

New Hire Checklist: US Citizen

DO NOT BEGIN WORK UNTIL ALL PAPERWORK IS SUBMITTED TO BUSINESS AFFAIRS

- Signed Offer Letter
- W-4
- [I-9 completed online](#) (I-9 verification documents, see p.2 of W-4 for accepted documents)
- Voluntary Self-Identification Form
- Employee Information Form
- Copy of Social Security Card
- Unexpired Passport Picture Page **OR** Unexpired Driver's License

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.

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.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <div><ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div>	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H	_____
<div>For accuracy, complete all worksheets that apply. <div><ul style="list-style-type: none">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</div></div>			

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				2016	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____	
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► 7					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

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

1	Enter an estimate of your 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	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2016 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1**Table 2**

Married Filing Jointly				All Others			
If wages from LOWEST paying job are—		Enter on line 2 above		If wages from LOWEST paying job are—		Enter on line 2 above	
\$0 - \$6,000	0			\$0 - \$9,000	0		
6,001 - 14,000	1			9,001 - 17,000	1		
14,001 - 25,000	2			17,001 - 26,000	2		
25,001 - 27,000	3			26,001 - 34,000	3		
27,001 - 35,000	4			34,001 - 44,000	4		
35,001 - 44,000	5			44,001 - 75,000	5		
44,001 - 55,000	6			75,001 - 85,000	6		
55,001 - 65,000	7			85,001 - 110,000	7		
65,001 - 75,000	8			110,001 - 125,000	8		
75,001 - 80,000	9			125,001 - 140,000	9		
80,001 - 100,000	10			140,001 and over	10		
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—		Enter on line 7 above	
\$0 - \$75,000	\$610		
75,001 - 135,000	1,010		
135,001 - 205,000	1,130		
205,001 - 360,000	1,340		
360,001 - 405,000	1,420		
405,001 and over	1,600		

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—		Enter on line 7 above	
\$0 - \$38,000	\$610		
38,001 - 85,000	1,010		
85,001 - 185,000	1,130		
185,001 - 400,000	1,340		
400,001 and over	1,600		

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.

University of Pennsylvania Faculty and Staff Voluntary Self-Identification Form

The University of Pennsylvania is an equal opportunity employer. As a federal contractor, Penn complies with federal regulations pertaining to affirmative action, equal opportunity, and nondiscrimination. We ask your assistance in helping us to meet our federal compliance obligations of monitoring our recruitment, promotion and retention processes.

Name _____ Penn ID _____

Sex: ☐ Female ☐ Male

The race and ethnicity categories below have been defined by the U.S. Departments of Education and Labor.

I. Are you Hispanic or Latino? -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ Yes ☐ No

Which best describes your country/continent of origin?

- | | |
|--|---|
| <input type="checkbox"/> Central America _____ | <input type="checkbox"/> Cuba |
| <input type="checkbox"/> Mexico | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> Spain | <input type="checkbox"/> South America (excluding Brazil) _____ |
| <input type="checkbox"/> Other _____ | |

II. Regardless of your answer to the question above, please check the groups below in which you consider yourself to be a member:

☐ **American Indian/Alaska Native -- A person having origins in any of the original peoples of North America and South America (including Central America) and who maintain their tribal affiliation or community attachment.**

Which best describes your country/continent of origin?

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Chippewa |
| <input type="checkbox"/> Choctaw | <input type="checkbox"/> Cherokee |
| <input type="checkbox"/> Navajo | <input type="checkbox"/> Sioux |
| <input type="checkbox"/> Other _____ | |

☐ **Asian -- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent.**

Which best describes your country/continent of origin?

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> China | <input type="checkbox"/> India |
| <input type="checkbox"/> Japan | <input type="checkbox"/> Korea |
| <input type="checkbox"/> Pakistan | <input type="checkbox"/> Philippines |
| <input type="checkbox"/> Vietnam | <input type="checkbox"/> Other _____ |

☐ **Black or African American -- A person having origins in any of the black racial groups of Africa.**

Which best describes your country/continent of origin?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Africa _____ | <input type="checkbox"/> Caribbean _____ |
| <input type="checkbox"/> Other _____ | |

☐ **Native Hawaiian or other Pacific Islander -- A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.**

Which best describes your country/continent of origin?

