

FINGERPRINT FAQ

Prints are electronically submitted to the Michigan State Police and FBI for the criminal history search results. Results are shared electronically to the individual districts usually within 48 hours.

Note: Due to Privacy laws, we cannot release Fingerprint Reports to an individual nor can they be emailed.

Q: Why do I have to be fingerprinted?

A: School Safety legislation enacted in 2006 amended an array of statutes, including the Revised School Code, to require a criminal history check by the Michigan State Police (MSP) and a criminal records check through the Federal Bureau of Investigation (FBI). These requirements pertain to all School District employees and individuals who regularly and continuously work under contract in a school district, intermediate school district, public school academy or nonpublic school.

Q: I was just recently fingerprinted. Why do I have to do it again?

A: Previously, the Michigan State Police (MSP) did not archive fingerprints. The new legislation requires that the MSP archive your fingerprints. If you were fingerprinted prior to January 1, 2006, you will be required to be reprinted on the Livescan system. If you have been out on a leave of absence, you must be re-printed.

Q: Fingerprinting seems expensive. Where does the money go?

A: Expenses are incurred when your fingerprints are processed by the law enforcement agencies and fingerprint site. The Revised School Code expressly authorizes the Department of State Police to charge a fee for conducting criminal records checks.

Q: What do I need to bring with me to the fingerprinting appointment?

A: Please bring the following with you to your fingerprinting appointment: valid Driver's License or other valid form of photo identification (Michigan Identification Card, Passport, Military Identification, or Green Card) and your completed fingerprinting information sheet.

CRIMINAL HISTORY REPORTS FAQ

Once you have completed the fingerprinting process, a criminal history report is generated. The next set of questions addresses those reports.

Q: How can I get my criminal history report released to another district, May I have a copy?

A: You must sign a release to request the district for which you had the prints done originally release the results to the other districts. There is no requirement for them to do this, you may have to have your prints redone for other districts. Individuals are not allowed personal copies of the reports. Birmingham cannot give your print results to you to give to another district.

Q: Where are my fingerprints and criminal history report?

A: Your fingerprints are kept in the Michigan State Police database. Criminal history information is confidential and will be kept secured by the school district.

Q: Who has access to my criminal history report?

A: Your criminal history report is, by law, to be used for the purpose of evaluating your qualifications for employment. Under the Revised School Code, the criminal history report from the MSP or its contents cannot be disclosed, except a misdemeanor conviction involving sexual or physical abuse or any felony conviction, to any person who is not directly involved in evaluating qualifications for employment or assignment. Likewise, the results of a criminal records check from the FBI, except a misdemeanor conviction involving sexual or physical abuse or any felony conviction, cannot be disclosed to any person who is not directly involved in evaluating qualifications for employment or assignment.

Q: I have been convicted of a crime. What happens next?

A: It depends on the type of conviction. The law now prohibits a school district, intermediate school district, public school academy or nonpublic school from employing, in any capacity, a person convicted of a listed offense. Listed offenses means that term as defined in Section 2 of the Sex Offenders Registration Act, MCL 28.722.

If you have been convicted of a felony other than a listed offense, the district Superintendent and school board each are required by law to agree in writing to continue your employment with the district/school.

Q: Are there any requirements if I am charged with a crime after my original Criminal check?

A: A person employed by a school district, intermediate school district, public school academy or nonpublic school must self-report to the employer and the Department of Education in the Event the employee is charged with a crime listed in section 1535a(1) or 1539b(1) of the Revised School Code or a substantially similar law of another state or the United States.

The report must be submitted within three (3) business days of the arraignment or the employee will be guilty of an additional crime and may be discharged from employment. These requirements also apply to individuals who are regularly and continuously working under contract who have had an initial criminal history check or criminal records check. Additional disclosures are necessary in the event there is a plea of guilt or no contest or finding of guilt of any crime after having been initially charged with a crime described in section 1535a(1) or 1539b(1) of the Revised School Code. Forms are available in Human Resources.

Q: Is this information reported in anyway?

A: All school employees are reported in December and June on the REP (Registry of Educational Personnel) Report to the Michigan Department of Education. In part of the reporting process, employee information is also run for criminal history information. At this time the Michigan Department of Education may verify the information regarding criminal records with the district.

FINGERPRINT OPTIONS

OPTION I - BY APPOINTMENT ONLY

Oakland Schools Summit Campus

(located at Production Printing & Graphics)

2214 Mall Drive East, Waterford, MI 48328

Please visit www.OSFingerprint.com to make an online reservation and prepay using VISA / Mastercard credit/debit cards. There will also be an option to pay using a money order at the time of the appointment. The cost is the same for all customers. Upon completion of the online registration, you will receive an email confirmation with full instructions, date, place, time, and a link to driving directions to the fingerprinting site. For questions about an appointment, please call 248.209.2370.

OPTION II - BY APPOINTMENT ONLY

Identogo by MorphoTrust Services

(located in the Centrum Office center)

24901 Northwestern Hwy, Suite 304

Southfield, MI 48075

To schedule an appointment with L-1, please visit www.identogo.com/FP/Michigan to make an online reservation and prepay. There will also be an option to pay using a money order at the time of the appointment. For questions about an appointment, please call 866.226.2952.

OPTION III - WALK -INS WELCOME

A1 Fingerprints of Michigan LLC

(located in the Crown Pointe Building, next door to Popeyes)

25900 Greenfield Road, Suite 109

Oak Park, MI 48237

Hours: Monday thru Thursday 9:30 a.m. to 5:00 p.m.,

Fridays 9:30 a.m. to 2:00 p.m.

Phone (248)385-1344 www.a1fingerprints.com

IMPORTANT - NO MATTER WHERE YOU GO TO BE PRINTED:

- TAKE THE MICHIGAN LIVE SCAN REQUEST FORM RI-030 WITH YOU
- TAKE YOUR DRIVER LICENSE OR STATE ID WITH YOU

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AUTHORITY: MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273
COMPLIANCE: Voluntary. However, failure to complete this form will result in denial of request.

LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.

Instructions: See page two **ATTN: COMPLETED ORIGINAL OF THIS FORM MUST BE RETURNED TO BIRMINGHAM PUBLIC SCHOOLS**

I. Authorizing Information HR OFFICE 31301 EVERGREEN RD BEVERLY HILLS MI 48025 ATTN: HUMAN RESOURCES											
1. Fingerprint Reason Code (SE) School Employment		2. Requestor/Agency ID 7503E		3. Agency Name Birmingham Public Schools				4. Individual ID (MNU-OA)			
II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.											
1a. Last Name				1b. First Name				1c. Middle Initial		1d. Suffix	
2. Any Alternative Names, Last Names, or Aliases							3. Social Security Number (Optional)				
4. Place of Birth (State or Country)			5. Date of Birth		6. Phone Number		7. Driver's License / State ID Number			8. Issuing State	
9. Home Address				10. City				11. State		12. ZIP Code	
13. Sex		14. Race		15. Height		16. Weight		17. Eye Color		18. Hair Color	
III. Live Scan Information											
1. Date Printed		2. Picture ID Type Presented				3. Transaction Control Number (TCN)			4. Live Scan Operator*		
* When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.											
IV. Privacy Act Statement											
<p>Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.</p> <p>Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.</p> <p>Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>											
V. Procedure to Obtain a Change, Correction, or Update of Identification Records											
<p>If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)</p>											
VI. Consent											
<p>I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.</p>											
Signature:								Date:			

ATTENTION: THE COMPLETED ORIGINAL DOCUMENT MUST BE RETURNED TO BIRMINGHAM PUBLIC SCHOOLS HUMAN RESOURCES OFFICE AT 31301 EVERGREEN RD, BEVERLY HILLS MI 48025, ATTN: Human Resources

INSTRUCTIONS

Section I:

Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

1. Fingerprint Code:

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

2. Requesting Agency Identification (ID):

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

3. Agency Name:

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

4. Individual ID (MNU-OA)

The Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

Section II:

Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

Section III:

Live Scan Information:

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.

**APPLICANT:
THE COMPLETED ORIGINAL DOCUMENT MUST BE RETURNED
TO: ATTN: Human Resources
HUMAN RESOURCES OFFICE
BIRMINGHAM PUBLIC SCHOOLS
31301 EVERGREEN RD
BEVERLY HILLS MI 48025**

AUTHORITY: MCL 28.242
COMPLIANCE: Voluntary; however, failure to complete this Agreement will result in denial of request.

MICHIGAN WAIVER AGREEMENT AND STATEMENT FOR SCHOOLS

An Individual Applicant's Request for a Fingerprint-Based Criminal History Record Information (CHRI) Background Check Result for a Qualified Entity in Accordance with the Michigan School Volunteer & Employee Criminal History Program

Pursuant to the National Child Protection Act (NCPA) of 1993, as amended by the Volunteers for Children Act (VCA), this form should be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity (i.e. school or management company) under these laws.

