
10					d enter this total on F			10	
					t (See Two earners				
Note			<del></del>		age 1 direct you here.	<u> </u>	<u> </u>	, ,	
1		•			ed the <b>Deductions and</b>	Adjustments Wo	orksheet)	1	
2				,	EST paying job and e	•	,		
	you are marri	ed filing jointly	y and wages from the	e highest pay	ring job are \$65,000 o	r less, do not e		2	
3					om line 1. Enter the r		ero, enter		
Ü					of this worksheet			3	
Note			· -		age 1. Complete lines				
			olding amount necess						
4	_		2 of this worksheet	-		4			
5						5			
6								6	
7					ST paying job and en			7 \$	
8					additional annual with			8 \$	
9		-			or example, divide by 2	_			
		•		-	here are 25 pay period		•		
	the result here	and on Form	W-4, line 6, page 1. Th	is is the addit	ional amount to be witl	nheld from each	paycheck	9 \$	
		Tab	le 1			Ta	ble 2		
	Married Filing	Jointly	All Other	s	Married Filing	Jointly		All Other	s
	es from <b>LOWEST</b> job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from paying job are		Enter on line 7 above
	\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610		\$38,000	\$610
	001 - 14,000 001 - 25,000	1 2	9,001 - 17,000 17,001 - 26,000	1 2	75,001 - 135,000 135,001 - 205,000	1,010 1,130		85,000 185,000	1,010 1,130
25,0	001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 -	400,000	1,340
	001 - 35,000 001 - 44,000	4 5	34,001 - 44,000 44,001 - 75,000	4 5	360,001 - 405,000 405,001 and over	1,420 1,600	400,001 ai	nd over	1,600
44,0	44,001 - 55,000 6 75,001 - 85,000 6		400,001 and 0ver	1,000					
	001 - 65,000 001 - 75,000	7 8	85,001 - 110,000 110,001 - 125,000	7 8	I				
	001 - 75,000	9	125,001 - 125,000	9					
	001 - 100,000 001 - 115,000	10 11	140,001 and over	10					
	001 - 115,000	12							
	001 - 140,000 001 - 150.000	13 14							

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

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

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

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

#### LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

#### LIST A

#### LIST B

#### LIST C

AND

Documents that Establish Both
Identity and Employment
Authorization

OR

# Documents that Establish Identity

# Documents that Establish Employment Authorization

	U.S. Passport or U.S. Passport Card  Permanent Resident Card or Alien Registration Receipt Card (Form	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	Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States		
	I-551)		2. Certification of Birth Abroad		
3.	Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as	issued by the Department of State (Form FS-545)		
	readable immigrant visa	name, date of birth, gender, height, eye color, and address	3. Certification of Report of Birth issued by the Department of State		
4.	Employment Authorization Document that contains a photograph (Form	3. School ID card with a photograph	(Form DS-1350)		
	I-766)	4. Voter's registration card	Original or certified copy of birth certificate issued by a State,		
5.	In the case of a nonimmigrant alien authorized to work for a specific	5. U.S. Military card or draft record	county, municipal authority, or territory of the United States		
	employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations	6. Military dependent's ID card	bearing an official seal		
		7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document		
		8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)		
		ployment is not in conflict with vertical restrictions or limitations  9. Driver's license issued by a Canadian government authority			
6.	identified on the form  Passport from the Federated States of	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)		
	Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with	10. School record or report card	Employment authorization     document issued by the		
	Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association	11. Clinic, doctor, or hospital record	Department of Homeland Security		
	Between the United States and the FSM or RMI	12. Day-care or nursery school record			

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

## University of Pennsylvania Voluntary Self-Identification Form

The University of Pennsylvania (Penn) is an equal opportunity employer with a policy of non-discrimination. As a federal contractor, Penn must comply with federal regulations pertaining to affirmative action, equal opportunity, and non-discrimination. We ask your assistance in helping us to meet our federal compliance obligations of monitoring our hire, internal hire and transfer processes.

Completion of this form is strictly voluntary. Refusal to complete this form will not subject you to any adverse treatment. The information you provide on this form will be maintained confidentially. \_\_\_\_\_ Sex: (M) (F)\_\_\_\_\_ 5600 \_\_ Department No. 5600 Org. No. Job Title The concept of race as used by the Federal government does not denote clear-cut scientific definitions of anthropological origins. A person may be included in the group to which s/he appears to belong, identifies with, or is regarded in the community belonging. The race/ethnicity categories below have been defined by the U.S. Office of Federal Contract Compliance. 1. Please identify your race/ethnicity by checking one of the categories listed below. ☐ American Indian or Alaskan Native A person with origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or has community recognition as an American Indian or Alaskan Native ☐ Asian – Pacific Islander A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Republic and Samoa; and, on the Indian Subcontinent, includes India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim and Bhutan. ☐ Black (or African American) An individual, not of Hispanic origin, with origins in any of the black racial groups of Africa. ☐ Hispanic (or Latino) A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. This does not include persons of Portuguese descent or persons from Central or South America who are not of Spanish origin or culture. An individual, not of Hispanic origin, with origins in any of the original peoples of Europe, North Africa. or the Middle East. □ Decline to Identify 2. Veteran status is Federally defined by the following categories. (Please check all that apply to you) ☐ Vietnam Era Veteran A person who served on active duty for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability if any part of such active duty occurred in the Republic of Vietnam between 02/28/1961 and 05/07/1975, or in all other cases between 05/05/1964 and 05/07/1975. ☐ Recently Separated Veteran Any veteran during the one-year period beginning on the date of such veteran's discharge or release from active duty. (Effective December 1, 2003, recently separated veteran shall include any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty). ☐ Other Eligible Veteran A person who, as a member of a reserve component under an order to active duty, served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and who was discharged or released from such duty with other than a dishonorable discharge. Employee Signature: \_\_\_\_ **BUSINESS ADMINISTRATOR USE ONLY** 

Personnel Payroll Codes:

- R = Asian
- C = Caucasian
- A = Native American
- B = African American
- S = Hispanic
- D = Decline to Identify

Upon entering the correct code into the Personnel Payroll System, please forward this form to Human Resources, Records Department



3451 Walnut Street RM 310 Philadelphia, PA 19104-6284 215-898-6301

#### UNIVERSITY EMPLOYMENT TAX EXEMPTION REQUEST

\*\*\*\*PLEASE NOTE \*\*\*\*

# IT IS YOUR RESPONSIBILITY TO NOTIFY THE PAYROLL DEPARTMENT IF ANY INFORMATION ON THIS FORM CHANGES

Name:
Last 4 digits of Social Security #:
Home Address:
Work Location Full Address:
Period of Time: FromTo
Due to the above circumstances, I request the following (check all that apply):
That the <b>Philadelphia City Wage Tax</b> not be deducted from my pay for the above period as I am working for the University of Pennsylvania full time outside of Philadelphia and I am not a resident of Philadelphia. I am not working at home for my own convenience and I am not on a scholarly or sabbatical leave of absence.
That the <b>Pennsylvania Income Tax</b> not be deducted from my pay for the above period as I am working for the University of Pennsylvania full time outside of Pennsylvania and I am not a resident of Pennsylvania. I am not working at home for my own convenience and I am not on a scholarly or sabbatical leave of absence.
declare that the above statements are true, correct and complete to the best of my knowledge.  understand that if any of the above information changes, I must notify the Payroll Tax Office.
Employee Signature: Date:
Business Admin. Signature: Date: