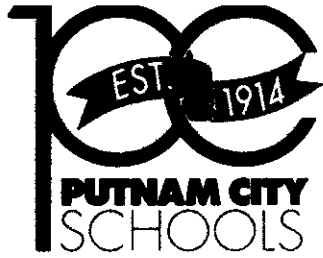


ID # \_\_\_\_\_



# Putnam City Schools

## Substitute Employee Application

2019-2020

ACCUF \_\_\_\_\_  
AS400 \_\_\_\_\_  
AESOP \_\_\_\_\_  
EMAIL \_\_\_\_\_  
DD \_\_\_\_\_  
OSBI \_\_\_\_\_  
BR \_\_\_\_\_

\_\_\_\_\_  
Please Print Name

( ) \_\_\_\_\_  
Phone # with area code

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
zip code

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
DOB

\_\_\_\_\_  
email address

Certified Substitutes (requires OK Teaching Certificate) unlimited number of teaching days allowed.

Expiration date of certificate \_\_\_\_\_ Teacher # \_\_\_\_\_

Areas of teaching description on certificate \_\_\_\_\_

Regular Substitutes - I hold a 4 year degree (List area of Major) \_\_\_\_\_

Regular Substitutes - I do not hold a college degree. You may only teach for 90 days per school year.

Are you currently receiving Oklahoma Teacher Retirement?  YES  NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\* We will need a copy of your driver's license, social security card, Voided Check, Receipt from OSBI background check, college degree and/or transcript or teaching certificate if applicable.

**I have read the rules and procedures listed in the substitute handbook. I understand that non-compliance and repeated offenses will cause opportunities to accept substitute positions in our district revoked or temporarily suspended.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

For Fingerprinting:

**Oklahoma State Department of Education**

Oliver Hodge Building  
Teacher Certification Section, Room 212  
2500 N Lincoln Blvd.  
Oklahoma City, OK 73105  
Telephone: 405-521-3337

**\*\*DO NOT GO TO IDENTGO\*\***

**When you return your completed application, you will need to include:**

1. 2 forms of ID (License and SS card, Passport, or Birth Certificate)
2. A voided check or letter from your bank for direct deposit
3. A receipt from the OSBI background check printed at the Department of Education
4. College Transcripts or Current teaching certificate (if applicable)
5. Completed tutorials

**Tutorials required with the submission of the application:**

Go to this link - <https://site.gcctraining.com/>

Click on "Login"

Choose "New User" and then click "Next".

The Organization ID is "Putnam". Click "submit".

Create your own personal ID. Click "submit".

Under "Job Title" put "substitute". Under "Department" choose "Substitutes".

- **A Guide to Substitute Teaching**
- **Anti-Bullying for Students**
- **Bloodborne Pathogens**
- **Child Abuse – OK**
- **Cultural Awareness**
- **Ethics & Boundaries for School Employees**
- **FERPA**

Once you have completed the tutorials, choose "print your certificate" at the top of the menu page. The certificate should show up on the screen. All tutorials should be listed on the certificate.

**Mindi Cleburn**  
Substitute Coordinator  
Putnam City Schools  
[mcleburn@putnamcityschools.org](mailto:mcleburn@putnamcityschools.org)  
405-495-5200

# OKLAHOMA STATE DEPT of EDUCATION



## Application for National Criminal History Record Check

Choose One:  Teaching Certificate  School Employment

### > PART I: PERSONAL INFORMATION OF APPLICANT \*Picture ID required at Time of Live Scan \*Cash Not Accepted

In accordance with 70 O.S. § 5-142, the State Board of Education requests criminal history information on:  
Please type or print plainly in Ink.

Name (Print) \_\_\_\_\_  ID Verified – OSDE Use Only

Also Known As (AKA) or Maiden Name (if applicable) \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

### > PART II: SUPERINTENDENT'S REQUEST FOR CRIMINAL HISTORY RECORD CHECK

<b>SUBSTITUTE TEACHER</b>	Sex Offender Check
(Position Sought or Held) <b>Putnam City Schools</b>	SDE or OSBI USE ONLY
(School District) <b>5401 NW 40<sup>th</sup> Street</b>	
(School District Address) <b>Oklahoma City, OK 73122</b>	Violent Offender Check
(City, State, Zip Code) <b>Patricia Balenseifen</b>	SDE or OSBI USE ONLY
(Superintendent or Designated Personnel) <b>405-495-5200</b>	
(School District Telephone Number)	(Date)