I hereby authorize (enter name of Qualified Entity) BIRMINGHAM PUBLIC SCHOOLS, to receive the results of my state and federal fingerprint-based CHRI background check result for the purpose of evaluating and determining my fitness to have responsibility for the safety and well-being of children or individuals with disabilities. Prior to submitting my fingerprints to the Michigan State Police to conduct a CHRI background check, I will complete, sign, and return this form and a Livescan Fingerprint Background Check Request form (RI-030). I understand the Qualified Entity will retain all required documentation for a period of time no less than prescribed by state or federal laws. By signing this Michigan Waiver Agreement and Statement, it is my intent to authorize the dissemination of any state and national CHRI that may pertain to me to the Qualified Entity with which I am, or am seeking to be, employed or to serve as a volunteer, pursuant to the NCPA VCA.

I understand that until the criminal history background check is completed, the Qualified Entity may choose to deny me unsupervised access to children or individuals with disabilities. I further understand that upon request the Qualified Entity will provide me a copy of the CHRI background results, if any, and that I am entitled to challenge the accuracy and completeness of any information contained in such results. I may obtain a prompt determination as to the validity of my challenge before the Qualified Entity makes a final decision about my status; as an employee, volunteer, contractor, or subcontractor.

Printed/Typed Name		Date of Birth	
Address	City	State MI	ZIP Code
What is your current or prospective status (check one)? <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor/Vendor			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide a description of the crime and the particulars of the conviction.			
I understand that I may be asked to assist with obtaining any and all official disposition documentation regarding my conviction.			
Signature		Date Signed	

COMPLETED ORIGINAL - MUST BE RETAINED BY BIRMINGHAM PUBLIC SCHOOLS HUMAN RESOURCES OFFICE WITH COMPLETED ORIGINAL OF RI-030 LIVESCAN FINGERPRINT REQUEST FORM.

**APPLICANT, AFTER FINGERPRINTING PLEASE RETURN COMPLETED FORM TO:
BIRMINGHAM PUBLIC SCHOOLS
HUMAN RESOURCES OFFICE
31301 EVERGREEN RD
BEVERLY HILLS, MI 48025**

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Human Resources 31301 Evergreen Road Beverly Hills, MI 48025
Phone: Hourly 248-203-3028 Salary 248-203-3033

CRIMINAL CONVICTION HISTORY CHECK AND RELEASE FORM

I understand that the information below is required by MCL 380.1230(a) for the criminal conviction history check. I authorize Birmingham Public Schools to utilize this information for the sole purpose of obtaining a conviction-only criminal history file search. I understand that falsifying any information I am providing on this form, will result in immediate termination of my employment.

Please Print Your Legal Name _____

Position _____

Location _____

Names(s) previously used (if any): _____

Check one (1) of the following:

I have NOT been convicted of, or pled guilty or nolo contendere (no contest) to any crimes, including but not limited to misdemeanors, ordinance violations, etc.

-OR-

I have been convicted of or pled guilty or nolo contendere (no contest) of the following crimes (use separate sheet, if need, to explain nature of conviction, date and court office location): _____

I understand and agree that pursuant to the 1993 Public Act 68:

1. The Birmingham Public Schools Board of Education must request a criminal history check on me from the Central Records Division of the Michigan Department of State Police. The District may also request an ICHAT (see box below) for additional information.
2. If the report received from Michigan Department of State Police is not the same as my representations above respecting either the absence of any conviction(s) or any crimes of which I have been convicted of or pled guilty or nolo contendere (no contest), my employment contract is void.

I was last fingerprinted on (approximate date) _____ for _____ which is a school in Michigan.

I am currently working for and authorize release of my criminal history report from the following **Michigan School/District**:

MICHIGAN SCHOOL/ DISTRICT NAME: _____

CONTACT NAME: _____

PHONE: _____ **FAX#:** _____

Applicant's Live ScanTCN#: _____

PLEASE SHARE WITH BIRMINGHAM PUBLIC SCHOOLS - 7503E
 via one of the following: CHRISS secured website
 Secured Fax (248)203-3037
 U.S. Mail
 Attn: Human Resources

ALL APPLICANTS MUST COMPLETE THE ICHAT BOX BELOW

ICCHAT (Internet Criminal History Access Tool) Authorization – Michigan State Police)

My Signature Below allows BPS to access my ICHAT information: DOB _____ **Gender** _____

Race White Black Asian or Pacific Islander American Indian or Alaskan Native OR Unknown /Other

DATE: _____ **SIGNATURE:** _____

BIRMINGHAM PUBLIC SCHOOLS NOTICE OF NONDISCRIMINATION

The Board of Education is committed to maintaining a learning/working environment in which all individuals are treated with dignity and respect, free from discrimination and harassment. There will be no tolerance for discrimination or harassment on the basis of race, color, national origin, religion, sex, sexual orientation, marital status, genetic information, disability or age. The District prohibits harassment and other forms of discrimination whether occurring at school, on District property, in a District vehicle, or at any District related activity or event. The Superintendent will designate compliance officers and develop and implement regulations for the reporting, investigation and resolution of complaints of discrimination or harassment. The following people have been designated to handle inquiries regarding the nondiscrimination policies: Students - Inquiries related to discrimination on the basis of disability should be directed to: Executive Director of Special Education, 31301 Evergreen Road, Beverly Hills, MI 48025, 248.203.3000. Direct all other inquiries related to discrimination to: Assistant Superintendent of Human Resources, 31301 Evergreen Road, Beverly Hills, MI 48025, 248.203.3000.

