

**ROCKDALE INDEPENDENT SCHOOL DISTRICT
APPLICATION FOR SUBSTITUTE POSITION**

AN EQUAL OPPORTUNITY EMPLOYER*

Date of application _____				
Personal Data	Name _____ <small style="margin-left: 100px;">Last</small> <small>First</small> <small>Middle initial</small>			
	Current address _____ <small style="margin-left: 100px;">Street/Box</small> <small>City</small> <small>State</small> <small>ZIP Code</small>			
	Other address where you may be reached _____			
	Home phone _____ Cell phone _____ Email _____			
	Other name that may appear on records _____ <small>(Used for certification, reference, and criminal history record checks)</small>			
Assignment Preference	Please list the days you are available to substitute and your assignment preferences. Day(s) of week <input type="checkbox"/> Every day <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
	Assignment <input type="checkbox"/> Any assignment <input type="checkbox"/> Special Education <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Jr. High <input type="checkbox"/> High School Preferred campuses _____ _____ Are you receiving Texas Teacher Retirement (TRS) benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(The amount of time that an individual receiving TRS benefits may be employed without affecting benefits is governed by TRS rules and laws.)</small>			
Position Data	Credentials included with application: <input type="checkbox"/> Résumé <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees			
	Have you been employed by Rockdale ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____			
Education/Training	List the highest level of education attained: _____			
	Licenses and certificates granted _____			
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <small>(College only)</small>

Certification

Certificates or Licenses Currently Held:

- None
- Valid Texas
- Valid Other State _____
- Texas One-Year (out-of-state/country): Expiration date: _____
- Other: _____

Category/Level(s) of Certification: _____

Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):

Teaching Experience

List teaching experience beginning with most recent years.

Name and location of school		Name and location of school	
Type of assignment		Type of assignment	
Dates taught		Dates taught	
Principal's name and phone		Principal's name and phone	
Reason for leaving		Reason for leaving	
Name and location of school		Name and location of school	
Type of assignment		Type of assignment	
Dates taught		Dates taught	
Principal's name and phone		Principal's name and phone	
Reason for leaving		Reason for leaving	

Please provide a list of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Attach résumé if available.					
Other Work Experience	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
Please list references the district can contact regarding your work history.					
References	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code/ phone number

General Information	<p>Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____</p> <p>_____</p> <p>_____</p> <p>(A felony conviction is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)</p>
Verification	<p>I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.</p> <p>I authorize the references listed on the previous page to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.</p> <p>I understand that the district is required by Texas Education Code to review criminal history record information of substitute teachers.</p> <p>_____ Signature</p> <p>_____ Date</p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it.</p>

** Applicants for all positions are considered without regard to race, color, national origin, religion, sex, marital status, veteran or military status, disability, or any other legally protected status*

The district Title IX Coordinator is Pam Kaufmann, Assistant Superintendent for Instruction.

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

Employee Name _____ Employee ID# _____
Employer Name _____ Employer ID# #1080 _____

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

Windfall Elimination Provision

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

Government Pension Offset Provision

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

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

For More Information

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

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

Signature of Employee _____ Date _____

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

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

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

Employers must:

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

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

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



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.

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	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 [][] - [][] - [][][][]		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 non-citizen national of the United States <i>(See instructions)</i>	
<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. <i>(See instructions)</i>	
<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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write in This Space 	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Employer Completes Next Page




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

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Section 2 Do Not Write In This Space 
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

The employee's first day of employment (mm/dd/yyyy): *(See instructions for exemptions)*

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative Human Resources Specialist		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name Middle Independent School District		
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code	

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR	AND	
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

**ROCKDALE INDEPENDENT SCHOOL DISTRICT
Criminal History Information Request
Confidential**

The Rockdale Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Full Name _____
(Please Print) Last First Middle Maiden

Social Security No. _____ Date of Birth _____

Driver's License _____ Phone Number _____
State and Number (Include Area Code)

Mailing Address _____
Street City State Zip

E-Mail Address _____

Sex: Male _____ Female _____ Ethnicity: Black _____ White/Other _____

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment, but will be used *solely* for the purpose of obtaining criminal history record information.

Signature

Date

Criminal History Check:

Date Returned: _____

Cleared: _____

Initials: _____

This form will be removed from the application and filed separately in the personnel office.