### > PART III: SUBMISSION TYPE AND PAYMENT – CHOOSE OPTION 1,2 OR 3 ( CASH NOT ACCEPTED)

~~OPTION 1 Electronic Livescan at OSDE Satellite Site – \$53.94 > 7 Business Days <~~  
Please have this form scanned at <https://www.idemio.com/>. or call (877) \_\_\_\_\_ to schedule your fingerprint appointment at a nearby enrollment center. \_\_\_\_\_ your appointment or online when scheduling.  
 Credit Card, Money Order or Check (certified, business or personal check - payable to "Idemia")  
 District Billing Account Number : \_\_\_\_\_

**OPTION 2 Electronic Livescan at OSDE or Ink Card Submission to OSDE – \$53.94 > 7 Business Days <**  
 Money Order or Check (attach a certified, business or personal check - payable to "Idemia")  
 Credit Card Confirmation Number \*\* : \_\_\_\_\_  
\*\* call (877) 219-0197 to charge by phone and receive your confirmation number

**OPTION 3 Ink Card Submission to OSBI – \$45 > Up to 6 Weeks < (For School Employment Only)**  
 Money Order or Check (attach a certified, business or cashier check – payable to "OSBI")  
 OSBI Approved Billing Account Number : \_\_\_\_\_

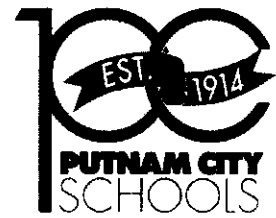
### > PART IV: STATE DEPARTMENT OF EDUCATION USE ONLY

Revised April 2018

The undersigned certifies the State Board of Education has received this application from an approved requester.

Criminal Charges (Felonies and Misdemeanors)

Putnam City School District  
5401 NW 40<sup>th</sup> St  
OKC, OK 73122  
Telephone: (405) 495-5200  
Fax: (405) 491-7516



## Authorization for Release of Information for Background Check

PLEASE PRINT LEGIBLY

Legal Name:

\_\_\_\_\_

*First* *Middle* *Last*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

\_\_\_\_\_ YRS \_\_\_\_\_

Current Home Address: *Street Apt City County State Zip Code*

\_\_\_\_\_ YRS \_\_\_\_\_

Past Home Address: *Street Apt City County State Zip Code*

List any other names you have used

\_\_\_\_\_

*Name* *Dates Used* *City State*

Have you ever been convicted of a crime? Yes / No. If yes, please complete the section below.

\_\_\_\_\_

*Date Offense City County State*

\_\_\_\_\_

*Date Offense City County State*

In connection with PUTNAM CITY SCHOOLS considering me for employment, continued employment, promotion or reassignment, I authorize PUTNAM CITY SCHOOLS and or its agent, ACCUFAX Div., Southvest Inc., to obtain a consumer report, criminal background check report, motor vehicles records, workers compensation records, or investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources and through personal interviews with previous employers or associates. When requested by an employer, motor vehicle records or a driving history may be obtained.

I authorize, without reservation, any person or entity contacted by PUTNAM CITY SCHOOLS or its agent, ACCUFAX Div., Southvest Inc., to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release PUTNAM CITY SCHOOLS, Its affiliated companies, their agents, and specifically, ACCUFAX Div., Southvest Inc., their affiliated companies, officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process will disqualify me from consideration for employment or result in my immediate discharge if employed. By my execution hereof I acknowledge that a report will be requested and used for the purpose of evaluating me for the employment, continued employment, promotion, or reassignment as an employee.

\_\_\_\_\_

*Signed*

\_\_\_\_\_

*Date*



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		Employee's E-mail Address		Employee's Telephone Number	

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

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

<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 (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

## AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSIT

I hereby authorize Putnam city Schools (PCS) (1) to deposit to my accounts listed below the net amount I am due for all regularly scheduled pay periods and (2) to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below. I will not hold PCS responsible for delay, loss or misapplication of funds due to incorrect or incomplete information supplied by me or my financial institution or failure of my financial institution to correctly credit my account(s). I understand that an unforeseen delay in payroll processing by an outside entity (automated clearing house or financial institution) due to computer down-time, power outages or other unavoidable occurrences might affect the date of deposit of funds to my account(s). This authorization is to remain in full force and effect until PCS has received written notice of my intention to terminate this agreement or at the district's discretion. PCS must receive my written notification at least fifteen (15) days prior to the next payroll processing to terminate this direct deposit authorization.

