Western Buckeye ESC
Sub Paperwork Packet Checklist

419-399-4711
835 N. Williams St., Paulding, OH 45879
wbesc.org

Thank you for your interest in being a part of our substitute aide/teacher list! Western Buckeye Educational Service Center maintains a sub list for the area schools. There are two exceptions to this: Paulding & Van Wert. If these are two schools are locations you are interested in subbing at, please contact them directly for more information.

****IMPORANT** - All required forms and documents must be returned to our office before your information can be added to the sub list. Once all information is received, you will receive an email that you have been "officially" added to the sub list. If you do not receive this email, you will need to contact our office at 419-399-4711.**

Required Forms to Complete

- ◯ Employment Application
- ◯ W-4 - Employee Withholding Certificate (Page 1)
- ◯ Direct Deposit Form
- ◯ Ohio Department of Taxation (IT 4)
- ◯ I-9 - Employment Eligibility Verification
- ◯ New Hire Notification (STRS/SERS)
- ◯ Statement Concerning Your Employment (Social Security Admin.)
- ◯ Visit https://ohioauditor/gov/trainings/fraud.html or use the QRL code - **PRINT CERTIFICATE**
- ◯ Acknowledgement of Receipt of Auditor of State
- ◯ Annual Sub Form

Required Documents

- ◯ *License through Ohio Department of Education & Workforce (ODEW)
- ◯ *Fingerprinting - BCI/FBI required
- ◯ Copy of current Driver's License and Social Security Card

(*)Denotes services that have additional costs associated with them

Paraprofessional Testing

We offer paraprofessional testing at our Paulding office. Paraprofessional testing (only needed if becoming a full-time aide) - This test will provide the ESEA endorsement on the license through ODEW. If you hold an Associate's or Bachelor's Degree this testing may not be necessary. Please contact our office for more information or a time to setup for testing.

Need Help Applying for your ODEW License?

See the ODEW Information Sheet or contact our office.

Western Buckeye ESC
ODEW License Information

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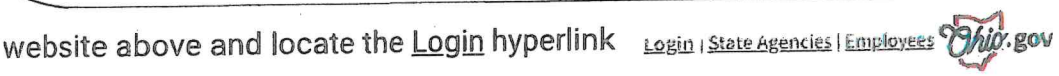
Department of Education & Workforce

Website for applying for a new license or renew a license: education.ohio.gov

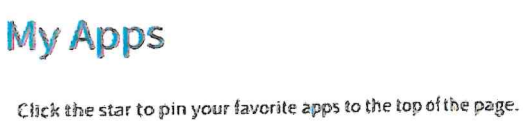
New to ODEW Website & How-To Apply for a New License

- ◯ Go to the website above and locate the Login hyperlink



- ◯ Create an account if you have never been on this site by clicking on "Create account" and follow the prompts to complete.
- ◯ If you already been on this website for other purposes (ex. unemployment, new business startup etc.), fill in your OHID and password that you have already created. If you have forgotten what these are, click on "Forgot your OHID or password?" and follow the prompt.
- ◯ Once logged in, there will be a screen that will have information across the top (see below)

- ◯ Below this bar will be "My Apps" that may have "apps" below it already if you have used the website previously or it will be blank if you are new to the site.



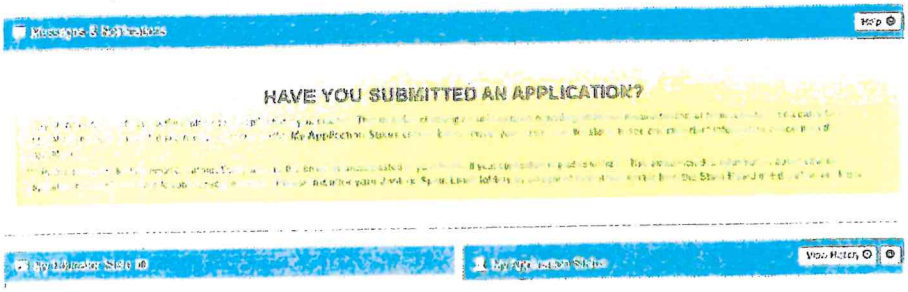
- ◯ Click on "App Store" in the bar at the top and find the app that says "Educator Licensure and Records (CORE)"

- ◯ "Once you find the app, click on "Request Access" and then click on "Request Access to Group" - Agree to Terms and the Request Access to Group

- ◯ Click on "My Apps" in the bar at the top to get back to the app you just requested access to

- ◯ Click on "Open App"

