



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

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

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) <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: _____
QR Code - Section 1 Do Not Write In This Space

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

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

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

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



Employer Completes Next Page



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority 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 	<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

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

UNIVERSITY OF ARKANSAS ACKNOWLEDGEMENT OF POLICIES

This form is designed to help ensure that new employees are aware of certain important University policies. Links to UA employee handbooks, and several key UA policy series (Fayetteville Policies and Procedures, Academic Policy Series, Board of Trustee Policies, and UA Systemwide Policies and Procedures), are available on the Human Resources website(hr.uark.edu). Additional faculty policies are available on the website for the Office of the Provost (<https://provost.uark.edu/>).

Initial

Drug-free Workplace Policy; Alcohol. I understand that the University of Arkansas is a drug-free workplace and the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on this institution's premises, and violation of this policy can subject me to discipline up to and including termination. As a condition of employment, I shall notify my employer of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such a conviction. I further understand that federal law mandates that my employer communicate this conviction to the federal agency when my employment relates to a federal contract, and I hereby waive any and all claims that may arise for conveying this information to the federal agency. Further, possession or consumption of alcoholic beverages on University property or during working hours, reporting to work under the influence of alcohol, and intoxication while on duty are prohibited and will result in disciplinary action up to and including termination. **Staff Handbook 3.8 and 3.9 and Faculty Handbook 4.5. E and G.**

Initial

Repayment of Overpayment and University Funds or Assets. I understand that if, for any reason, I am overpaid by the University of Arkansas either through University error or my own error or if I misappropriate funds or property belonging to the University, I will be required to repay the University. I further understand that the University may deduct said overpayment from my future earnings. **Fayetteville Policies and Procedures 329.0, Board Policy 405.2.**

Initial

Overtime. I understand compensatory time is the preferred compensation method for overtime worked by state employees. If I am employed in an overtime-eligible position and work overtime, I will receive compensatory time unless my department chooses to provide cash payment. All overtime worked requires prior authorization by the supervisor and I will not work overtime without such authorization. **Staff Handbook 5.3.**

Initial

Benefits Eligibility & Enrollment Deadlines. I understand that if I am appointed 50% or greater and not in a student title, I am eligible for employee benefits and that enrollment in certain basic benefits is mandatory. I understand that I have 31 days from my benefits-eligible appointment date to enroll in benefits, including health & dental coverage, and that after this 31-day period, I will not be eligible to enroll in health & dental coverage unless I have a qualifying (HIPAA) event or during an authorized University of Arkansas Open Enrollment. **Staff Handbook 8.3-8.7 and Faculty Handbook 4.2.A.**

Initial

Tobacco/Smoke Free Campus. Smoking and the use of tobacco products (including cigarettes, cigars, pipes, smokeless tobacco, and other tobacco products), as well as the use of electronic cigarettes, by students, faculty, staff, and visitors is prohibited on all University of Arkansas properties. **Fayetteville Policies and Procedures 724.0.**

Initial

Code of Ethical Conduct. I understand that the University of Arkansas is committed to the highest ethical standards in compliance, fair dealing, and in the protection and proper use of University resources. I acknowledge that, as an employee, I will comply with **Board Policy 335.1** and shall conduct myself in a manner that is beyond reproach and with integrity of the highest caliber, honesty, fairness, accountability, transparency, and commitment to compliance. I understand I am expected to report any suspected ethical violations to the proper authorities.

Initial

Sexual Assault and Sexual Harassment. I understand and agree to abide by the University of Arkansas' policy prohibiting sexual assault and sexual harassment, and I understand sexual assault is also a crime defined by the Arkansas criminal code. I understand all complaints or any concerns about conduct that may violate this policy should be submitted to the Title IX Coordinator. **Fayetteville Policies and Procedures 418.1.**

Initial

Non-Discrimination. I understand and agree to abide by the University of Arkansas' policy prohibiting discrimination against and harassment of its students, faculty, and staff, or any applicant for admission or employment. I will uphold the University of Arkansas' commitment to providing equal opportunity for all students and applicants for admission and for all employees and applicants for employment regardless of race, age, gender, sex (including pregnancy), religion, national origin, marital or parental status, disability, veteran status, sexual orientation, gender identity, or any other characteristic protected under applicable federal or state law. In addition, discrimination in employment on the basis of genetic information is prohibited. I understand all complaints or any concerns about conduct that may violate this policy should be submitted to the Office of Equal Opportunity and Compliance. **Fayetteville Policies and Procedures 214.1.**

Initial

Grievance Procedure. I understand it is the policy of the University of Arkansas to encourage fair, efficient, and equitable solutions for problems arising out of the employment relationship. Separate grievance policies exist for individuals appointed as faculty and staff. Further, the University's grievance procedures are distinct from the University's complaint procedures for concerns involving unlawful harassment, discrimination, pay inequities, reasonable accommodations for disabilities, and/or retaliation (see above). I understand questions regarding the staff grievance procedure should be directed to the Office of Equal Opportunity and Compliance and questions regarding the faculty grievance procedure should be directed to the Provost's office. **Staff Handbook 11.1.1, Faculty Grievance Procedure, and Faculty Handbook 3.19.**

UNIVERSITY OF ARKANSAS ACKNOWLEDGEMENT OF POLICIES

Initial

Protection of Minors on Campus. I understand and agree to abide by the University of Arkansas' policy to maintain a safe and secure environment for children. I understand that I am required to report any reasonably suspected or observed child maltreatment, as required by State law to the state's Child Abuse Hotline, at 1-800-482-5964 and to the University of Arkansas Police Department at 911 or 575-2222. **Fayetteville Policies and Procedures 217.1.**

Initial

FMLA. I understand, under the Family and Medical Leave Act (FMLA), eligible employees with qualifying life events may receive up to 12 weeks' unpaid leave per year, continuation of health benefits during leave, and reinstatement to the same or an equivalent job upon return. I further understand that I must request FMLA by contacting university HR at least 30 days prior to a qualifying life event when I know about the need for the leave in advance and it is possible and practical to do so. I also understand that when the need for leave is unexpected, I must provide notice as soon as possible and practical. Central university HR will assist me in acquiring the required forms and with any questions I may have. FMLA leave runs concurrently with any available paid leave. **Staff Handbook 7.6 and Faculty Handbook 3.13.**

Initial

Worker's Compensation. I understand if I become injured or ill while at work due to a work-related incident, I may be eligible to receive workers' compensation. Workers' compensation is available by law to ensure that I get appropriate and reasonable medical care for injuries or illnesses sustained while I am on the job. I understand for emergency situations I should call "911" immediately. **Staff Handbook 7.16 and Faculty Handbook 4.5.C.**

Initial

Maximum Hours for Extra Help Employees. I understand that Arkansas state law limits the number of hours I can work in an hourly position and (if applicable) the maximum I can work is 1,250 hours in a fiscal year. **Fayetteville Policies and Procedures 312.1.**

Initial

Code of Computing Practices. I understand by using a University of Arkansas computer account, I am deemed to have agreed to comply with the Code of Computing Practices and to know its provisions. I understand it is my responsibility to review and understand the complete Code because I am responsible for compliance with the full Code of Computing Practices. The Code of Computing Practices can be found in **Fayetteville Policies and Procedures 201.0.**

Initial

Criminal Arrests, Charges or Convictions. I understand that University employees must report to their supervisor, within 24 hours or at the earliest possible opportunity thereafter, any criminal arrests, criminal charges or criminal convictions, excluding misdemeanor traffic offenses punishable only by fine. Employees must cooperate fully during any review process undertaken by the university. Failure to make such a report or to cooperate with such a review shall constitute grounds for disciplinary action up to and including termination. **Staff Handbook 9.12 and Faculty Handbook 2.30.**