TECHNOLOGY RESOURCES

EMPLOYEE AGREEMENT FOR ACCEPTABLE USE OF THE DISTRICT'S TECHNOLOGY RESOURCES

You are being given access to the District-provided technology resources listed below. It is important that you read the applicable District policies, administrative regulations, and this agreement form. [See policies CQ and DH, and provisions on use of electronic media in the employee handbook]

Please contact the *Technology Department* at 512-430-6015 if you have questions or need help understanding this material.

The following guidelines apply to all District networks, e-mail accounts, devices connected to the District's networks, and all District-owned devices used on or off school property, whether connected to the District's network or connected through a personal data plan or other means of access.

Additionally, the District prohibits harassment through electronic means regardless of the device used, the network used, or the location of use. [See District policies DH, DIA, and FFH]

Inappropriate use of the District's technology resources may result in revocation or suspension of the privilege of using these resources, as well as other disciplinary or legal action, in accordance with applicable District policies, administrative regulations, and laws.

You are being given access to the following technology resources:

- A District e-mail account, including access to cloud-based (online) document storage and collaboration space (*Google Apps for Education, for instance*).
- District computer hardware, software, and printers on your school campus.
- District networks, including document storage space.
- Access to District-owned technology resources for use at home.
- District-filtered Internet access.

Please note that the Internet is a network of many types of communication and information networks. It is possible that you may run across some material you might find objectionable. While the District will use filtering technology to restrict access to such material, it is not possible to absolutely prevent such access. It will be your responsibility to follow the rules for appropriate use.

If you are being issued a District-owned technology device that can be used off campus, you will be given additional materials addressing the proper use, care, and return of these devices.

RULES FOR RESPONSIBLE USE

- You will be assigned an individual account for access to approved District technology resources, and you are responsible for not sharing your password or other account information with others.

TECHNOLOGY RESOURCES

- District technology resources are primarily for instructional and educational purposes. Limited personal use is allowed only if the rules in this agreement are followed and the use does not interfere with your assigned duties.
- You must comply with the Public Information Act, the Family Educational Rights and Privacy Act (FERPA), and any other applicable law or policy regarding records retention and confidentiality of student and District records.
- You must maintain the confidentiality of health or personnel information concerning colleagues, unless disclosure serves lawful professional purposes or is required by law.
- You must remember that people who receive e-mail from you with a school address might think your message represents the school's point of view.
- When communicating through e-mail or other electronic means, you must use appropriate language and etiquette as you would when communicating face to face. Always be respectful.
- Only authorized District staff may communicate with District students through electronic means, including social media, e-mail, and text messaging. If you are unsure whether or not you are authorized to communicate with a student through electronic means, ask your supervisor. [See DH]
- Before use on a District device or for a District purpose, digital subscriptions, online learning resources, online applications, or any other program must be approved by the technology coordinator or principal. District staff should not accept terms and conditions or sign user agreements on behalf of the District without preapproval.
- Copies of potentially sensitive or confidential District records should not be sent, viewed, or stored using an online application not approved by the District.
- You must immediately report any suspicious behavior or other misuse of technology to your supervisor or other campus administrator.
- You will be held responsible at all times for the proper use of your account, and the District may suspend or revoke your access if you violate the rules.

INAPPROPRIATE USES

- Using the resources for any illegal purpose, including threatening school safety.
- Accessing the resources to knowingly alter, damage, or delete District property or information, or to breach any other electronic equipment, network, or electronic communications system in violation of the law or District policy.
- Damaging electronic communication systems or electronic equipment, including knowingly or intentionally introducing a virus to a device or network, or not taking proper security steps to prevent a device or network from becoming vulnerable.
- Disabling or attempting to disable or bypass any Internet filtering device.
- Encrypting communications to avoid security review.

TECHNOLOGY RESOURCES

- Using someone's account without permission.
- Pretending to be someone else when posting, transmitting, or receiving messages.
- Attempting to read, delete, copy, modify, or interfere with another user's posting, transmittal, or receipt of electronic media.
- Using resources to engage in conduct that harasses others.
- Sending, posting, or possessing materials that are abusive, obscene, pornographic, sexually oriented, threatening, harassing, damaging to another's reputation, or illegal, including material that constitutes prohibited harassment and "sexting."
- Using inappropriate language such as cursing, vulgarity, ethnic or racial slurs, and any other inflammatory language.
- Violating others' intellectual property rights, including downloading or using copyrighted information without permission from the copyright holder.
- Posting or transmitting pictures of students without obtaining prior permission from all individuals depicted or from parents of depicted students who are under the age of 18.
- Wasting school resources through improper use of the District's technology resources, including sending spam.
- Gaining unauthorized access to restricted information or resources.