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Human Resources Department
 31301 Evergreen Road, Beverly Hills, MI 48025
 Phone: Hourly (248) 203-3028 Salary (248) 203-3033
 Fax: (248) 203-3037

AUTHORIZATION FOR DISCLOSURE OF INFORMATION
 Regarding Unprofessional Conduct Pursuant to Public Act 189 of the Public Acts of 1996,
 Release of Liability Related Thereto and Employment History Check

Applicant's Name: <small>(PLEASE PRINT)</small>	First	Middle	Last
Social Security Number: <small>(Last four digits)</small>	XXX-XX-	I hereby authorize:	
Date of Birth:			
	Previous Employer Complete Name and Address		
	Previous Employer Phone Number		Previous Employer Fax Number

To provide to Birmingham Public Schools any information regarding my employment history and, in addition, to disclose any other information which is job related, including all items within my personnel record and, pursuant to Public Act 189 of the Public Acts of 1996 being section 380.1230b of the Michigan Compiled Laws, authorize any current or former employer(s) to disclose any unprofessional conduct as defined by Public Act 189 of 1996 which reads:

"Unprofessional conduct" means one or more acts of misconduct: one or more acts of immorality, moral turpitude, or inappropriate behavior involving a minor; or commission of a crime involving a minor. A criminal conviction is not an essential element of determining whether or not a particular act constitutes unprofessional conduct – MCL 380.1230b(8)(b).

I acknowledge Birmingham Public Schools' right to investigate any and all references and secure additional information regarding my employment history, including any and all disciplinary action and/or the events surrounding the termination of employment.

Pursuant to Public Act 189 of 1996, I waive my right of prior notice under the Bullard-Plawecki Employee Right to Know Act, Act No. 397 of the Public Acts of 1978, being section 423.506 of the Michigan Compiled Laws and I hereby release my current and former employer, and employees acting on behalf of my current and former employer, from any liability for providing information regarding connection with this employment history verification.

Applicant's signature: _____ **Date:** _____

NOTE TO CURRENT/PREVIOUS EMPLOYER: Public Act 189 of 1996 requires you to provide Birmingham Public Schools copies of any and all information relating to unprofessional conduct contained within the above named person's personnel record within 20 days of receipt of this request. The Act provides that, "an employer or an employee acting on behalf of the employer that discloses information under this section in good faith is immune from civil liability for the disclosure."

Please return copies of all such documents along with a signed copy of this request. If no documentation of unprofessional conduct is contained with the personnel record, please note it at the bottom of this form and return it to Birmingham Public Schools. Maintain one copy for your records.

Thank you for your assistance. If you have any questions, please contact our Human Resources Department at (248) 203-3034.

- I certify that no documentation of unprofessional conduct exists within the above named person's record.
- I have enclosed items relating to unprofessional conduct.

 Current/Previous Employer Signature

 Date

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Direct Deposit of Pay Program

As an added benefit to our employees, Birmingham Public Schools will allow employees to authorize automatic payroll deposits into their checking or savings accounts. Anyone who has a savings or checking account with ***almost any bank or financial institution in Michigan or else-where in the country is eligible to participate.***

When you participate in the direct deposit program, your pay will automatically be credited to your personal checking or savings account each payday. You will receive an electronic version of your paystub for your records.

The benefits of direct deposit are:

Convenience - As a direct deposit participant, you can avoid a trip to the bank. If you are on vacation, sick or on school break, you will have access to your money on payday. No more making a trip to pick up your check or waiting for the mail carrier.

Value-Added Benefits - Most financial institutions offer free services and other benefits when you have your paycheck direct deposited, such as free personal checking with no minimum balance required, free order of checks, free ATM card, overdraft protection, reduced rates on loans, etc. Check with your banking institutions to find out what benefits they offer.

Safety - Direct deposit of your pay is virtually a risk-free transaction. By contrast, more than 4 million paychecks are lost or stolen each year.

To authorize automatic deposit of your pay, please complete the authorization form on the reverse side and attach a voided check or a letter from the financial institution. Attaching the voided check or a letter from the financial institution will ensure that the payroll department has all the information required to automatically credit your account. Before direct deposit of your pay actually begins, a test transaction, called a pre-note may be sent to the financial institution. Once the test transaction is successfully received and verified, direct deposit will begin. Because of this testing process, your direct deposit may take a pay period or two to begin. You will be emailed if for some reason your direct deposit is not set to begin immediately due to this testing process. In the interim you will receive a paper paycheck.

