

- EXAMPLE -

HR Benefit/ Payroll Setup - COMPLETE ALL SECTIONS

Personal Information (To be completed by Employee)

Salutation: Dr. Hon. Miss Mr. Mrs. Msgr Rev Sister
First Name: John Middle Name: Adam
Last Name: Doe
Generational Suffix: Jr. Sr. I II III IV 2nd 3rd 4th 5th
Qualification Suffix: CFA CFP CPA DDS DMD DO Esq JD MD NP PA PhD RN
Print name EXACTLY as it appears on your Social Security Card below:
John A. Doe
Date of Birth: 01/05/1948 Social Security Number: 001-00-0000 Gender: M
Street Address: 424 Montgomery Street
City: Syracuse County: Onondaga State: N.Y. Zip: 13202
Home Ph (315) 000-0001 Cell Ph # (315) 000-0002 Email: jdoe@email.com
Medicare Eligible? NO YES - Attach copy of Medicare Card

Employment Information (To be completed by Employer)

Action: New Hire Rehire This Position is: New Existing
Hire Date: 07/19/2018 Job Code: MNTG-N Job Title: Maintenance
Location Name: Cathedral of the Immaculate Conception
Part time: less than 30 hr / wk 30-34 Hrs/52 wks 30-34 Hrs/ less than 52 wks
 Part Time Per Diem Part Time Seasonal Part Time Temporary
Regular: Full Time Per Diem Full Time Seasonal Full Time Temporary
 35-40 Hrs/52 wks 35-40 Hrs/less than 52 wks
Business Unit #: 00101 Location Address: 259 E. Onondaga Street
Company Class: Diocese -Not Benefit Eligible Diocese -Lay (min 30 Hrs/ wk) Diocese -Medicare Eligible(provide copy of card)
 Diocese -Clergy Diocese -Religious Diocese -Seminarian
 Parish -Lay (min 30 Hrs/ wk) Diocese Schools -NonProrated Diocese Schools - Prorated (30-35 hrs/wk)
Home Dept #: 007050 Pay Group (# of pay pds): 1 10 12 20 21 24 26
Work Ph #: (315) 000-0003 Work Cell: () N/A Work Email: jdoe@syrдио.org
I-9 Citizenship: A citizen of the United States A noncitizen of the US
 A Lawful Permanent Resident Alien (Alien #) _____ Expires: _____
 An alien authorized to work(alien or adm#) _____ Expires: _____
Visa Information: Type: _____ Number: _____ Expires: _____
Reports to: John Smith
Location Type: Parish School Cemetery Administration
Earnings Information
Rate: \$ 16.00 per Hour per Day per Week Biweekly Bimonthly per Month
Hours worked per 32 Weeks per year: 52 Annual Compensation: \$26,624

Payroll Information (To be completed by Employer)

Payroll is processed On Location using: ADP Paychex Other _____
 By Diocese - Payroll Code XD9
Withholding Information:
Federal: Single Married Married but withhold at higher single rate Number of Exempt _____
State: Single Married Married but withhold at higher single rate Number of Exempt _____
If payroll is processed by the Diocese, Please check off and attach the following forms:
 W4 Form (Federal Tax WH) Copy of offer or contract Acknowledgement of Enrollment Instructions
 IT-2104 (State Tax WH) I9 Form with copy of Id Direct Deposit Form (Optional)
Employer Representative Completing this Form _____ Date: 7/3/18



Notice and Acknowledgement of Pay Rate and Payday
Under Section 195.1 of the New York State Labor Law
Notice for Hourly Rate Employees

* Example *

1. Employer Information
 Name: Cathedral of Immaculate Conception
 Doing Business As (DBA) Name(s): Cathedral of Immaculate Conception
 FEIN (optional): N/A
 Physical Address: 259 E. Onondaga Street, Syracuse, NY 13202
 Mailing Address: 259 E. Onondaga Street, Syracuse, NY 13202
 Phone: (315) 422-4177

2. Notice given:
 At hiring
 Before a change in pay rate(s), allowances claimed or payday

8. Employee Acknowledgement:
 On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. I told my employer what my primary language is.

Check one:
 I have been given this pay notice in English because it is my primary language.
 My primary language is _____ I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

Print Employee Name: John Doe
 Employee Signature: [Signature]
 Date: 7/19/2018
 Preparer's Name and Title: Amanda Marigam, Supervisor of HR + Benefits

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.
 Please note: It is unlawful for an employee to be paid less than an employee of the opposite sex for equal work. Employers also may not prohibit employees from discussing wages with their co-workers.