CONSEQUENCES FOR INAPPROPRIATE USE

- Suspension of access to the District's technology resources;
- Revocation of the account; or
- Other disciplinary or legal action, in accordance with the District's policies and applicable laws.

REPORTING VIOLATIONS

- You must immediately report any known violation of the District's applicable policies, Internet safety plan, or acceptable use guidelines to the technology coordinator.
- You must report requests for personally identifiable information, as well as any content or communication that is abusive, obscene, pornographic, sexually oriented, threatening, harassing, damaging to another's reputation, or illegal to the technology coordinator.

RETURN OF TECHNOLOGY RESOURCES AND RECORDS

- Upon leaving employment, or upon request from the Superintendent, you must return any District-owned equipment or resources in your possession.
- You must also return any records, written or electronic, to the District for records retention if you have reason to believe you are retaining the sole copy of a record subject to records retention requirements. You must destroy (delete or shred) any other confidential records remaining in your possession.

TECHNOLOGY RESOURCES

I understand that my use of the District's technology resources is not private and that the District will monitor my activity.

I have read the District's technology resources policy, associated administrative regulations, and this user agreement and agree to abide by their provisions. In consideration for the privilege of using the District's technology resources, I hereby release the District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my use of, or inability to use, these resources, including, without limitation, the type of damages identified in the District's policy and administrative regulations.

I understand that this user agreement must be renewed each school year.

Employee Printed Name: _____

Signature of Employee: _____ Date: _____

**Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

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

Student/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

Student/Staff Identification Number

Date

Rockdale ISD
SUBSTITUTE ELIGIBILITY FOR HEALTH INSURANCE COVERAGE
ACTION REQUIRED FOR ALL SUBSTITUTES

ROCKDALE ISD provides health coverage to employees through TRS-ActiveCare. A district substitute is eligible to enroll in TRS-ActiveCare if the district reasonably expects the substitute to work at least 10 hours per week. Hours worked for other school districts are not considered in determining whether a substitute is eligible for benefits through ROCKDALE ISD.

Although the district reasonably expects substitutes to work at least 10 hours per week, the district does not guarantee that you will receive 10 hours every week. The district's need for substitutes varies from week to week. In some weeks, you may not receive any assignments. Similarly, the district understands that some weeks you may not be able to accept assignments due to illness or other personal reasons.

*****If you are a new substitute, you *must* enroll in or decline medical coverage within 31 days from date of hire. If you are a returning substitute, you *must* enroll in or decline medical coverage during the annual open enrollment. If you decline coverage, you cannot enroll again until the next plan year unless you experience a special enrollment event. **The annual open enrollment period this year is August 1 – 30. This is a requirement for all substitute employees and failure to complete this requirement will cause you to become inactive on the substitute roster.****

If you elect to enroll, **you will be responsible for the full premium.** You must submit payment for one calendar month with your enrollment form. The premiums for subsequent months are due in the business office by the 15th of each month. If you fail to timely pay the monthly premiums, the district will proceed with the coverage cancellation process. Your coverage may also be cancelled if you lose eligibility for TRS-ActiveCare.

You may be removed from the district's substitute roster for poor performance or misconduct. In addition, you may be removed from the substitute roster if:

- you repeatedly turn down assignments, are repeatedly unavailable for calls, or frequently cancel assigned positions
- you do not timely return a letter of reasonable assurance

A substitute who is enrolled in TRS-Active Care and who is then removed from the substitute roster becomes ineligible for health coverage and will be provided notice regarding continuation coverage under COBRA (if eligible). Cancellation due to non-payment is considered a voluntary drop: Therefore you would not be eligible for COBRA.



Enrollment Application and Change Form



ELIGIBILITY:	Are you an active employee and making monthly contributions to TRS? <input type="checkbox"/> Yes <input type="checkbox"/> No	(If no to both, you are not eligible for TRS-ActiveCare coverage)
	If no, are you regularly scheduled to work 10 or more hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 1: ENROLLMENT/CHANGE TRANSACTION TYPE