If you have any questions regarding the direct deposit program, please feel free to call the payroll department on extension 33098 or via email at PStanton@birmingham.k12.mi.us

(over)



DIRECT DEPOSIT OF PAY AUTHORIZATION

I authorize Birmingham Public Schools and the financial institution(s) listed below to deposit my pay automatically to the account(s) designated below on each payday. Further, I authorize any adjusting entries needed. I understand that it is my responsibility to maintain the designated accounts as open to prevent rejected or returned entries. Further, I understand this authorization will continue in force unless it is canceled in writing through the completion of a new authorization form. Any changes to my transit routing number(s), account number(s) or closing of my account(s) must be reported in writing prior to the end of the pay period in which the change is to occur.

New elections or changes to bank account number(s) may require a pre-note, with verification taking two payroll processing periods. In the event the pre-notification process is not complete, I will receive a printed paycheck.

DESIGNATED MAIN BANK ACCOUNT (NET PAY DEPOSIT)

New enrollment Change Cancellation Type of Account: Checking Savings

Name of Financial Institution: _____ Financial Institution Phone #: _____

Transit Routing Number: _____ Bank Account Number: _____

In addition to the account indicated above that I have designated as the main account for my net pay deposit, I would also like to have a flat dollar amount from my pay distributed as follows:

PARTIAL DIRECT DEPOSITS TO OTHER BANK ACCOUNTS - 2 accounts may be selected

New enrollment Change Cancellation Type of Account: Checking Savings

Amount of Partial Deposit per Pay : \$ _____

Name of Financial Institution: _____ Financial Institution Phone #: _____

Transit Routing Number: _____ Bank Account Number: _____

New enrollment Change Cancellation Type of Account: Checking Savings

Amount of Partial Deposit per Pay : \$ _____

Name of Financial Institution: _____ Financial Institution Phone #: _____

Transit Routing Number: _____ Bank Account Number: _____

Attached is a copy of an existing voided check or letter from the financial institution indicating my account and routing numbers. I accept the payroll deposit program instituted and operated by Birmingham Public Schools and agree to all the conditions herein.

Signature: _____ Employee ID# _____ Date: _____

Printed Name: _____



Office of Human Resources
31301 Evergreen Rd, Beverly Hills, MI 48025
Phone: Hourly (248) 203-3028
Salary (248) 203-3033
Fax: (248) 203-3037

Dear BPS Employee:

In 2007, the U.S. Department of Education (U.S. ED) released guidance regarding the collection and reporting of educational staff members' race and ethnicity data. The guidance from the U.S. ED indicates that individuals must first identify themselves by ethnic group (either Hispanic/Latino or not Hispanic/Latino) and then by *one or more* racial groups (American Indian/Alaska Native, Asian, Black/African-American, Native Hawaiian/Other Pacific Islander, White). This allows individuals to accurately identify themselves, given the increasing diversity of the nation's population.

In order to comply with federal reporting requirements, every school district in Michigan is required to annually report employee data by race and ethnicity categories to the Michigan Department of Education (MDE). MDE does not report individually identifiable data to the federal government, but does report the total number of educational staff members. All school districts in Michigan must collect student and educational staff member data using the two-part question format. Please provide your information by completing the form on the back of this letter and sending it to Human Resources on or before your start date. If you leave the form blank, or refuse to self-identify, observer identification will be used.

If you have any questions, please contact Human Resources at (248) 203-3034.

Sincerely,

The Human Resources Department
Birmingham Public Schools



Office of Human Resources
31301 Evergreen Rd, Beverly Hills, MI 48025
Phone: Hourly (248) 203-3028, Salary (248) 203-3033
Fax: (248) 203-3037

Race/Ethnicity Self Identification Form

First & Last Name: _____
(please print)

Date of Birth: _____
(MM/DD/YYYY)

Please answer BOTH Part A and Part B:

Part A: Are you Hispanic/Latino? (Choose only one)

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race).

Part B: What is your 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).

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 people's of Europe, the Middle East or North Africa).

NOTE: Both Part A and Part B **must** be completed. We encourage you to select an answer from both parts. If either Part (A or B) is not answered, the U.S. Department of Education **REQUIRES** the school district to supply an answer on your behalf.