Initial

Conflicts of Interest, Outside Employment, and Acceptance of Gifts. I recognize that the University has established policies regarding conflicts of interest for all employees and requires prior approval for outside employment for all faculty and non-classified staff. Also, I recognize that state rules restrict the acceptance of gifts in connection with my state employment. I agree to abide by such policies and related state laws and rules, including but not limited to making any disclosures of conflicts or potential conflicts required by law or university policy, and (if applicable) to obtain approval before engaging in any outside employment. **Fayetteville Policies and Procedures 404.0.**

Initial

Retirement Participation. I understand that if I am employed by the University of Arkansas in a position not eligible for benefits, I am eligible to make voluntary employee contributions for my retirement under the University of Arkansas 403(B) Retirement Plan. I understand that if I am a non-benefits eligible employee, I will not be eligible for any employer contributions and will not have any required employee contributions. I can, however, make contributions up to the maximum allowable under IRS regulations and can contribute with traditional tax-deferred contributions or with Roth after-tax contributions, and I can choose to end my contribution at any time. The record-keeper/vendors for the Plan are TIAA and Fidelity. For more information or to enroll, contact Human Resources at 479-575-5351 or TIAA at 1-800-842-2776 or Fidelity at 1-800-328-6608, or visit the University website at <https://hr.uark.edu>. **Staff Handbook 8.7 and Faculty Handbook 4.2.A.**

I understand it is my responsibility to review and be familiar with the staff/faculty handbook and other university policies related to my work, many of which can be accessed through the following web page: <https://hr.uark.edu>. I understand these resources provide information about University policies and procedures but are not intended to contain contractual promises or constitute a contract of employment between the University and me. I recognize that the University may revise these policies when necessary in the best interest of the University, including but not limited to the policies listed above. I realize that violations of University policies may result in disciplinary action, including but not limited to termination of employment.

Name (Print): _____ Signature: _____

Employee ID# _____ Date: _____

Note that a "Health Insurance Marketplace Coverage Options" notice must accompany this form.

Upon completion, return to: HUMAN RESOURCES, ADMN 222. The University of Arkansas is an equal opportunity/affirmative action institution.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____

Your campus Human Resources Office or contact the health plan using the information listed on Part B of this document.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

-
3. Employer name: The University of Arkansas System
4. Employer Identification Number (EIN): 71-6003252
5. Employer address: 2404 North University
6. Employer phone number: 501-686-2941
7. City: Little Rock
8. State: Arkansas
9. ZIP code: 72207
- 10: Who can we contact about employee health coverage at this job?
The University of Arkansas System Health Plan ACA Contact
- 11: Phone number (if different from above):
12. Email address: spwood@uasys.edu
-

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees.



Some employees. Eligible employees are:

Regular full-time and part-time appointed employees who work 20 or more hours per week.

(Refer to University of Arkansas System Health Benefit Summary Plan Description for additional detail.)

- With respect to dependents:



We do offer coverage. Eligible dependents are:

The lawful spouse of an Eligible Employee.

Each Child of the Eligible Employee from birth until the date on which they attain the age of twenty-six (26) years. (Refer to the University of Arkansas System Health Benefit Summary Plan Description for additional detail.)



We do not offer coverage.



If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☒ **Yes** (Go to question 15)

☐ **No** (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered **only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

a. How much would the employee have to pay in premiums for this plan? \$ See Attached Premiums

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☒ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

Date of change (mm/dd/yyyy):

University of Arkansas System – Campus Information

(Rates as of 7-1-2018)

CLASSIC PLAN

	<u>Total Monthly Premium</u>	<u>Monthly Amount paid by Employee</u>	<u>Salary Tiers</u>
For 'Employee Only' Coverage	\$422.18	\$68.73	Below \$28,000
	\$422.18	\$68.73	\$28,000-\$38,999
	\$422.18	\$75.60	\$39,000-\$54,999
	\$422.18	\$81.79	\$55,000-\$99,999
	\$422.18	\$83.16	\$100,000-\$149,000
	\$422.18	\$84.54	\$150,000 & Above

Other information provided for your comparison:

For 'Employee Plus Spouse' Coverage	\$959.50	\$183.08	Below \$28,000
	\$959.50	\$199.37	\$28,000-\$38,999
	\$959.50	\$211.96	\$39,000-\$54,999
	\$959.50	\$225.05	\$55,000-\$99,999
	\$959.50	\$240.73	\$100,000-\$149,000
	\$959.50	\$257.55	\$150,000 & Above

For 'Employee Plus Child(ren)' Coverage	\$789.82	\$141.43	Below \$28,000
	\$789.82	\$151.95	\$28,000-\$38,999
	\$789.82	\$163.39	\$39,000-\$54,999
	\$789.82	\$175.23	\$55,000-\$99,999
	\$789.82	\$187.51	\$100,000-\$149,000
	\$789.82	\$201.33	\$150,000 & Above

For Family Coverage	\$1,337.24	\$245.21	Below \$28,000
	\$1,337.24	\$263.13	\$28,000-\$38,999
	\$1,337.24	\$280.33	\$39,000-\$54,999
	\$1,337.24	\$302.68	\$55,000-\$99,999
	\$1,337.24	\$326.27	\$100,000-\$149,000
	\$1,337.24	\$347.09	\$150,000 & Above

• An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Form W-4 (2019)

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 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 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 2019 expires February 17, 2020. 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 2019 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 not subject to withholding 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 2019. 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 filing jointly 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 not subject to withholding, 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 Additional 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 may 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 may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. 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 if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. 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

----- 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		OMB No. 1545-0074 2019	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input 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."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6	\$
7 I claim exemption from withholding for 2019, 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					
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.) ▶					
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 Directory of New Hires.)				9 First date of employment	10 Employer identification number (EIN)

UNIVERSITY OF ARKANSAS, FAYETTEVILLE
Electronic Payment Authorization Form

Employee Name _____ UARK ID _____

New Set Up ☐ Change to Current Set Up ☐

Home or Work Phone _____

Department _____

I hereby authorize the University of Arkansas to deposit my net pay and, if necessary, to make adjustments for any entries in error to my accounts(s) indicated below. The authorization will remain in effect until I have given the University of Arkansas notification of changes. I understand that if I am not paid for at least 60 days, my electronic payment will be suspended for one pay day, giving me time to confirm my information with payroll. The University of Arkansas is not responsible for the accuracy of the information provided and inaccurate information will delay the implementation of the electronic payment.

If I am currently set-up to receive personal or travel reimbursements or travel advances from the University, those funds will be electronically deposited. Indicate which bank you want for the vendor bank by circling the bank priority number. If no choice is indicated, the funds will be deposited into your "remainder" bank account.

If you are making a change, remember you must allocate all of your proceeds; *do not just put down the change you would like to make.*

Priority – Your pay can be disbursed to up to 6 different accounts even if they are with different financial institutions.

You must attach a voided blank check or form from your financial institution for each account listed to validate the 9 digit routing number and account number. (Only if you are adding a new bank or changing an account number)

Dollar and Percent Allocation – Write in the amount or percentage you would like to go into each account, only a dollar or percent can be indicated for each account. If you split it into more than one account, the last account should always be an **R**, it will receive the **Remainder** of your net pay. **Any overtime/supplemental payment will be deposited to the account with the R indicator.**

Banking Priority	Bank Name	Account Number	C=Checking S=Savings	Dollar Allocation	Percent Allocation
1					
2					
3					
4					

Pay Card Account number from envelope window _____ Routing number _____

[Only fill out the following information if choosing the Pay Card Option]

Date of Birth _____ Primary Phone _____ Email _____

Address where personalized card will be mailed (must be a physical address – no PO Boxes)

Street Address _____ Apt # _____

City _____ State _____ Zip _____

I understand I may view my earnings statements on webBASIS.uark.edu under "My Pay" – "Pay Activity" or I may update my "Earnings Statement Options" and elect to receive my earnings statement by email.

Signature: _____ Date: _____