<input type="checkbox"/> Annual Enrollment <input type="checkbox"/> New Employee <input type="checkbox"/> Add Dependent <input type="checkbox"/> Special Enrollment	For District Use Only
<input type="checkbox"/> For New Employee (check one): <input type="checkbox"/> Effective on Actively at Work <input type="checkbox"/> Effective 1 st day of month following	TRS District #
Special Enrollment Event Date: ___/___/___ <input type="checkbox"/> Marriage <input type="checkbox"/> Court Order <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Loss of Coverage	Actively at Work Date:
Change Only: <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Plan/Coverage <input type="checkbox"/> Other:	Effective/Change Date:
Decline Coverage: <input type="checkbox"/> Yes (Complete Section 7) <input type="checkbox"/> N/A	Employer Approval:
Termination: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Retirement <input type="checkbox"/> Other: _____	Were you covered by another district? <input type="checkbox"/> Yes <input type="checkbox"/> No
Termination Event Date: ___/___/___	If so, which: _____

SECTION 2: EMPLOYEE INFORMATION

Last Name:	First Name:	MI:	Social Security #:
Mailing Address:	City:	State:	Zip:
Home Phone Number:	Cell Phone Number:	Home Email:	
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	Ethnicity:
Do you have a disability affecting your ability to communicate or read? <input type="checkbox"/> Yes (Please complete Section 9) <input type="checkbox"/> No			
Is the Employee Covered By Other Insurance? <input type="checkbox"/> Yes Carrier/Plan: _____ <input type="checkbox"/> No			
Is the Employee Covered by Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part C <input type="checkbox"/> Part D Effective: _____ <input type="checkbox"/> No			
Reason for Medicare Coverage: <input type="checkbox"/> Entitlement Age <input type="checkbox"/> Disability <input type="checkbox"/> End Stage Renal Disease (ESRD)			
For HMO Coverage Only Primary Care Physician (PCP) #:		OB/GYN #:	

SECTION 3: COVERAGE SELECTION (Please select a Plan of Coverage and Coverage Type)

PPO Selection: <input type="checkbox"/> ActiveCare 1-HD <input type="checkbox"/> ActiveCare Select Plan <input type="checkbox"/> ActiveCare 2
HMO Selection: <input type="checkbox"/> FirstCare <input type="checkbox"/> Scott & White Health Plan <input type="checkbox"/> Valley Baptist Health Plan
Coverage Type Selected: <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family

SECTION 4: DEPENDENT INFORMATION (Use additional form for additional dependents)

SPOUSE Last Name:	First Name:	MI:
Street Address: _____ <input type="checkbox"/> Same as Employee		
City:	State:	Zip Code:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Phone Number:
Other Insurance: <input type="checkbox"/> Yes. Carrier/Plan <input type="checkbox"/> No	Social Security #:	HMO PCP #:
<input type="checkbox"/> Medicare: <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part C <input type="checkbox"/> Part D		
CHILD Last Name:	First Name:	MI:
<input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Disabled <input type="checkbox"/> Other		
Street Address: _____ <input type="checkbox"/> Same as Employee		
City:	State:	Zip Code:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Phone
Other Insurance: <input type="checkbox"/> Yes. Carrier/Plan <input type="checkbox"/> No	Social Security #:	HMO PCP #
<input type="checkbox"/> Medicare: <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part C <input type="checkbox"/> Part D		
CHILD Last Name:	First Name:	MI:
<input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Disabled <input type="checkbox"/> Other		
Street Address: _____ <input type="checkbox"/> Same as Employee		
City:	State:	Zip Code:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Phone Number:
Other Insurance: <input type="checkbox"/> Yes. Carrier/Plan <input type="checkbox"/> No	Social Security #:	HMO PCP #:
<input type="checkbox"/> Medicare: <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part C <input type="checkbox"/> Part D		

PLEASE CONTINUE ON NEXT PAGE

CHILD Last Name: _____ First Name: _____ MI: _____

Natural/Adopted Stepchild Foster Child Grandchild Legal Guardian Disabled Other

Street Address: _____ Same as Employee

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Sex: M F Date of Birth: _____ Social Security #: _____ HMO PCP #: _____

Other Insurance: Yes. Carrier/Plan No Medicare: Part A Part B Part C Part D

CHILD Last Name: _____ First Name: _____ MI: _____

Natural/Adopted Stepchild Foster Child Grandchild Legal Guardian Disabled Other

Street Address: _____ Same as Employee

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Sex: M F Date of Birth: _____ Social Security #: _____ HMO PCP #: _____

Other Insurance: Yes. Carrier/Plan No Medicare: Part A Part B Part C Part D

SECTION 5: DISABLED DEPENDENTS OVER AGE 26 Dependent Child's Statement of Disability Attached

Please note that a Dependent Child's Statement of Disability form is required for coverage of a disabled child over age 26. See your Benefits Administrator for the form, which must be completed in full and submitted to your Benefits Administrator.

