

## **Employment Data Sheet – Student Work-Study Program**

Student Name: Last First	Student CR ID #:
	Middle
I understand and comply with the following work-study program requirements:  Must be enrolled while employed  District Work-Study – Minimum cumulative grade point average (GP. Federal Work-Study – Meet Satisfactory Academic Progress (SAP) stunderstand that:  I cannot be simultaneously employed under Federal Work-Study (FV. I cannot be simultaneously employed under FWS or DWS program at The employment opportunity is subject to availability of funds and the semester and/or academic year; employment is subject to cancellating.  I will stop working immediately if I drop all units.	A) is 2.0. set by Financial Aid Office.  NS) and District Work-Study (DWS) programs. and under the temporary classified service is agreement does not constitute a guarantee of work for the entire
Do you have any relative(s) employed by the District? ☐ Yes If yes, name(s) and relationship(s):	
Have you had a conviction for an offense other than traffic viola	ations? □ Yes □ No
If yes, has it been cleared by the Director of Human Reso (Clearance is required prior to beginning employment. Failure to obtain	
I declare that the information I have given is true and complete	
Student Signature:	Date:
Department/Division	on Use Only
•	on Code:
Position Title: ☐ Student Worker 1 ☐ Student Worker	
Department/Division:	□ \$1,000
Location:	□ \$2,000
Supervisor:	□ \$3,000
	·
Account Code:	
Authorized Department Cignoture	Percent:
Authorized Department Signature:	Date:
Financial Aid Office Use Only FWS Award Amount:	Human Resources Office Use Only Category: □ District 52315 □ Federal 52320
Authorized for: ☐ Summer ☐ Fall ☐ Spring	□ DSRS 52317 □ EOPS 52316 □ CalWorks 52319
Enrolled: □Summer □ Fall □ Spring	
Meets SAP: □Summer □ Fall □ Spring	Hourly Rate:
☐ Ineligible  FA Staff Authorization Signature  Date	Approved Start Date  HP Authorization



# Demographic Information, Drug-Free Workplace, and Oath of Allegiance

Name:	
Demographic Information  Due to regulations set forth by the Federal Equal Employment Opportunity Co- Community College Chancellor's Office, the Redwoods Community College D learning are required to keep records on the ethnic status and gender of all ap has nothing to do with conditions of employment.	istrict and all other institutions of higher
Ethnic Background (check all that apply):  Chinese Vietnamese  Asian Indian Other Asian (not noted above)  Japanese Black Non-Hispanic  Korean Filipino  Laotian Hispanic  Cambodian American Indian/Alaskan Native	<ul><li>☐ Guamanian</li><li>☐ Hawaiian</li><li>☐ Samoan</li><li>☐ Other Pacific Islander</li><li>☐ White Non-Hispanic</li></ul>
Gender: ☐ Male ☐ Female ☐ Nonbinary	
US Citizen: ☐ Yes ☐ No	
Veteran: ☐ Yes ☐ No	
Disability*: ☐ Yes ☐ No	
*Disability definition: a condition which substantially restricts one or more life activities and has a rothers as having such impairment	record of such impairment, and is regarded by
Drug-Free Workplace The Federal Office of Management and Budget has passed regulation other agencies must comply with in order to receive federal grants. This Drug-Free Workplace Act of 1988, 34 CPR Part 85, Subpart F.	
Board of Trustees Policy 3550 was developed in accordance with the remployees are being given a copy of the policy (on the reverse side) are	•
In compliance with the Drug Free Workplace Act of 1988, the College, certify that each employee is aware of our Drug-Free Workplace Policy terms.	•
Employee Signature:	Date:
Oath of Allegiance for Persons Employed School District in the State of Califord I,, so solemnly swear (or affirm) that I very Constitution of the United States and the Constitution of the State of California and domestic; that I will bear true faith and allegiance to the Constitution Constitution of the State of California: that I take this obligation freely, very purpose of evasion; and that I will well and faithfully discharge the duties	rnia will support and defend the alifornia against all enemies, foreign on of the United States and the without any mental reservation or
Employee Signature:	Date:
Taken, subscribed, and sworn before me on this day of	, 20
Signature of Authorized Official:	Date:

### **Drug-Free Environment and Drug Prevention Program**

The District shall be free from all illegal drugs and from the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees. Administrative Procedure 3560 permits the lawful possession, use or distribution of alcohol under specific, limited circumstances.

The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in all facilities under the control and use of the District.

Any student or employee who violates this policy may be subject to disciplinary action (consistent with local, state, and federal law), which may include referral to an appropriate rehabilitation program, suspension, demotion, expulsion or dismissal.