Signature: _____

Date: _____

TECHNOLOGY ACCEPTABLE USE

(Revised May 2016)

Staff Technology Code of Ethics and Rules for Technology Use

1. I acknowledge that the use of District technology is a privilege and with that privilege I have no expectation of privacy in e-mail, data on a workstation or server, network communications, internet use, telephone, voice mail, etc. I understand that my use of this technology can be monitored electronically by District personnel at any time.
2. I will not make copies of software from school computers or networks.
3. I will not install any software on District computers without permission from the local building technology operational assistant or District technology support staff.
4. I will not give computer software to others unless it is clearly identified as in the public domain, as freeware, or if I have written permission from the copyright owner.
5. I understand that any illegal installation of copyrighted software on District computers is prohibited. The District upholds the copyright laws of the United States as it applies to computer programs or licenses owned by the District.
6. I will not knowingly or intentionally introduce a virus, worm, Trojan horse, rootkit, etc. into any computer system.
7. I will not try to obtain staff or student passwords and will not read or alter other user's files unless as a supervisor that knowledge is required to perform my job function.
8. I will not damage any computer systems, computer hardware, or alter files or software residing on any District computers.
9. I will not allow another user, staff or student, to use a computer while logged in with my ID.
10. I will not create or forward any type of chain mail (i.e. computer virus notification, good luck notices, etc.)
11. I will not try to gain unauthorized access to computers, servers or networks within or outside of the District.
12. I will not use District technology for purposes other than for District-related business.
13. I will not modify the existing hardware setup of any District technology without permission from my local building Technology Operational Assistant or District technology support staff. I will not install or use an Ethernet hub/switch or wireless access point (AP) without permission from the Executive Director of Technology or designee.
14. I will not engage in cyberbullying (using a computer for intentionally mean behavior that will harm others) or other unlawful or inappropriate activities using a computer.
15. I will not access social media on the district network (unless I am a designated administrator) and only utilize district approved blog and wiki applications for educational uses.

Internet access is available to students, teachers and other staff members in the District. The Internet provides vast resources for reference, research, and collaboration. The district is committed to continuing to provide excellence in its schools by facilitating resource sharing, communication, and access to current information.

With the ability to access global information comes the availability of information that may not be considered to be of educational value. Although the District has measures in place designed to restrict minors access to materials harmful to minors, on a worldwide network it is impossible to control all materials that an industrious user may find. We do believe in the benefits of having access to research, information access, communications and other educational materials electronically.

The following are illustrative of, (but not exhaustive of) inappropriate use of technology and violate District Policy:

- Soliciting or fund raising for personal benefit and/or for causes not related to approved school business
- Use of profanity or inappropriate language
- Personal advertising including advertising one's outside commercial/business activities
- Use of technology or networks in an illegal or unethical manner
- Accessing pornographic material
- Any use of the District network that hampers District operations
- Creation of a home page on a District-owned server without District identification and authorization
- Use of district time for personal/non-work related access by staff members
- Activities of any type that are illegal or violate other Board Policies
- Unauthorized disclosure, use, and dissemination of personal information regarding minors

The District may at anytime make determinations that particular uses of the Internet are, or are not, consistent with the goals of the District.

It is the responsibility of staff to monitor all technology use for students that they are supervising.



Office of Human Resources
31301 Evergreen Rd, Beverly Hills, MI 48025
P: (248) 203-3034 F: (248) 203-3037

Technology Acceptable Use Policy

(For BPS Staff Members)

This page **must** be signed by the staff member in order to obtain District access to computers

I have read the District's Staff Technology Code of Ethics and Rules for Technology Use, the terms and conditions of which are incorporated herein by reference, and hereby agree to the conditions, rules, and regulations. By executing this agreement, I expressly agree to be responsible for my proper use of technology in conformance with the Staff Technology Code of Ethics and Rules for Technology Use, and to assume all responsibility for any liability associated with my use of technology that is in violation of this agreement. I further understand and agree that the District assumes no responsibility for my use of technology. I understand that violating these Regulations may result in my losing use of the District technology and that disciplinary action up to, and including, termination of employment and/or legal action may be taken in accordance with the terms and conditions of any applicable bargaining agreement.

The complete text of this policy can be viewed at the Birmingham Public Schools website:
www.birmingham.k12.mi.us - Departments/Technology Services/Technology Policies

Signature of Staff Member: _____

Printed Name of Staff Member: _____ Date: _____

Job Title: _____

Building(s): _____

Approval of Human Resources: _____ Employee #: E _____

Long-term Substitute

Student teacher

Retiree

Name Change

Temporary Hire: Y / N

Former Name: _____

End Date: _____

TECHNOLOGY ACCEPTABLE USE POLICY

Pre-Discipline- Reminder Not To Do It Again

Technology Services (Executive Director for Technology Services or designee) will issue via e-mail a notice to the offender describing the actions that have violated the Technology Acceptable Use Policy. The offender will be reminded to review their Technology Acceptable Use Policy to better understand what is/is not allowable. An electronic copy will be sent to Assistant Superintendent for Human Resources and the supervisor of the employee.