- | | |
|--------------------------------|---|
| <input type="checkbox"/> Guam | <input type="checkbox"/> Hawaii |
| <input type="checkbox"/> Samoa | <input type="checkbox"/> Other (exluding Philippines) _____ |

☐ **White -- A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.**

Which best describes your country/continent of origin?

- | |
|--|
| <input type="checkbox"/> Europe _____ |
| <input type="checkbox"/> Middle East _____ |
| <input type="checkbox"/> Other _____ |

University of Pennsylvania Faculty and Staff Voluntary Self-Identification Form

Self-identification of a disability or veteran status is strictly voluntary. Declining to provide this information will not subject you to any adverse treatment. The information you provide on this form will be treated as confidential and completed forms are maintained in files separate from that individual's personnel file and are held in strict confidence, except that:

1. Administrators, managers, or supervisors may be informed of any work restrictions or reasonable accommodations;
2. First aid or safety personnel may be informed, to the extent necessary, to administer any emergency treatment; and
3. Government officials may review the forms in conjunction with an investigation or audit of the University's compliance with relevant federal, state or local law.

Under federal law, a person with a disability is defined as follows:

- ☐ **Person with a Disability** – A person who (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such impairment; or (3) is regarded as having such impairment.

Faculty and staff who wish to request a reasonable accommodation should contact the Office of Affirmative Action and Equal Opportunity Programs, Sansom Place East, Suite 228, 3600 Chestnut Street, (215) 898-6993 (voice), (215) 898-7803 (TDD), oaacop@pobox.upenn.edu, or visit our website at <http://www.upenn.edu/affirm-action/accommodations.html>. Students should contact the Office of Student Disabilities Services, Weingarten Learning Resources Center, 3820 Locust Walk, Suite 110, (215) 573-9235 for all academic related accommodations. For student accommodations relating to on-campus employment, contact the Office of Affirmative Action and Equal Opportunity Programs.

Veteran status is defined as follows by the U.S. Department of Veterans Affairs. Please check all that apply.

- ☐ **Disabled Veteran** - (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- ☐ **Special Disabled Veteran** - (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- ☐ **Vietnam Era Veteran** - a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.
- ☐ **Recently Separated Veteran** - a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- ☐ **Armed Forces Service Medal Veteran** - a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12983 (61 Fed. Reg. 1209).
- ☐ **Other Protected Veteran** – a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. Information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. A copy of the list also may be obtained by calling (301) 306-6752 and requesting that a copy of the list be mailed to you.

If you have questions or request additional information, please call the Office of Affirmative Action and Equal Opportunity Programs at (215) 898-6993 (voice), (215) 898-7803 (TDD), or e-mail oaacop@pobox.upenn.edu

Signature: _____

Date: _____

Employee Information Form

Social Security Number (last four digits): XXX-XX-

Name: First: _____ Initial: _____ Last: _____

Name Suffix: _____ Name Prefix: _____

Current Address: (Cannot be an office address)

Street/Apartment: _____

Street 2: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Permanent Address (Domicile): (Cannot be an office address)

Street/Apartment: _____

Street 2: _____

City: _____ State: _____ Zip Code: _____

Country: _____ (Leave blank if USA)

Emergency Contact Information:

Name: _____ Relationship: _____

Phone where this person can be reached while you are at work: _____

Sex: _____ Date of Birth: _____ Marital Status: _____

Educational Level: _____ Year received: _____
(choose code from below)

B - No academic credentials.
C - High School Diploma or equivalent.
D - Trade Certificate.
E - Some College.
F - Associate Degree.

G - Bachelor's Degree.
H - Master's Degree.
I - Medical Doctorate (M.D., D.D.S., D.V.M., V.M.D.).
J - Other Doctorate (Dr. of Educ., Dr. of Sct., LL.D., J.D.).
K - Doctor of Philosophy (Ph.D.).

Non-Resident Aliens:

Visa Type: _____ Country: _____ Visa Expiration Date: _____