The President/Superintendent shall ensure that the District distributes annually to each student and employee, in accordance with Administrative Procedure 3550, the information required by the Drug-Free Schools and Communities Act and Code of Federal Regulations, Title 34, Part 86.

Drug-Free Workplace

The District is committed to maintaining a drug-free workplace in accordance with the requirements of the U.S. Drug-Free Workplace Act of 1988.

The District certifies that it will provide a drug-free workplace by:

- 1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- 2. Making it a requirement that each employee be given a copy of the statement required by paragraph 1;
- 3. Notifying the employee that the employee will:
  - Abide by the terms of the statement;
  - Notify the District of any convictions of drug violations within five days:
- 4. Establishing a drug-free awareness program to inform employees about:
  - The dangers of drug abuse in the workplace;
  - The District's policy of maintaining a drug-free workplace;
  - Drug counseling, rehabilitation, and employee assistance program; and
  - The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- 5. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4 and 5.

Adopted by Board of Trustees: August 7, 1989

Amended: February 3, 2015



#### **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 <a href="Instructions">Instructions</a>.

**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.

		<u> </u>				1, 0				
<b>Section 1. Employee Information and Attestation:</b> Employees must complete and sign Section 1 of Form I-9 no later than the <b>first day of employment</b> , but not before accepting a job offer.										
Last Name (Family Name)		First Name	(Given Name)	n Name) Middle Initial (if any)			Other Last Names Used (if any)			
Address (Street Number an	d Name)	Ap	ot. Number (if	any) City or Town	า	l		State	ZIP	Code
Date of Birth (mm/dd/yyyy)	LLS Social	Security Number	Emplo	yee's Email Addres	:s		I	Employee	's Telephon	e Number
2 ato 0. 2 at (	0.0.000							Employee's Telephone Number		
I am aware that federa		neck one of the fo	llowing boxes	to attest to your citi	zenship or i	immigration	status (See	page 2 and	d 3 of the ins	structions.):
provides for imprisonr fines for false stateme		1. A citizen o	f the United S	tates						
use of false document	,	2. A noncitize	en national of	the United States (S	See Instruct	ions.)				
connection with the co		3. A lawful pe	ermanent resid	dent (Enter USCIS	or A-Numbe	er.)				
this form. I attest, und		4 A noncitize	en (other than	Item Numbers 2. a	and 3. above	e) authorize	d to work un	til (exp. dat	e if any)	
of perjury, that this inf including my selection		/	on (outor than			0) 444101120	a 10 110111 a.i.	ui (osipi aai		
attesting to my citizen		ou check Item N	umber 4., ent	er one of these:						
immigration status, is	true and	USCIS A-Num	ber OR F	orm I-94 Admissi	on Number	OR	ign Passpo	rt Number	and Count	try of Issuance
correct.			OK							
Signature of Employee					To	oday's Date	(mm/dd/yyy	y)		
If a preparer and/or tr	anslator assisted	you in completin	g Section 1,	that person MUST	complete	the <b>Prepare</b>	er and/or Tra	anslator Co	ertification	on Page 3.
Section 2. Employer business days after the e authorized by the Secreta documentation in the Add	Review and Vemployee's first dates of DHS, docuruitional Information	erification: Er by of employme mentation from n box; see Inst	mployers or nt, and mus List A OR a ructions.	their authorized r t physically exam combination of d	epresenta iine, or exa ocumenta	tive must o amine cons tion from L	complete a sistent with ist B and L	nd sign <b>S</b> e an altern ist C. En	ative proce ter any ad	ithin three edure ditional
	L	ist A	OR	Lis	st B	A	AND		List C	
Document Title 1										
Issuing Authority										
Document Number (if any)										
Expiration Date (if any)										
Document Title 2 (if any)			Add	itional Informati	on					
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)			C	heck here if you us	ed an alterr	native proce	dure authori			
Certification: I attest, unde employee, (2) the above-lis best of my knowledge, the	ted documentation	appears to be	genuine and	to relate to the em				First Da (mm/dd/	y of Employ /yyyy):	ment
Last Name, First Name and	Title of Employer or	Authorized Repre	esentative	Signature of Employer or Authorized Representative			е	Today's Da	ate (mm/dd/yyyy)	
Employer's Business or Orga	nization Name		Employer's	Business or Organi	zation Addre	ess, City or	Town, State	, ZIP Code		
College of the Redwoods			7351 Tompkins Hill Road, Eureka, CA 95501							

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

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#### LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity AN	D Documents that Establish Employment Authorization
U.S. Passport or U.S. Passport Card     Permanent Resident Card or Alien		Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or	A Social Security Account Number card, unless the card includes one of the following restrictions:
Registration Receipt Card (Form I-551)  3. Foreign passport that contains a	_	information such as name, date of birth, gender, height, eye color, and address	(1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH
temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa		ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as	INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
4. Employment Authorization Document that contains a photograph (Form I-766)		name, date of birth, gender, height, eye color, and address	Certification of report of birth issued by the Department of State (Forms DS-1350,
<b>5.</b> For an individual temporarily authorized to work for a specific employer because		3. School ID card with a photograph	FS-545, FS-240)
of his or her status or parole:		4. Voter's registration card	Original or certified copy of birth certificate issued by a State, county, municipal
a. Foreign passport; and		5. U.S. Military card or draft record	authority, or territory of the United States bearing an official seal
<b>b.</b> Form I-94 or Form I-94A that has the following:		6. Military dependent's ID card	Native American tribal document
(1) The same name as the		7. U.S. Coast Guard Merchant Mariner Card	5. U.S. Citizen ID Card (Form I-197)
passport; and (2) An endorsement of the		8. Native American tribal document	6. Identification Card for Use of Resident
individual's status or parole as long as that period of		Driver's license issued by a Canadian government authority	Citizen in the United States (Form I-179)
endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or		For persons under age 18 who are unable to present a document listed above:	7. Employment authorization document issued by the Department of Homeland Security
limitations identified on the form. <b>6.</b> Passport from the Federated States of	_	10. School record or report card	For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.
Micronesia (FSM) or the Republic of the		11. Clinic, doctor, or hospital record	The Form I-766, Employment
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		12. Day-care or nursery school record	Authorization Document, is a List A, Item Number 4. document, not a List C document.
		Acceptable Receipts	
May be prese	ented	d in lieu of a document listed above for a t	emporary period.
		For receipt validity dates, see the M-274.	
<ul> <li>Receipt for a replacement of a lost, stolen, or damaged List A document.</li> </ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
<ul> <li>Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> </ul>			
<ul> <li>Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>			

<sup>\*</sup>Refer to the Employment Authorization Extensions page on <u>I-9 Central</u> for more information.