DISCIPLINARY ACTION FOR VIOLATION

Step 1 – Written Warning/Disciplinary Action Begins

Following consultation with the employee's supervisor, the Executive Director for Technology Services or designee and the employee's supervisor will issue a written warning to the offender(s) describing the actions that violated the Technology Acceptable Use Policy. A copy of this written warning will be placed in their personnel file and that subsequent violation will lead to disciplinary action. A copy of the warning will also be sent to the supervisor of the employee.

Step 2 – Disciplinary Action/1st Level

The Assistant Superintendent for Human Resources will meet with the offender. Disciplinary action of one (1) day without pay up to loss of job will be applied.

Step 3 – Dismissal

Discharge

Violation of the Policy and/or Regulation may result in disciplinary action taken in accordance with District Policy, up to and including termination and/or legal action. Violations could result in immediate dismissal as early as step 1.

Some examples of non-violations

- The District's Race for the Cure team email
- Tickets for sale to benefit a school program

Some examples of violations

- BPS singles club
- Tickets for sale (personal)
- House for sale
- Advertising a personal business (deck washing)
- Accessing pornography
- Installation of software that disrupts our Internet connection
- Use of phone or internet to run a travel agency business

An employee's guide to the W-4

Step 1: Enter Personal Information

This is mostly unchanged. You will need to fill out your basic information: 1) Name; 2) Social Security number; 3) Address; 4) City/town, state, and ZIP; 5) Filing status. Nothing too complicated.

Form **W-4**
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0074
2020

Step 1: Enter Personal Information

(a) First name and middle initial Last name (b) Social security number

Address

City or town, state, and ZIP code

(c) Single or Married filing separately
 Married filing jointly (or Qualifying widow(er))
 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.)

▶ 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.

(a) Enter your full name

Write in your mailing address

(b) Enter your Social Security number

(c) Check your filing status

Below the personal information fields in Step 1, there are Steps 2 through 4. Most likely, these steps won't apply to you if you're single with only one job or you're married and your spouse doesn't work.

Step 2: Multiple Jobs or Spouse Works

This section addresses the "Two Earners/Multiple Jobs Worksheet" from the [2019 W-4 form](#). Most commonly, this step is for anyone who has more than one job or is married filing jointly and whose spouse works.

Checking box 2(c) tells your employer that you have multiple jobs. If you don't want to disclose that fact, don't check the box.

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 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.)

In this step, the form notes that individuals with multiple jobs should complete Form W-4 with the information from their *highest-paying* job. That should result in the most accurate withholding.

If you work more than one job, steps 3 through 4b should only be completed on one W-4 form.

Step 3: Claim Dependents

This section determines your eligibility for the child tax credit. It's a relatively simple step to complete:

Step 3:	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):	
Claim Dependents	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 \$

- Number of kids under the age of 17 x \$2,000
- Number of other dependents x \$500
- The sum

The TCJA changed the law so more people would qualify for the child tax credit. Single taxpayers with an income of \$200,000 or less (\$400,000 if married filing jointly) will be eligible.

Your number of qualifying children under age 17 multiplied by \$2,000 will go into the first box. The number of other dependents multiplied by \$500 will go in the second box. The sum of those two numbers will go on line 3.

Step 4: Other Adjustments

This section is for various things you may want to account for.

Here's what it looks like:

Step 4 (optional):	(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) \$
Other Adjustments	(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) \$

- (a) Additional income
- (b) Itemized deductions
- (c) Extra withholding

These areas include:

- (a): Other income (not from jobs). Additional income that might not be subject to withholding, like dividends or retirement income.
- (b): Deductions. Itemized deductions like mortgage interest and charitable contributions that will exceed your standard deduction
- (c): Extra withholding. Any extra withholding that you would like to withhold each pay period.

Step 5: Sign the form

Keep in mind that if you don't sign the form, it's invalid. That means your employer will disregard your new W-4 selections and withholding, and instead calculate your withholding as "Single."

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.

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 surviving spouse <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.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at www.irs.gov/W4App.

Step 2: 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.

Multiple Jobs or Spouse Works Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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 Dependent and Other Credits	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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

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

Section references are to the Internal Revenue Code unless otherwise noted.

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 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2025 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 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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 2025 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: { • \$30,000 if you're married filing jointly or a qualifying surviving spouse
• \$22,500 if you're head of household
• \$15,000 if you're single or married filing separately } 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 territories 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 Surviving Spouse

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	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

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	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

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	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

Tax Withholding Estimator

The IRS encourages everyone to use the Tax Withholding Estimator to perform a “paycheck checkup.” This will help you make sure you have the right amount of tax withheld from your paycheck.