- ◯ This will open to a page with several boxes on it



3/6/2025

Western Buckeye ESC
ODEW License Information

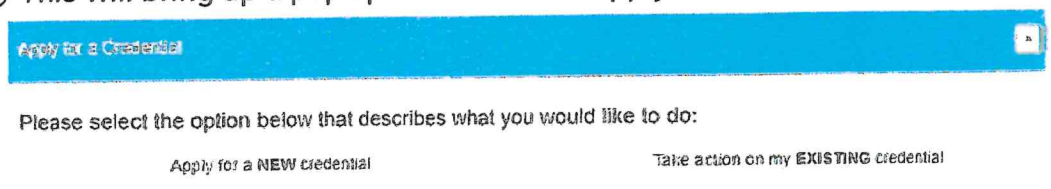
419-399-4711
835 N. Williams St., Paulding, OH 45879
wbesc.org

New to ODEW Website & How-To Apply for a New License Continued

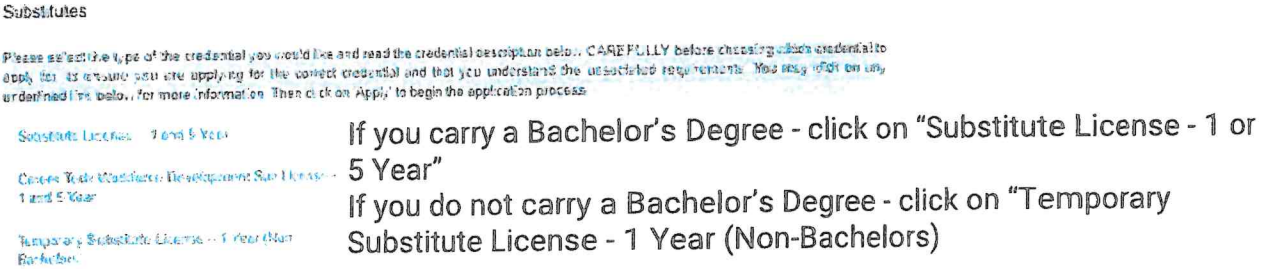
◯ Make sure there is a number in the "My Educator State ID " box - If not, click on the Edit My Profile. The number will start with OH with several numbers behind it.

◯ Once this box has a State ID in it, you can click on "Apply for a New Credential in the "My Credentials" box located below the "My Educator State ID" box.

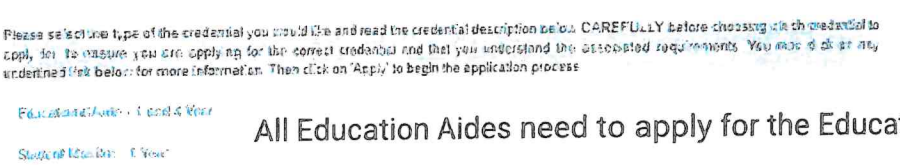
◯ This will bring up a pop-up box - Click on "Apply for a New Credential"



◯ This will produce a dropdown box - Click on "Substitutes" or Education Aides" depending on the license you are applying for.



If you carry a Bachelor's Degree - click on "Substitute License - 1 or 5 Year"
If you do not carry a Bachelor's Degree - click on "Temporary Substitute License - 1 Year (Non-Bachelors)



All Education Aides need to apply for the Educational Aide - 1 and 4 Year

IMPORTANT - For ALL license applications, when you get to a section asking for a superintendent or school, use Western Buckeye ESC (IRN#134999). This will cover all the school systems in our district. We can also share your license as needed upon request.

◯ Follow the prompts - once you make the payment, the process on your side is complete.

◯ Typically it takes approximately 5-7 days for the full application process to be completed depending on the time of year this process could take longer.

◯ When everything processes, you will receive an email with a copy of your license and Western Buckeye ESC will also. If you want to check on the progress, log into the website above, click on CORE and look under the "My Application Status" box for an update.

3/6/2025

Western Buckeye ESC
Employment Application

419-399-4711
835 N. Williams St., Paulding, OH 45879
wbesc.org

Western Buckeye Educational Service Center provides equal employment opportunities to all people without regard to race, color, age, creed, national origin, gender, religion, disability, ancestry and/or military status.

○ New Hire - Certified ○ New Hire - Non-Certified ○ Substitute Aide/Teacher

Demographic Information

Name _____ Date Of Birth _____

Address _____

Phone Number _____ Email _____

Availability & Salary

○ Part-Time Only
○ Full-Time Only
○ Either

Salary Expected
(Full-Time only) _____

Date Available _____

Certification Area(s)

Please list certificates you presently have or those you anticipate receiving as a result of completion of studies.