3. Employee's rate of pay:
 \$ 16.00 per hour

4. Allowances taken:
 None
 Tips _____ per hour
 Meals _____ per meal
 Lodging _____
 Other _____

5. Regular payday: Thursday

6. Pay is:
 Weekly
 Bi-weekly
 Other

7. Overtime Pay Rate:
 \$ 24.00 per hour (This must be at least 1½ times the worker's regular rate with few exceptions.)

- EXAMPLE -

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 2018
1 Your first name and middle initial John A.		Last name Doe
Home address (number and street or rural route) 424 Montgomerly Street		2 Your social security number 001-00-0002
City or town, state, and ZIP code Syracuse, NY 13202		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5 0
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ John Doe		Date ▶ 7/19/18
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Director/ of New Hires.)		9 First date of employment
		10 Employer identification number (EIN)

- EXAMPLE -



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

IT-2104

New York State • New York City • Yonkers

First name and middle initial John A. Doe	Last name	Your social security number 001-00-0002
Permanent home address (number and street or rural route) 424 Montgomery Street	Apartment number	Single or Head of household <input checked="" type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office Syracuse	State NY	ZIP code 13202
Are you a resident of New York City? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Married, but withhold at higher single rate <input type="checkbox"/> Note: If married but legally separated, mark an X in the Single or Head of household box.
Complete the worksheet on page 3 before making any entries.		
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 18)	1	0
2 Total number of allowances for New York City (from line 29)	2	
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.		
3 New York State amount	3	
4 New York City amount	4	
5 Yonkers amount	5	

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature John Doe	Date 7/19/18
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Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep a copy for your records.

Employer: Keep this certificate with your records.

Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS A

B Employee is a new hire or a rehire ... B First date employee performed services for pay (mm-dd-yyyy) (see instr.):

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
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Instructions

Changes effective for 2018

Form IT-2104 has been revised for tax year 2018. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2018 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim

is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.
- The total income of you and your spouse has increased to \$107,650 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.



*** Example *** - Also need document copies.
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

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

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

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

Section 1 Employee Information and Attestation (Employers must complete this section of Form I-9 no later than the first day of employment, but no more than 90 days later)

Last Name (Family Name) Doe		First Name (Given Name) John		Middle Initial A.	Other Last Names Used (if any)	
Address (Street Number and Name) 124 Montgomery St.			Apt. Number	City or Town Syracuse	State NY	ZIP Code 13202
Date of Birth (mm/dd/yyyy) 01/05/1948	U.S. Social Security Number 001-00-0002	Employee's E-mail Address jad@email.com		Employee's Telephone Number (315) 000-0001		

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

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

<input checked="" type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee <i>John Doe</i>	Today's Date (mm/dd/yyyy) 07/19/2018
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Preparer and/or Translator Certification (check one)
 I am the preparer or translator of this form and I am a U.S. citizen, national, or lawful permanent resident.
 I am the preparer or translator of this form and I am not a U.S. citizen, national, or lawful permanent resident.

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

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





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

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

Section 2: Employer or Authorized Representative Review and Verification
 Employer or authorized representative must complete and sign Section 2 with the business days of the employee's listed employment. You must physically examine the document from List A, B, or C (whichever is applicable) and the document from List C (if applicable) in the employee's possession.

Employee Info from Section 1	Last Name (Family Name) <u>DOE</u>	First Name (Given Name) <u>John</u>	M.I. <u>A</u>	Citizenship/Immigration Status <u>U.S. Citizen</u>
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List A OR List B AND List C
 Identity and Employment Authorization Identity Employment Authorization

Document Title	Document Title <u>Driver License</u>	Document Title <u>Social Security Card</u>
Issuing Authority	Issuing Authority <u>NYS DMV</u>	Issuing Authority <u>S.S.A.</u>
Document Number	Document Number <u>000000</u>	Document Number <u>001-00-0002</u>
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) <u>01/07/2020</u>	Expiration Date (if any)(mm/dd/yyyy) <u>N/A</u>

Document Title	Additional Information	QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		

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

The employee's first day of employment (mm/dd/yyyy): 07/19/2018 (See instructions for exemptions)

Signature of Employer or Authorized Representative <u>Amanda Marniam</u>	Today's Date (mm/dd/yyyy) <u>07/19/2018</u>	Title of Employer or Authorized Representative <u>Supervisor of HR + Benefits</u>	
Last Name of Employer or Authorized Representative <u>Marniam</u>	First Name of Employer or Authorized Representative <u>Amanda</u>	Employer's Business or Organization Name <u>Diocese of Syracuse</u>	
Employer's Business or Organization Address (Street Number and Name) <u>240 E. Onondaga Street</u>		City or Town <u>Syracuse</u>	State <u>NY</u>
		ZIP Code <u>13202</u>	

Section 3: Reverification and Retires (One is completed for each new employee or authorized representative)

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

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

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

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