There are several reasons to check your withholding:

- Checking your withholding can help protect against having too little tax withheld and facing an unexpected tax bill or penalty at tax time next year.
- At the same time, you may prefer to have less tax withheld up front, so you receive more in your paychecks and get a smaller refund at tax time.

Before You Begin

Gather the most recent pay statements for yourself, and if you are married, for your spouse too.
Gather information for other sources of income you may have.
Have your most recent income tax return handy.

Keep in mind that the Tax Withholding Estimator’s results will only be as accurate as the information you enter.

Click on the link to go to the estimator:

<https://www.irs.gov/individuals/tax-withholding-estimator>

Here is another W-4 Withholding Calculator from Turbo Tax:

<https://turbotax.intuit.com/tax-tools/calculators/w4/>

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MI-W4

(Rev. 12-20)

EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. Read instructions on page 2 before completing this form.

Issued under P.A. 281 of 1967.

			▶ 1. Full Social Security Number	▶ 2. Date of Birth
▶ 3. Name (First, Middle Initial, Last)			4. Driver's License Number or State ID	
Home Address (No., Street, P.O. Box or Rural Route)			▶ 5. Are you a new employee? <input type="checkbox"/> Yes If Yes, enter date of hire.....	(mm/dd/yyyy)
City or Town	State	ZIP Code	<input type="checkbox"/> No	
6. Enter the number of personal and dependent exemptions (see instructions)				▶ 6.
7. Additional amount you want deducted from each pay (if employer agrees)				7. \$.00
8. I claim exemption from withholding because (see instructions):				
a. <input type="checkbox"/> A Michigan income tax liability is not expected this year.				
b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____				
c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____				
EMPLOYEE: If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records. See additional instructions on page 2.				
<i>Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number I am allowed to claim. If claiming exemption from withholding, I certify that I do not anticipate a Michigan income tax liability this year.</i>				
9. Employee's Signature				▶ Date

EMPLOYER: Complete the below section.			
10. Employer's Name		▶ 11. Federal Employer Identification Number	
Address (No., Street, P.O. Box or Rural Route)		City or Town	State ZIP Code
Name of Contact Person		Contact Phone Number	

INSTRUCTIONS TO EMPLOYER: Keep a copy of this certificate with your records. All new hires must be reported to the State of Michigan. See www.mi-newhire.com for information.

In addition, a copy of this form must be sent to the Michigan Department of Treasury if the employee claims 10 or more exemptions or claims they are exempt from withholding. Send a copy to:

Michigan Department of Treasury
Tax Technical Section
P.O. Box 30477
Lansing, MI 48909

INSTRUCTIONS TO EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE (Form MI-W4)

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal or dependency exemptions or claimed that you are exempt from withholding.

You **MUST** provide a new MI-W4 to your employer within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent no longer qualifies under the Internal Revenue Code.

Line 5: If you check "Yes," enter your date of hire.

Line 6: Personal and dependency exemptions. The number of exemptions claimed here may not exceed the number of exemptions you are entitled to claim on a *Michigan Individual Income Tax Return* (Form MI-1040). Dependents include qualifying children and qualifying relatives under the Internal Revenue Code, even if your AGI exceeds the limits to claim federal tax credits for them.

Do not claim the same exemptions more than once or tax will be under-withheld. Specifically, **do not claim:**

- Your personal exemption if someone else will claim you as their dependent.
- Your personal exemption with more than one employer at a time.
- Your spouse's personal exemption if they claim it with their employer.
- Your dependency exemptions if someone else (for example, your spouse) is claiming them with their employer.

Line 7: You may designate additional withholding if you expect to owe more than the amount withheld.

Line 8a: You may claim exemption from Michigan income tax withholding if all of the following conditions are met:

- i) Your employment is intermittent, temporary, or less than full time;
- ii) Your personal and dependency exemptions exceed your annual taxable compensation;
- iii) You claimed exemption from federal withholding; and
- iv) You did not incur a Michigan income tax liability for the previous year.

Line 8b: Reasons wages might be exempt from withholding include:

- You are a nonresident spouse of military personnel stationed in Michigan.
- You are a resident of one of the following reciprocal states while working in Michigan: Illinois, Indiana, Kentucky, Minnesota, Ohio, or Wisconsin.
- You are an enrolled member of a federally-recognized tribe that does not have a tax agreement with the state of Michigan, you reside within that tribe's Indian Country (as defined in 18 USC 1151), and compensation from this job will be earned within that Indian Country.

Line 8c: For questions about Renaissance Zones, contact your local assessor's office.



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

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

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

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

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

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

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

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	OR	<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 <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

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



Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code