_____

_____

_____

Education

	School/Location	Majors/Minors	Degree/Diploma
High School Attended			
College(s)/Universities			

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Teaching/Administrative Experience

Include student teaching experience if you have less than three (3) years teaching experience.

Dates	School	Address	Position Grade/Subject	Extra Duties (i.e., curriculum com., tech com)

Other Employment Experience

Dates	Employer	Address	Position	Extra Duties

Professional Involvement

Organization	Involvement (conferences, articles, leadership positions	Dates

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References

MUST list at least three (3) - May include school administrators, supervisors or former employees

Name	Position	Address	Phone

Consent

It is understood and agreed that Western Buckeye Educational Service Center may contact former employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (Ohio BCI) for the background check and hereby consent to such inquiries.

It is understood and agreed that Western Buckeye Educational Service Center may contact any references listed in this application.

I understand that if I am employed prior to the receipt of the BCI report and verification of my work experience, my continued employment will be conditioned on: 1) satisfactory work experience as verified by contacts with former employers; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education rules and regulations regarding applicant/employment criminal records and disclosure of criminal convictions listed in category OTHER.

I promise that the information contained in this application and in my resume is true and complete, and I understand that if it is not, I may be eliminated from consideration for this job. If, after being hired, faldehoods or omissions are discovered in my application or resume, I understand that my employment may be terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fall to fulfill these conditions.

I have the legal right to work in the United States and will submit the appropriate documentation upon the time of hire (if applicable)

Confirmation ◯ Yes ◯ No

Applicant Signature _____ **Date** _____

Any person who knowingly makes a false statement is guilty of falsification under section 2921.13 of the revised code, which is a misdemeanor of the first degree.

Revised 9/22/2021, 2/28/2022, 3/4/2025

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

2025

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) ☐ **Single or Married filing separately**
☐ **Married filing jointly or Qualifying surviving spouse**
☐ **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: 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 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: 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)
WESTERN BUCKEYE ESC 835 N WILLIAMS ST PAULDING, OH 45879		34-1859751

General Instructions

Section references are to the Internal Revenue Code.

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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 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 2024 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, 2025.

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. Expect to work only part of the year;

2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

3. 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.

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 2024 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 2024 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:
- $29,200 if you're married filing jointly or a qualifying surviving spouse
- $21,900 if you're head of household
- $14,600 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	$780	$850	$940	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,370
$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

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	$240	$870	$1,020	$1,020	$1,020	$1,540	$1,870	$1,870	$1,870	$1,870	$1,910	$2,040
$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

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	$510	$850	$1,020	$1,020	$1,020	$1,020	$1,220	$1,870	$1,870	$1,870	$1,960
$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

835 N. Williams St.
Paulding, OH 45879
Phone: 419-399-4711
Fax: (none)
Please Scan or Email
Website: www.wbesc.org

WESTERN BUCKEYE
EDUCATIONAL SERVICE CENTER

Thomas L. Taylor, Superintendent
Tricia K. Taylor, Treasurer/CFO

835 N. Williams Street, Paulding, Ohio 45879 • Phone: 419-399-4711

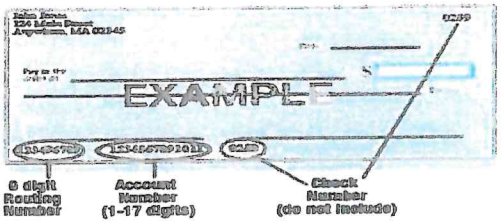
813A N Franklin St.
Van Wert, OH 45891
Phone: 419-238-4746
Fax: 419-238-6259
Website:
www.wbesc.org

DIRECT DEPOSIT FORM

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: ☐ $ _____ ☐ _____ % or ☐ Entire Paycheck

Type of Account: Checking Savings (Circle One)

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: ☐ $ _____ ☐ _____ % or ☐ Entire Paycheck

Type of Account: Checking Savings (Circle One)

Email Address: _____

(The email address is required due to automatically emailing your direct deposit notice)

Western Buckeye ESC is authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____ **Date:** _____

IT 4
Rev. 5/07

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions *increases*.

   You must file a new certificate within 10 days if the number of exemptions previously claimed by you *decreases* because:
   (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
   (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
   (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

   The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

   For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

please detach here

Ohio | Department of Taxation

Employee's Withholding Exemption Certificate

IT 4
Rev. 5/07

Print full name _____ Social Security number _____

Home address and ZIP code _____

Public school district of residence _____ School district no. _____
(See *The Finder* at tax.ohio.gov.)