Financial Institution Name	Account No.	Types of Accounts (Limited to 3 Accounts)	
1. _____	_____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
		*Amount _____	
2. _____	_____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
		*Amount _____	
3. _____	_____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
		*Amount _____	

**\*DESIGNATE A FIXED AMOUNT FOR THIS ACCOUNT OR WRITE "NET" IF YOU WANT THE BALANCE OF YOUR CHECK DEPOSITED TO THIS ACCOUNT.**

Termination of employment also voids this agreement

Name: \_\_\_\_\_ EIN: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH A VOIDED CHECK FOR CHECKING ACCOUNT OR ANY PRINTED DOCUMENT REFLECTING THE BANK ROUTING NUMBER AND ACCOUNT NUMBER (EXCEPT DEPOSIT SLIPS). THIS REQUEST WILL NOT BE PROCESSED WITHOUT THESE ITEMS.**

(Revised 7/23/14)

**OKLAHOMA TAX COMMISSION**  
**EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**  
 This certificate is for income tax withholding purposes only. Type or print.  
**NOTE: Do NOT mail to the Oklahoma Tax Commission.**

<b>Your First Name and Middle Initial</b>	<b>Last Name</b>	<b>Your Social Security Number</b>
<b>Home Address (Number and Street or Rural Route)</b>	<b>Filing Status</b> <input type="checkbox"/> <b>Single</b> <input type="checkbox"/> <b>Married</b> <input type="checkbox"/> <b>Married, but withhold at higher Single rate</b>	
<b>City or Town</b>	<b>State</b>	<b>ZIP Code</b>

1. Allowance For Yourself: Enter 1 for yourself .....	1	
2. Allowance For Your Spouse: Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter 0. If no, enter 1 for your spouse...	2	
3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form OK-W-4.....	3	
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim.....	4	
5. Total Number of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here .....	5	
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here .....	6	\$
7. Exempt Status: If you had a right to a refund of all of your Oklahoma income tax withheld last year because you had no tax liability and this year you expect a refund of all Oklahoma income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below .....	7	
8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Oklahoma tax liability, write "Exempt" on line 8 and complete Form OW-9-MSE. See information below.....	8	
9. If income earned as a member of any active duty component of the Armed Forces of the United State is eligible for the military income deduction write "exempt" on Line 9 .....	9	

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

<b>Employee's Signature</b> (Form is not valid unless you sign it)	<b>Date</b> (MM/DD/YYYY)
--	--------------------------

Form OK-W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Oklahoma when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Oklahoma adjusted gross income will not be taxed by the state of Oklahoma when you file your individual income tax return.

<b>Single</b>	<b>Married Filing Joint</b>
\$1,000 - personal exemption	\$ 2,000 - personal exemption
<b>\$6,350</b> - standard deduction	<b>\$12,700</b> - standard deduction
\$7,350 - Total	\$14,700 - Total
+\$1,000 for each dependent	+\$1,000 for each dependent

**ITEMS TO REMEMBER:**

- If your filing status is married filing joint and your spouse works, do not claim an exemption on Form OK-W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form OK-W-4. If both spouses claim the dependents as an allowance on Form OK-W-4, it may cause you to owe additional Oklahoma income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form OK-W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Oklahoma may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide Form OW-9-MSE "Annual Withholding Tax Exemption Certification for Military Spouses".

## Employee's Withholding Certificate

▶ **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.**

# 2020

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	<b>(b) Social security number</b>
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (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 online estimator, 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](http://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 2020 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.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your 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 . . . . .	<b>3</b>	\$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ <b>Employee's signature</b> (This form is not valid unless you sign it.)		_____ <b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

### 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](http://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.

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 16, 2021.

**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](http://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 the 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](http://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.** Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2020 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](http://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 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). 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: {
  - \$24,800 if you're married filing jointly or qualifying widow(er)
  - \$18,650 if you're head of household
  - \$12,400 if you're single or married filing separately
 } . . . . . **2** \$ \_\_\_\_\_
  
- 3 If line 1 is greater than line 2, subtract line 2 from line 1. 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 or 1040-SR)). 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** \$ \_\_\_\_\_

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