SECTION 6: INFORMATION ON PRIOR COVERAGE Certificate of Prior Creditable Coverage attached

Please note that if you previously declined coverage you may be subject to a pre-existing condition limitation. This will exclude coverage for conditions that were diagnosed or for which you received treatment during the prior 12 months. The exclusion period may be reduced by demonstrating that you had prior coverage by submitting a Certificate of Creditable Coverage from your prior coverage.

SECTION 7: DECLINATION OF COVERAGE (FORMERLY SECTION 9)

This is to certify that the available coverage has been explained to me I have been given the opportunity to apply for the coverage available to me and my dependents and have voluntarily elected to decline the coverage as elected below. If I (we) desire to apply for coverage at a later date, I (we) understand that there may be a delay in coverage and my coverage may be subject to a pre-existing condition limitation (does not apply to HMO coverage or children under age 19).

Name: _____ SSN: _____ Employee Reason: Other Coverage Other: _____

Name: _____ Spouse Reason: Other Coverage Other: _____

Name: _____ Child Reason: Other Coverage Other: _____

Name: _____ Child Reason: Other Coverage Other: _____

Name: _____ Child Reason: Other Coverage Other: _____

Name: _____ Child Reason: Other Coverage Other: _____

SECTION 8: COVERAGE CONDITIONS

- I am employed by the Employer named in this Enrollment Application and Changes Form. I am eligible to participate in the coverage(s) affordable by the TRS ActiveCare program which is administered by WellSystems, with HMO-benefits provided by SHA, LLC. dba FirstCare, Scott and White Health Plan, and Valley Baptist Insurance - Company dba Valley Baptist Health Plans. On behalf of myself and any dependents listed on their Enrollment Application and Change Form, I apply for those coverage(s) for which I am eligible.
 - If I am enrolling a grandchild in Section 4, I certify that my household is the grandchild's primary residence and the grandchild is my dependent for federal income tax purposes for the reporting year in which coverage of the grandchild is in effect.
 - If I am enrolling a child as an "other Child" in Section 4, I certify that my household is the child's primary residence, that I provide at least 50% of the child support, that neither of the children's natural parents reside in my household, and that I have the legal right to make decisions regarding the child's medical care.
- Only those coverage(s) and amount for which I am eligible will be available to me. I understand that if this Enrollment Application and Change Form is accepted, the coverage(s) will become effective in accordance with the provisions of the TRS-ActiveCare program.
- I understand that the health coverage I am applying for may be subject to preexisting condition exclusion (not applicable to HMO coverage)
- I understand that by enrolling for coverage with Employer named in the Enrollment Application and Change Form that any TRS-ActiveCare coverage I previously elected under another TRS-ActiveCare participating district/entity will be terminated under TRS Rules.
- I authorize necessary payroll deduction by my Employer, if any, to cover the cost of my coverage(s). I agree that my Employer acts as my agent. All notices given to my Employer are binding upon me. I also agree that my participation in the coverage(s) is subject to any future amendments.
- I understand that if I terminate TRS-ActiveCare coverage during the plan year, I am not eligible to re-enroll in TRS-ActiveCare until the next plan year, unless I experience a special enrollment event.
- I state that the information given on the Enrollment Application and Change Form is true and correct. I understand and agree that any incorrect statements material to the risk and knowingly made by me will invalidate my coverage(s).

Applicant's Signature _____

Date: _____

SECTION 9: SPECIAL NOTES REGARDING MY ENROLLMENT (Please indicate any special information regarding my enrollment for Aetna, Caremark or my selected HMO)

ROCKDALE ISD



AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize Rockdale Independent School District and the financial institution named below to initiate entries into my checking/savings accounts. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my financial statement or 60 days after posting, whichever occurs first.

Name of Financial Institution

Address of Financial Institution (street) (city) (state) (zip)

Employee Name please print (signature) (date)

Financial Institution Routing No. _____

Checking Account No. _____ Amount to deposit \$ _____
(enter "net" for total check amt)

Savings Account No. _____ Amount to deposit \$ _____

PRINT THIS DOCUMENT, COMPLETE AS INDICATED; ATTACH A VOIDED CHECK & RETURN TO CENTRAL OFFICE PAYROLL FOR PROCESSING.

Employee's Withholding Certificate

2021

▶ **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.**

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 2021 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)
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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.

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 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 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 2021 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, 2022.

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. 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 2021 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 2021 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: $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$ **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	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

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	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

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	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350