1. Personal exemption for yourself, enter "1" if claimed ..... _____
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) ..... _____
3. Exemptions for dependents ..... _____
4. Add the exemptions that you have claimed above and enter total ..... _____
5. Additional withholding per pay period under agreement with employer ..... $ _____

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature _____ Date _____

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

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.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 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			OHIO DRIVER'S LICENSE		SOCIAL SECURITY CARD
Issuing Authority			STATE OF OHIO		SOC. SEC. ADMINISTRATION
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
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)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

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.

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)
GUNDERMAN, LORI ASSISTANT TREASURER		

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
WESTERN BUCKEYE ESC	835 N WILLIAMS ST PAULDING, OH 45879

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

WESTERN BUCKEYE ESC
835 N. WILLIAMS ST.
PAULDING, OH 45879

NEW HIRE NOTIFICATION

SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO
300 E. Broad St., Suite 100 1-800-878-5853
Columbus, Ohio 43215-3746 www.ohsers.org
Employer Number: 63-001

STATE TEACHERS RETIREMENT SYSTEM OF OHIO
275 E. Broad St. 1-800-535-4050
Columbus, Ohio 43215-3771 www.strsoh.org
Employer Number: 6300

FAILURE TO COMPLETE THIS PAPERWORK WITHIN 2 DAYS OF YOUR EMPLOYMENT MAY COST YOU A CHARGE BACK OF $50.00.
MUST COMPLETE ALL INFORMATION IN SECTION 1

SECTION 1: Employee Information:

Name_____ **Social Security Number**_____

Date of Birth__ __/__ __/____ ____**Male** _____ **Female**

Address_____ **City, State, Zip**_____

Phone_____ **Email**_____ **(Required)**

First day of Work for WBESC __ __/__ __/_____. **(Retired employees should indicate first day worked after retirement date.)**
Are you currently receiving a monthly retirement benefit from an Ohio public employer or an alternative retirement plan(ARP) _____ Yes _____ No **If yes, please complete Section 2 If no, please complete Section 3**

SECTION 2: RETIRED EMPLOYEE

ONLY COMPLETE IF YOU ARE RECEIVING A MONTHLY RETIREMENT BENEFIT FROM AN OHIO PUBLIC EMPLOYER OR AN ARP.

Effective retirement date __ __/__ __/_____

Type of retirement benefit: _____Age and service _____ Disability _____ ARP

Which retirement system pays your monthly retirement benefit?

_____State Teachers Retirement System of Ohio _____Ohio Public Employees Retirement System

_____School Employees Retirement System of Ohio _____City of Cincinnati Retirement System

_____Highway Patrol Retirement System _____Ohio Police & Fire Pension Fund

_____ARP-Alternative Retirement Plan (option only for college and university retirees)

SECTION 3: ADDITIONAL RETIREMENT CONTRIBUTIONS

Are you currently or have you in the past paid into any of the following Ohio public retirement systems or an alternative retirement plan. _____ Yes _____ No **If yes, please mark all Ohio public retirement systems that apply.**

_____State Teachers Retirement System of Ohio _____Ohio Public Employees Retirement System

_____School Employees Retirement System of Ohio _____City of Cincinnati Retirement System

_____Highway Patrol Retirement System _____Ohio Police & Fire Pension Fund

_____ARP-Alternative Retirement Plan (option only for college and university retirees)

OFFICE USE ONLY

Entered into SERS / STRS website __ __/__ __/_____ Upload SSA form to SERS / STRS __ __/__ __/_____

First date on payroll __ __/__ __/_____ Completed by _____

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

Employee Name: _____

Employee ID#: SS # _____

Employer Name: WESTERN BUCKEYE ESC _____

Employer ID#: (6300-STRS) (63-001-SERS) _____

Your earnings from this job are not covered under Social Security (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit www.ssa.gov.

For More Information

Social Security publications and additional information are available at www.ssa.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 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of my potential future Social Security Benefits.

Signature of Employee: _____

Date: _____

FRAUD PREVENTION TRAINING

Now REQUIRED for ALL Ohio public employees

(BUT IT'S ONLY 8 MINUTES LONG! :)

OHIO AUDITOR OF STATE
KEITH FABER

Scan the QR code at right with your smartphone's camera to find out more!