Form I-9 Edition 08/01/23 Page 2 of 4

#### **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.

OMB No. 1545-0074

Step 1:   Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5:   Complete Steps 3-4(b) on Form W-4 for only ONE of these index of the paying job. Other residue for Other Credits   Complete Steps 3-4(b) on Form W-4 for only ONE of these index on paying job.   Step 3:   Claim   Dependent of the step 3-4(b) on the Form W-4 for the highest paying job.   Step 3:   Claim   Dependent of the step 3-4(b) on the Form W-4 for the highest paying job.   Step 3:   Claim   Dependent   Credits	Department of the T			-4 to your employer.	_		<b>2024</b>
Enter Personal Information    Address	Internal Revenue Se			•	S		
Personal Information    City or town, state, and ZIP code   City or gover town, state, and zip or gover town, state, and ZIP code   City or gover town, state, and ZIP code   City or gover town, state, and ZIP code   City or gover town, state, and zip or gover town, state, state, and zip or gover town, state, state, and zip or gover town, state, state, state, state, and zip or gover town, state, state, state, state, state, and zip or gover town, state, s	Step 1:	(a) Fi	rst name and middle initial Last	name		(b) So	cial security number
(a) Single or Married filing separately Married filing jointly or Qualifying surviving spouse Head of household (Check only if you're unmarred and pay more than half the costs of keeping up a home for yourself and a qualifying individual more than half the costs of keeping up a home for yourself and a qualifying individual 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 spous also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following.  (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you your spouse have self-employment income, use this option; 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 to the other jobs. (Your withholding be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)  Step 3:  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 qualifying children and other dependents. You may add to this the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here  (a) Other income (not from jobs), if you want tax withheld for other income here. This may include interest, dividends, and retirement income  (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, enter the amount of other income here.  (c) Extra withholding. Enter any additional tax you want withheld each pay period .	Personal					name of card?	on your social security If not, to ensure you get or your earnings,
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 indid  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 claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.  Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spous also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following.  (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you you 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 lower paying job is more than half of the pay at the lower paying job is more than half of the pay at the lower paying job is more than half of the pay at the lower paying job is more than half of the pay at the lower paying job is more than half of the pay at the lower paying job is more than half of the pay at the lower paying job is more than half of the pay at the lower paying job is more than half of the pay at the lower paying job is more than half of the pay at the lower paying job is more than half of the pay at the lower paying job is more than half of the pay at the lower paying job is more than half of the pay at the lower paying job is more than half of the pay at the lower paying job is more than half of the pay at the lower paying job is more than half of the pay at the lower paying job is more than half of the pay at the lower paying job is more than half of the pay at the lower							
Step 2:  Multiple Jobs or Spouse Works  (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If yo you spous have self-employment income, use this option; or  (b) Use the Multiple Jobs works, here or 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 be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)  Step 3:  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  Step 4  (a) Other income (not from jobs). If you want tax withheld for other income here. This may include interest, dividends, and retirement income  Adjustments  (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here  (c) Extra withholding. Enter any additional tax you want withheld each pay period . 4(c) \$  Step 5:  Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. Sign Here		(c) [ [	Married filing jointly or Qualifying surviving spouse		of keeping up a home for yo	urself an	d a qualifying individual.
Auditiple Jobs or Spouse   Step 3						n on ea	ach step, who can
(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 be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)  Step 3:  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  (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$  (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$  Step 5:  Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. Sign Here	Multiple Job or Spouse	s	also works. The correct amount of withhold Do <b>only one</b> of the following. <b>(a)</b> Use the estimator at www.irs.gov/W4A/	ding depends on income op for most accurate wit	earned from all of the	ese job	os.
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Step 3:  Claim Dependent and Other Credits  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 Cottonal):  Other Adjustments  (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here  Credits  Other Adjustments  Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.  Step 5:  Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.  Step 6:  Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.			option is generally more accurate than	(b) if pay at the lower pa	ying job is more than		
Multiply the number of qualifying children under age 17 by \$2,000   \$	be most accur		you complete Steps 3-4(b) on the Form W-4	for the highest paying jo	ob.)	s. (You	ur withholding will
Dependent and Other Credits  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	=		·	•	• • • • • • • • • • • • • • • • • • • •		
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			Multiply the number of qualifying childre	en under age 17 by \$2,00	00 \$	-	
Step 4 (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	and Other			•		-	
expect this year that won't have withholding, enter the amount of other income here.  This may include interest, dividends, and retirement income  (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  (c) Extra withholding. Enter any additional tax you want withheld each pay period							\$
Adjustments  (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	(optional):		expect this year that won't have withho	lding, enter the amount	of other income here.		\$
(c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$  Step 5:  Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.  Sign Here		6	want to reduce your withholding, use th			·	\$
Sign Here			(c) Extra withholding. Enter any additional	tax you want withheld e	ach <b>pay period</b>		
Employee's signature (This form is not valid unless you sign it.)  Date	Sign				ge and belief, is true, co	orrect, a	nd complete.
		Em	<mark>ployee's signature</mark> (This form is not valid ur	nless you sign it.)	Da	te	
Employer's name and address Only  Employer's name and address First date of employment  Employer identification number (EIN)		Empl	oyer's name and address				



#### **Employee's Withholding Allowance Certificate**

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

. , , ,			, , ,
<b>Enter Personal Information</b>			
First, Middle, Last Name			Social Security Number
Address			Filing Status
City	State	ZIP Code	Single or Married (with two or more incomes) Married (one income) Head of Household

- 1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
  - 1a. Number of Regular Withholding Allowances (Worksheet A)
  - 1b. Number of allowances from the Estimated Deductions (Worksheet B, if applicable.)
  - 1c. Total Number of Allowances you are claiming
- Additional amount, if any, you want withheld each pay period (if employer agrees), (Worksheet C) OR

#### **Exemption from Withholding**

- 3. I claim exemption from withholding for 2023, and I certify I meet both of the conditions for exemption. (Check
  - (Check box here)
- 4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018.

(Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature	Date_	
1 / 0	_	

<b>Employer's Section:</b> Employer's Name and Address	California Employer Payroll Tax Account Number

**Purpose:** This certificate, DE 4, is for **California Personal Income Tax (PIT)** withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

Beginning January 1, 2020, Employee's Withholding Allowance Certificate (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form Employee's Withholding Allowance Certificate (DE 4) to determine the appropriate California PIT withholding.

If you do not provide your employer with a withholding certificate, the employer must use Single with Zero withholding allowance.

**Check Your Withholding:** After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

**Exemption From Withholding:** If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

- 1. You did not owe any federal/state income tax last year, and
- 2. You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating **exempt** must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

**Member Service Civil Relief Act:** Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

- Your spouse is a member of the armed forces present in California in compliance with military orders;
- (ii) You are present in California solely to be with your spouse; and
- (iii) You maintain your domicile in another state.

If you claim exemption under **this** act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.