Auditor of State Fraud Reporting System Information

Please complete the required 7-minute Fraud Prevention Video Training by logging into: https://ohioauditor.gov/trainings/fraud.html

**After completion, please print the certificate of completion along with signing the Acknowledgement of receipt of Auditor of State fraud-reporting information form and return to the WBESC office or email to lgunderman@wbesc.org

Officers and employees required by Ohio Rev. Code 4113.52 to report fraud, theft in office, or the misuse or misappropriation of public money, and those who wish to report waste or abuse, can report to the AOS's Special Investigations Unit in any of the following ways:

- Web: https://ohioauditor.gov/fraud/default.html
- Mobile App: *Ohio Stops Fraud* app available on Google Play or Apple App
- Phone: 1-866-Fraud-OH (1-866-372-8364)
- Email: FraudOhio@ohioauditor.gov
- US Mail: Ohio Auditor of State's Office
  Attn: Special Investigations Unit
  65 E. State Street
  Columbus, OH 43215

State officials and employees of a state agency, as defined in division (D) of 121.41 of the Revised Code, should report alleged fraud, theft in office, or misuse or misappropriation of public money to the Inspector General at: https://watchdog.ohio.gov/file-a-complaint.

Finally, Ohio Revised Code 124.341 and 4113.52 extend whistleblower protections to employees who file a complaint with the AOS fraud-reporting system in certain circumstances.

Acknowledgement of receipt of Auditor of State fraud-reporting system information

Pursuant to Ohio Revised Code Section 117.103(B), the auditor of state shall create training material detailing Ohio's fraud-reporting system and the means of reporting fraud, waste, and abuse. The auditor of state shall provide the training material to employees and elected officials of a political subdivision.

Current employees and elected officials shall complete the training within ninety days of date specified by the auditor of state as noted in Bulletin 2024-005. No exceptions will be allowed unless good cause exists for noncompliance. Each new employee or elected official shall confirm receipt of this material within thirty days after taking office or beginning employment. The training shall be required every four years for each employee or elected official.

By signing below, you are acknowledging both that the Auditor of State provided you information about the fraud-reporting system as described by Section 117.103(B) of the Revised Code and that you have completed review of the training material.

I, _____, have been provided and reviewed materials regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt and review of this information.

_____	_____	_____
NAME	TITLE	DEPARTMENT
_____		_____
SIGNATURE		DATE

WESTERN BUCKEYE
EDUCATIONAL SERVICE CENTER
Thomas L. Taylor, Superintendent
Tricia K. Taylor, Treasurer/CFO
835 N. Williams Street, Paulding, Ohio 45879 • Phone: 419-399-4711

REQUIRED SUB SLIP

RETURN THIS FORM WITH YOUR REPLY TO REMAIN ON THE SUB LIST. YOU WILL BE TAKEN OFF THE LIST IF THIS FORM IS NOT RECEIVED BY THE DEADLINE, and in order to be added back on the sub list, you will be REQUIRED to be fingerprinted at a cost of $70.00 IF prints are older than one (1) year.

PLEASE RETURN THIS DOCUMENT **BY JULY 7, 2025**

TO **835 N. Williams St., Paulding, Ohio 45879, ATTN: HEATHER HUNT**. THANK YOU!

Name: (please print) _____

Address: _____

Home/Cell Phone: _____ Email: _____

____ Yes, I am available to substitute. Please consider me for a position as a substitute for the 2025-2026 school year through **Western Buckeye ESC**.

____ No, I do not wish to be employed as a substitute. Please remove my name from the list.

Signature: _____

Buildings of Substitution (Indicate (X) the school buildings at which you are willing to substitute):

_____ Antwerp Elementary
_____ Antwerp High School
_____ Crestview Elementary
_____ Crestview High School
_____ Grover Hill Elementary
_____ Lincolnview Elementary
_____ Lincolnview High School
_____ Payne Elementary
_____ Wayne Trace High School
_____ Thomas Edison Preschool
_____ Paulding Opportunity Center
_____ Vantage Career Center

****Please NOTE if you would like to be on the substitute list for Paulding or Van Wert, visit the school for more instructions. These two schools maintain their own sub list.****

WESTERN BUCKEYE
EDUCATIONAL SERVICE CENTER
Thomas L. Taylor, Superintendent
Tricia K. Taylor, Treasurer/CFO
835 N. Williams Street, Paulding, Ohio 45879 • Phone: 419-399-4711

Weekly Availability:
_____ Monday-Friday
_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday

_____ I am a college student and have varied availability

There are also other areas within the school system that may be in need of substitutes. If you are interested in any of the areas listed below, please check all that apply.
_____ Cafeteria
_____ Secretarial
_____ Other: _____

****IMPORTANT****
We must have **all** documentation if you are returning to the sub list for another year, the following items are required in order to be added or to stay on the sub list: ODE license, fingerprints and this form. All documentation must be up-to-date and for the upcoming school year.